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Teachers Attitudes Toward the Inclusion of Young Children With Special Needs  
Into Regular Early Childhood Classes

By  
Marilyn I. Forbes

A Thesis

Submitted in partial fulfillment of the requirements for the Masters of Arts Degree  
in Learning Disabilities in the Graduate Division of  
Rowan College of New Jersey  
1996

Approved by \_\_\_\_\_  
Dr. Margaret Shook

Date Approved 9/3/96

## **ABSTRACT**

**Marilyn I. Forbes**

### **TEACHERS ATTITUDES TOWARD INCLUSION OF YOUNG CHILDREN WITH SPECIAL NEEDS INTO REGULAR EARLY CHILDHOOD CLASSES**

**1996**

**Dr. Midge Shuff  
Masters Degree of Learning Disabilities**

All children have special abilities and special needs that make them unique individuals. Most teachers work with children who have a wide range of abilities and learning styles. Early childhood teachers are no exception. They may have children enrolled in their classrooms who have subtle learning disabilities, significant physical, mental or emotional problems, high intelligence, or conditions which limit speech and motor development. Teachers may not have been taught that the continuum of development is similar for all children, but that timetables may vary. This thesis examines staff attitudes toward the placement of young children with special needs into regular daycare or preschool classes - a philosophy called inclusion.

Most early childhood professionals have preservice training in either regular or special education. In the real world, people's abilities are not so well defined; why then should teacher training be separated into two distinct categories? Do teachers with regular education backgrounds feel prepared to work with children who are developing atypically in some areas? What are teachers prepared to teach? What are

they not prepared to teach? How do they manage their classrooms? Do they know what to do and how to do it?

To find answers to these and other questions, this researcher reviewed current literature relevant to inclusion, particularly for inclusion at the preschool level. The literature abounds with research which shows that regular education teachers tend to have a sparse background in teaching techniques and strategies for particular special needs. They may lack assessment skills and be unaware of signals which can point to problems. They may not have been taught that the continuum of development is similar for all children, but that individual timetable may vary.

This study surveyed staff attitudes toward inclusion in three different areas. These areas include attitudes toward inclusion, preservice and inservice training, and collaboration. Thirty-nine female teachers, employed at one of five selected early childhood centers, participated in the survey. They answered a five point Likert scale questionnaire with 27 questions pertaining to each of the three areas noted. Responses were organized and tallied to yield mean scores and standard deviations for each cluster of questions. Comparisons between centers were determined from results of paired t-tests. This study yielded overall results toward the positive side, although responses ranged through all five points on the scale.

**MINI ABSTRACT**

**Marilyn I. Forbes**

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**1996**

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This study assessed the attitudes of early childhood teachers toward the inclusion of children with special needs into regular preschool classes. The survey instrument used in this study was a five point Likert scale supplemented with demographic data. Staff from five early childhood centers participated in the survey. Results were generally favorable, but varied among participants and among centers.

## ACKNOWLEDGEMENTS

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## CHAPTER 1

### Identification of the problem

The inclusion of young children with special needs into public and community-based early childhood classrooms is mandated by federal law. The Education for All Handicapped Children Act of 1975 (P.L.94-142) guarantees that all handicapped children have the right to a free and appropriate public education within the least restrictive environment. IDEA, the Individuals with Disabilities Education Act of 1991 (P.L. 102-119), establishes eligibility for public special education and related services for children aged three to twenty-one, and requires that such education is both free and appropriate for each eligible child. Further, IDEA requires that "children with disabilities should be educated alongside their typically developing peers unless their disability prevents them from succeeding in the regular education environment with supplementary aids and services" (Rose & Smith, 1994).

According to Diamond, Hestenes and O'Connor (1994), the number of eligible children who are under six years old continues to grow each year. Many of these children are enrolled in community early childhood programs, thereby increasing concerns as to the ability of regular programs to meet their special needs. The authors reported that there are some who believe disabilities can prevent children from learning in settings for typical children. However, they also report research which shows that, particularly with social skills, integrated atypical

children interact more often with peers than do atypical children enrolled in segregated programs. Additionally, children with delays tend to hold their normally developing classmates in positive regard, thereby developing higher level play skills which enable them to keep up with their friends. Integrated children with delays make progress in language, motor and cognitive areas which is at least equivalent to their peers enrolled in segregated settings. Young children tend to progress more rapidly when intervention services are integrated into regular classroom activities within the natural context of the child's daily routine.

Typically developing children in inclusive settings and their parents often attain higher levels of tolerance, understanding, and compassion toward children with delays. They are less likely to develop stereotypes more common to families without such experience (Bailey, Palsha, & Simeonsson, 1991; Odom & McEvoy, 1990). Conversely, parents whose children attend inclusive programs may have concerns about the abilities of staff to address the needs of both typical and delayed children enrolled in the same classroom (Diamond et al., 1994; Odom & McEvoy, 1990).

The provisions of IDEA can generate strong reactions from parents and teachers. Parents of typically developing children may think that their children will regress by imitating less mature behavior. Administrators are concerned with reactions of parents, burdens of additional paperwork and the difficulty of finding knowledgeable, qualified teachers. Teachers may feel challenged and exhilarated, or overburdened and frustrated (Gemmell-Crosby & Hanzlik, 1994).

### Need for the study

As more preschool handicapped children move into inclusive classrooms, it becomes increasingly important to learn about the people who teach them. Teachers' attitudes greatly affect the success of the children in their charge. For all children to experience optimum growth, for parents to have confidence in and support for the program, and for the intent of the law to be carried out, teachers must be prepared and willing to face the challenge. Without commitment, inclusion cannot succeed (Larivee, 1982).

We can learn by studying teachers' attitudes toward inclusion and discovering how they developed. The purpose of this study is to explore teachers' attitudes about inclusion and to learn how they may be influenced by administrative attitudes, severity of children's delays, length of teaching experience and the nature of preservice training.

This researcher hopes that the information obtained from this study will contribute to existing knowledge of teachers' attitudes toward inclusion and that it will demonstrate possible impacts on inclusive, non-inclusive and segregated classrooms. This new knowledge can be applied to both preservice and inservice training. It may also lead us to an understanding that not all early childhood teachers have the skills or temperament to teach in inclusive settings.

### Hypotheses

This study is based on two hypotheses. The first is that training at both the preservice and inservice levels influences preschool teachers' attitudes toward including children with special needs into regular education classrooms. Second,

attitudes toward inclusion exhibited by preservice trainers and inservice administrators can influence attitudes of preservice and inservice teachers.

### Definitions of terms

Cognition- the ability to think and understand (Nuttall, Romero, & Kalesnik, 1992).

Community-based programs- programs which are located within communities where participants reside (Haring et al., 1994).

Disability- a condition that interferes with normal functioning in one or more areas of development (Haring et al., 1994).

Free Appropriate Public Education- special education and related services provided to meet the developmental needs of children with disabilities at no cost to their families (IDEA, 1986).

Inclusion- a philosophy which supports the rights of children with disabilities to be fully educated, with needed supports provided within regular education classrooms in their neighborhood schools (Haring et al., 1994).

Inservice training- activities which provide practicing teachers with enhanced skills and knowledge pertinent to their jobs (per author).

Least Restrictive Environment- a provision of Public Law 99-457 which directs that children with disabilities be educated with normally developing peers to the maximum extent possible, with necessary supports provided (IDEA, Part B, 1986).

Natural setting- a place where a child would normally be if she or he did not have a disability (Haring et al., 1994).

Preschool Handicapped- children between the ages of three to five years "who may be experiencing physical, sensory, emotional, communication, cognitive or social difficulties" (N.J.A.C. 6:23-3.2b, 1994).

Segregated setting- a program that is limited to children with disabilities (Haring et al., 1994).

Special education- "specially designed instruction to meet the educational needs of pupils with educational disabilities including, but not limited to, subject matter instruction, physical education and vocational training" (N.J.A.C. 6:23- 1.3, 1994).

Supplementary aids and services- devices and services designed to help people cope with disabling conditions, i.e. counselling, parent training, speech/language services, physical and occupational therapy, transportation and any other required aids and supports necessary to the students' development" (N.J.A.C. 6:28-1.3, 1994).

## CHAPTER 2

In the human services arena, change comes in gradual stages. Change is a process which cannot be achieved by legislative or administrative order. To facilitate change in the classroom, inservice and preservice training must be aimed at individual educators. The personal impact of change is more important than the technical change itself (Hall & Loucks, 1978).

### Preservice training

Stayton and Miller (1993) state that preservice training is an important part of the change process. If full inclusion of infants, toddlers and preschoolers with disabilities into the full spectrum of early childhood service options is to take place, preservice education for the providers must also be integrated. The growth of children occurs along a broad, continuous path. All children negotiate that path with their own rhythms and styles, developing skills and exhibiting special needs as they grow. When development is viewed in this way, it becomes natural to include all children in a comprehensive educational picture. It follows that preservice teacher education should address the same picture. According to Bailey et al. (1991), unified programs prepare early intervention professionals to successfully blend the varying strengths and needs of children and families in their care. To assure that new teachers experience success, they must emerge from preservice training with strong collaborative and teaching skills, and with positive attitudes toward full inclusion.

Bailey, Simeonsson, Yoder and Huntington (1990) developed a series of surveys to determine how preservice education prepares students to work with young children with special needs and their families. Faculty from each of eight disciplines, which included nursing, nutrition, occupational therapy, physical therapy, psychology, social work, special education and speech-language pathology, designed a telephone survey of university programs. The research team then used the survey to poll 449 preservice programs at both undergraduate and graduate levels. After collecting and processing survey information, the researchers convened a three day working conference of 100 professionals representing the eight disciplines surveyed. The conference panel analyzed data from the survey.

Participants in this working conference found that most preservice training programs were inadequate to prepare professionals for work in early intervention. Exposure to critical content information varied widely across the disciplines and within the training institutions. Each program showed discrete strengths and weaknesses in training. Most focused on the concepts of typical and delayed early development, providing limited experience with assessment, intervention and family skills so critical to sound early intervention practice. Despite the provisions of P.L. 99-457, few preservice teacher training programs surveyed in this study provided instruction in case management or clinical skills. To ameliorate this problem, the researchers suggested that all students learn about legislative mandates relative to children and families, using them as a framework for classroom and field practice (Bailey et al., 1990).



Although Nowacek, as cited in Reiff, Evans and Cass (1991), found that teachers trained in special education techniques tend to display more praise, respect for students and higher levels of monitoring skills than their colleagues, Wolery et al., (1991) found that most regular early education teachers lack special education training. Each of these researchers states that segregating college curricula into distinct areas for regular and special education leads to deficiencies for both groups. This lack of thorough preservice preparation is a barrier to successful preschool inclusion. Comprehensive preservice training can address this deficiency.

Reiff et al. (1991) surveyed departments of education in all fifty states and the District of Columbia to determine: (1) if general education teachers need certification, (2) if they need to take special education course work to become certified for regular education, and (3) when these requirements were established. This study employed a forced-choice survey conducted by mail. Results showed that all states and the District of Columbia required certification for both elementary and secondary teachers, but only 37 required even minimal training in special education for elementary teachers. The remaining states required no training at all in this area. In those states that *did* require special education training, none mandated more than one three credit course or its equivalent.

Preservice teachers need training to develop family service skills and strategies. Family service is integral to comprehensive children's services, and should also be integral to preservice training (Bailey et al., 1991). Reiff et al. (1991) state that classroom teachers need to understand and acquire teaching strategies for specific

learning problems. As preservice regular education teachers learn more about students with special needs, they will likely acquire more effective teaching skills.

Courtnage and Smith-Davis (1987) surveyed 553 special education training programs. Representatives from these programs, located in all fifty states and the District of Columbia, reported information that determined the extent to which they incorporated interdisciplinary team training into existing curricula. The forced-choice questionnaire used in this study was targeted to the department administrator in each program responsible for preparing special education personnel. Results yielded data on availability of team training, size of the training institution, and whether training was offered through discrete, infused or combined options. The researchers also looked at what team training skills were offered, and whether they were provided as required courses, electives, or within existing courses and/or internships. The structure of the study allowed for data analysis in several categories, thus providing for maximum information from the research gathered.

This study verified that effective team activities require both training and commitment at the preservice level. Despite federal and state directives toward interdisciplinary teaming, only about half of the teacher training programs surveyed offer any training in collaborative teamwork. Many special education graduates are entering professional employment with limited skills to mediate, advocate, advise, collaborate and consult with parents and colleagues. The researchers suggest that teacher training institutions should model collaborative skills both by developing

interdisciplinary teams among their own departments and conducting collaborative sessions involving students and faculty (Courtnage & Smith-Davis, 1987).

### Inservice training

Inservice teachers, many of whom lack special education and collaborative skills, now face the pressures of including children with special needs into regular education classrooms. Inservice training can provide immediate positive impact on these teachers. While preservice training tends to lag behind current practice in the field, inservice training can stress skills that target immediate staff concerns (Bailey et al., 1990). Effective staff development processes must be multidimensional, continuous and cumulative in order to impart the skills and conceptual background that are pertinent to the needs and abilities of the participants. Mutual support must be ongoing, generated from staff decisions and implemented through the consensus process (Espinosa, 1992).

Bradley and West (1994) studied inservice staff training relative to inclusion of students with special needs into regular elementary school classes. They used focus groups to gather information about staff needs and refined the data with input from a panel of experts in a follow-up Delphi procedure. The researchers conducted the study in a large city school district in the mid-Atlantic region of the United States. This district serves 120,000 students, of whom approximately 10% have disabilities. Staff from five inclusive elementary schools, who teach children with mild to severe disabilities, participated in the focus group portion of the study. The 32 participating personnel came from several disciplines including special and general education,

administration, speech pathology, and occupational therapy. They asked for help to modify curriculum, to develop instructional methods, and to address behavior problems. They agreed that teachers working in inclusive classrooms need specific information and training pertinent to the diverse needs of their students, and they also requested technical help in areas of facilitated communication and adaptive technology. While technical help was important to this group of teachers, staff collaboration skills also ranked high on their list of required knowledge. Therefore, they requested training to develop a strong team approach for sharing information, ideas, and skills, and to provide specific information on content and materials. Additionally, they needed help in clarifying roles for everyone on the team. Many teachers wanted to prepare parents of typically developing children for changes that included children would bring to the classroom.

The research team analyzed transcripts from each focus group, then identified common themes. They categorized themes and tallied statements within each. After identifying, describing, and listing each theme, they sent the list to 32 experts in the field, who offered comments. From this modified Delphi component of the study, the team refined the data and ordered it according to the number of comments generated from each of the eight categories. The information from this two-part study yielded eight distinct areas for training staff in inclusive practices. These areas, in order of group priorities, include: program modifications, teamwork, benefits to students, parent participation, understanding of specific disabilities, staff attitudes and expectations toward included students, and the history of inclusion laws and policies in

the United States. Participants in the study agreed that group process is important to help them understand their needs and feelings toward inclusion. Training empowers teachers, particularly when it generates positive attitudes. Teachers who are new to inclusion may have questions, uncertainties and misconceptions. They can benefit, both from understanding the sources of their attitudes and expressing their feelings to those who will listen and act (Bradley & West, 1994).

Hall and Loucks (1978) used a seven level Likert Scale questionnaire to assess the degree of concerns relative to assimilation of training. The researchers chose the Likert scale for this study because it is easy and quick to administer and score for large numbers of respondents. Analysis of the questionnaire data yielded both aggregate score profiles and areas of most concern to individuals and groups. It was easy to target further training needs because the results identified individual as well as group concerns. The researchers found that acceptance of change occurs in stages, and these stages must be approached through diagnostic and prescriptive methodology. Training must meet the needs of trainees, but must also fit into the direction of the total organization. The researchers identified seven levels of concern toward the acceptance of change. These levels range from awareness and information at the beginning of the process, through clarifying personal roles, understanding processes and consequences, collaboration, and finally, to refocusing basic ideas. Refocusing is the generalization and application phase of the training that implies that trainees have participated in, and assimilated, the process of change. To be effective, long-term follow-up, also based on the concerns of individual trainees, must be integral to the

process. It is important to understand that teachers may have different concerns than the trainers, and that training will not be successful unless teachers' concerns are resolved. Bailey, Buysse, Edmondson and Smith (1992) add that training succeeds only when shared knowledge and philosophy meld into a cohesive whole, creating a coordinated team effort where everyone benefits. Additionally, ongoing inservice training can provide specific information on developing content and materials to individualize instruction for children with disabilities.

Individualizing instructional methods and adapting curricula require that teachers have appropriate expertise. The effectiveness of individualized instruction adapted to the needs of each student depends on teachers' knowledge of methodology and available resources (ERIC Digest, 1993). Blair (1993) states that ongoing inservice training can provide specific information to develop content and materials that individualize instruction for children with disabilities.

### Attitudes

Teachers' attitudes toward inclusion can influence children's learning and their behavior. There are several factors which influence pre-school teachers' attitudes toward inclusion. Perhaps the most important is understanding that good teaching practices help all children learn. When teachers are educated, supported and trained, they are more likely to apply good teaching strategies and to generate positive attitudes in themselves and with the children they teach. Inclusion is successful for children when it is linked with positive attitudes in their teachers (Gemmell-Crosby & Hanzlik, 1994).

Ferguson and Meyer (1995) relate that special educators may think of inclusion as simply transporting children into regular education classrooms along with the personnel and equipment they used in special education settings. Nothing changes in the daily program except the locations of the children, because some administrators and teachers assume that regular education teachers cannot provide for students with special needs. They define effective inclusion as starting from "the center out," that is, from the perspective of the group as a whole.

Because some early childhood professionals must perform dual roles in inclusive settings, there may be conflicts in expectations. Juggling multiple responsibilities can lead to burnout, time constraints, and overall stress. It is difficult to remain positive in situations where there is role overload (Buysse & Wesley, 1993); however, professionals who respect diversity and individual needs can positively affect attitudes of other professionals and their students (West & Cannon, 1988). Teachers need carefully planned inservice training to acquire specific knowledge and skills as they learn to teach children with disabilities. As teachers master strategies and techniques, they tend to shift attitudes toward the positive (Larivee, 1982).

Gemell-Crosby and Hanzlik (1994) surveyed 67 female and 2 male preschool teachers to determine their attitudes toward including children with disabilities. The researchers chose a Likert scale because it can accurately assess attitudes. They supplemented the Likert scale with two open-ended questions to generate comments that would enhance the information obtained from the attitude scale. They also requested demographic information from the respondents. The questions included in

the survey were developed by the researchers and reviewed for accuracy by early intervention professionals prior to the study. Results showed a positive correlation between teachers' training and their attitudes toward inclusion. The more satisfied teachers were with their preparation, the more positively they viewed inclusion. Conversely, when programs were poorly administered, staff were inadequately trained, and consultation services were weak or absent, teachers' attitudes tended to be more negative. Larivee (1982) suggested that when teachers are unable or unwilling to provide services for children with delays, inclusion is less likely to be successful.

Whinnery, Fuchs, and Fuchs (1991) studied teachers' knowledge of both instructional and behavioral strategies which affect their attitudes toward including all children. They reviewed 55 Likert-type questionnaires returned by elementary school teachers in a southeastern suburban school district. Results showed that lack of confidence in teaching abilities leads to negative perceptions of children with special needs. Special education teachers were more willing to assist special needs students in the classroom than were regular education teachers. Many general education teachers indicated that they desired more training to be successful with special needs students. Inservice training should be an integral part of the program to encourage positive attitude shifts in teachers. Ferguson and Meyer (1995) state that positive attitudes depend on well defined roles, cooperation and flexibility. In some schools, while regular education teachers struggle with the challenges of teaching children with disabilities, special education teachers are moving into new roles as collaborators. Moving from one classroom to another to support their former students requires that



special education teachers adjust to teaching styles in a variety of new settings.

Sometimes the special education teachers find that their own methods do not mesh with those of regular education teachers. As both teachers struggle to work together, they may have difficulties establishing common ground.

Wilczenski (1995) studied the attitudes of 445 regular classroom teachers in a variety of schools in New Hampshire. The study revealed that teachers' attitudes toward inclusion may be affected by the accommodations they must make for children with special needs. Physical, behavioral, social and academic adjustments can help children with delays participate in regular class activities, but these adjustments may be cumbersome, time consuming or otherwise difficult for classroom use. Teachers tend to be most willing to accept students who require only minor class adjustments, particularly in the area of social integration. According to Block and Vogler (1994), teachers tend to be more positive toward inclusion of children with mild or moderate learning disabilities than to those with severe delays. Wilczenski (1995) states that teachers are most willing to accept students who require only minor classroom adjustments, particularly in the area of social integration. Those children hardest for teachers to accept tend to display more serious behavioral and academic problems than their classmates. Young children, on the other hand, more readily accept fully included classmates, even those with severe delays, as integral members of the class. They do not tend to accept children with severe delays when these children are pulled out for instruction. Since learning with peers is especially important if severely

delayed children are to develop social skills, the social impact of pull-out programs needs to be carefully considered.

### Collaboration

Collaboration is an important aspect of inclusive education, both in the classroom and out of it. Regular teachers, special education teachers, therapists and administrators must work together to plan and implement strategies for the benefit of all. Collaboration helps provide supports that encourage the progress of students and builds confidence in the staff (ERIC, 1993). "Collaborative consultation is an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those the individual team members would produce independently..." (Idol, Paolucci-Whitcomb & Nevin, as cited in West & Cannon, 1988).

Collaboration can be more time-consuming than other methods of indirect service, because it may be difficult to arrange mutually convenient meeting times. Effective collaboration depends upon the participants' abilities to communicate and to make joint decisions (Babcock & Pryzwansky, 1983). Participants must thoroughly understand the collaborative process for successful collaboration to occur. Because special and regular educators bring different approaches to their craft, collaborative skills are essential (Reiff et al., 1991). As roles expand and change for early childhood educators, challenges arise. General educators often need training and guided

experience to work with handicapped children and their families. This lack of experience makes collaboration difficult (Buysse & Wesley, 1993).

West and Cannon (1988) used the Delphi method to conduct a study of collaborative consultation competencies. They introduced their questionnaire with a literature review of consultation practices in several professions, including special and regular education, school psychology and organizational development. Staff and experts collaborated to develop, refine and cluster competency statements used for the first round of the study. On a four-point Likert scale, they listed competencies necessary for collaboration, and sent the list to 100 experts on collaborative practices in regular and special education. The 56 respondents to the second phase of this Delphi study indicated increased agreement with the competencies presented to them. In all, they reached consensus on 47 of the 100 competencies rated. This Delphi study incorporated the Likert scale as a means to gather information which respondents could modify easily in the second round.

Interactive communication and problem solving are important, both for the participants and the process of collaboration. The panel participating in the West and Cannon study (1988) reached consensus on competencies believed to be crucial to successful collaboration. Following are some of the competencies agreed upon by the panel: consultation will be conducted according to needs, situations and settings of the participants; consultants will maintain professional demeanor, while exhibiting flexibility and willingness to take risks; consultants will communicate, both orally and in writing, in a style that matches the knowledge of the group; and once issues are

approached, the consultants will pursue it, as much as possible, toward decision-making and modifications.

Babcock and Pryzwansky (1983) examined the impact of four models of consultation on professional educators. They used a Likert scale to ascertain one of five levels of agreement to specific questions about four models of consultation. White, as cited in Babcock and Pryzwansky (1983), developed the original questionnaire used in this study. Four experienced consultants reviewed the scale prior to use to help assure that the completed questionnaire represented each model and stage pertinent to the study. The four consultation models used in this study were behavioral, medical, mental health, and collaborative. A group of 149 study participants identified the collaborative model as providing highest levels of satisfaction and congruence among consultants and consultees when stated objectives of the consultation were met. The researchers acknowledge that joint planning and evaluation activities associated with collaboration take more time than other consultation methods. Additionally, they agree that participants need strong communication and joint decision-making skills in order to promote effective group processes.

McCall (1994) states that the importance of collaboration grows when staff downsizing occurs. Remaining staff must restructure their roles in order to meet the special needs of the children in the program. Therapists and trainers can be very effective in teaching classroom personnel and parents to provide services to children that they had formerly provided for them. Team collaboration, incorporating the skills

of teachers, therapists, peer tutors, and teacher aides, can promote learning and facilitate inclusion.

Meyers, Gelzheiser and Yelich (1991) studied the effects of pull-in and pull-out collaborative instruction on children with special needs. Pull-out programs, less common than they were in the past, require that children leave the regular classroom for resource room instruction with a special education teacher. Pull-in programs provide for special education instruction in the regular classroom. This study of 23 teacher volunteers showed that teaching teams working in pull-in programs collaborated more often to plan and develop learning strategies for students than did teams working in pull-out programs. Collaboration with pull-in teams participating in this study tended to be stronger and more focused than that which occurred with pull-out teams.

Successful collaboration can improve attitudes. Teachers feel confident and enjoy sharing through teamwork. When collaboration is successful, teachers tend to use it more often, thus they continue working in a positive vein. Effective collaboration occurs when all teachers in the team work together to plan (Meyers et al., 1991). Parents, as well as staff, should be included on the team to facilitate children's growth. Successful collaboration occurs when parents, teachers, therapists and administrators work cohesively to develop and implement IEP goals and instructional strategies (McCall, 1994; Block & Vogler, 1994).

Bailey et al. (1992) reported that 180 early intervention professionals from four states cited staff shortages, time constraints and lack of administrative support as

barriers to working with families. Additionally, they reported that family members who are unable or reluctant to share decision-making and family service activities may be more comfortable deferring to professional expertise in these areas. They reported a significant discrepancy between recommended family involvement and actual practice. Participants cited resistance to change and differing perspectives between staff and administration as contributing to this discrepancy.

Collaboration, valuable as it is to parents and staff, is also valuable to children. Teachers and other staff working in inclusive classrooms may be concerned that children with typical development will become bored, but experience shows otherwise. Recent years have seen the development of methodologies to facilitate collaboration among students. Peer tutoring and cooperative learning methods teach children to work together as they help each other learn. Students who need assistance can be taught to request it and to adopt successful learning patterns exhibited by their peers (McCall, 1994; Block & Vogler, 1994). When children learn to give and receive help, they build social bridges that can develop into friendships with classmates. Naturally occurring social interactions help children with special needs become part of the classroom group (McCall, 1994).

Individual goals can be achieved by blending traditional curricular subjects. Block and Vogler (1994) suggest that a variety of individual goals can be attained within a particular lesson, depending on the goals of the particular student. Using a basketball game as an example, the authors show how a student can play the game at a basic ball-handling level, through a simple basketball game, or in a game using advanced techniques and strategies. Students can be evaluated practicing identical

skills that are associated with different goals; that is, performance levels, progress, or mastery geared to the unique abilities of each child.

### Conclusion

This literature review discusses the strengths and weaknesses of preservice and inservice teacher training relative to including children with special needs into regular education classrooms. It focuses on teachers' concerns as they learn to teach children with special needs, to collaborate with colleagues who have training in disciplines other than education, and to broaden perspective and expand knowledge beyond traditional classroom techniques. The review discusses results of studies about teacher attitudes toward inclusion in an effort to understand how these attitudes develop and can be turned toward the positive.

### CHAPTER 3

#### Description of the study

This study assessed the attitudes of preservice and inservice early childhood teachers toward the inclusion of preschool children with special needs into regular education classrooms. It was designed to correlate these attitudes with those prevailing in the institutions where teachers received their training, and, in the case of preservice teachers, with the attitudes of their instructors. However, because the survey was conducted during the summer, it was not possible for this researcher to obtain results from preservice teachers and their professors. Consequently, the study was modified to include only inservice teachers.

#### Participants in the study

The survey questionnaire was distributed to 55 inservice preschool teachers employed at four preschool/daycare centers in southern New Jersey and at one inclusive daycare/early intervention program in northwest Philadelphia. Thirty-five teachers and four students completed and returned the survey.

Respondents ranged in age from 20 to 51 years, with a mean age of 37 years. All of the participants are female; 31 are Caucasian and eight are Black. Twenty-two teachers hold bachelors' degrees in early childhood education, while 13 have associates' degrees. The four remaining respondents were students currently working toward degrees in early childhood education. Preschool experience with typical



children ranged from two days to 17 years for this group of 37 respondents. Eighteen respondents showed preschool experience with special needs children ranging from six months to 10 years.

The director at each center recruited respondents, with surveys completed by all who agreed to participate. The directors distributed the survey, then collected and returned it to this researcher. See Appendix for instructions to directors.

#### Description of responding centers

Data used in this survey were obtained from four preschool/daycare programs in the southern New Jersey area, and from one inclusive daycare/early intervention center in northwest Philadelphia. Each center has distinct characteristics. Center A is an inclusive center that is part of a large agency serving people with special needs. Each classroom in the center has a regular and a special education teacher who work as a team along with the center's speech and language pathologist, registered nurse and occupational and physical therapists. All but one of the eight teachers has at least a bachelor's degree and state certification in early childhood education. This inclusive center, with a student population of 52, was used as a standard to compare data collected from the other four centers.

Center B is a privately owned daycare center serving an upper middle class suburban population in southern New Jersey. Each of the seven teachers has at least a bachelor's degree in early childhood or elementary education and from three to eleven years of experience. Center C is a large suburban school sponsored by a religious organization. Approximately 85% of the families whose children attend this center are

affiliated with the sponsoring group. All teachers have at least a bachelor's degree in early childhood or elementary education and over five years of teaching experience.

All assistant teachers have associates' degrees.

Center D is a small daycare affiliated with a local chain of centers. Four of the five teachers have associates' degrees in early childhood. The director has a bachelor's degree in early childhood education. There are more infants and toddlers enrolled here than at any of the other centers. Center E is an employer-sponsored center serving about 80 children. The teachers all have bachelors or masters' degrees in education and the director is presently working on a master's degree.

#### CHAPTER 4

This study measured attitudes of preschool teachers toward inclusion. It looked at including young children with delays into regular early childhood classrooms, team collaboration, and training at both preservice and inservice levels. The format of the survey instrument incorporated a five point Likert scale. The Likert scale was chosen because it is easy and quick to administer and score. The scale offers five choices of responses ranging from "1" (strongly disagree), to "3" which is neutral, to "5" (strongly agree), which is the most positive response.

Demographic information and comments from participants supplement the survey questions. The survey contains 27 questions, three of which have multiple parts. Three clusters of questions relative to inclusion at the preschool level were randomly distributed throughout the survey. The clusters look at staff attitudes toward the inclusion of children with special needs, perceptions of personal collaborative skills and perceived adequacy of preservice and inservice training. Directions for the study were explicit. This researcher anticipated that similar attitudes would prevail among the group of teachers employed in each individual center. A copy of the survey can be found in the Appendix.

The collaboration cluster included questions three, five seven, eleven, fifteen and nineteen. Combined mean scores (from all five centers) in this cluster were higher

than combined mean scores from the other two clusters. This indicates that respondents were generally more positive toward collaboration with parents and peers than they were toward their training and in their attitudes about inclusion. Standard deviations for this cluster were lowest, indicating that scores were more consistent than scores for the other two clusters (see Table 1).

For all centers, mean scores in the attitudes cluster were lower than those in the collaboration cluster. In centers A, B, C and D, standard deviations were higher in this cluster indicating a larger range of responses than those in the first cluster. For center E, the attitude cluster represented the lowest mean score of the three clusters along with the highest standard deviation, although the difference between standard deviations between the second and third cluster is only one-tenth of a point. Questions one, two, six, eight, ten, twelve, thirteen (parts one to three), sixteen, eighteen, twenty-two, twenty-four and twenty-five make up the attitude cluster.

Training cluster responses showed an overall mean score that was slightly lower than the other two clusters, but this score was also skewed to the positive side. Centers A, B, C and D showed that attitudes toward training were less positive than the level of attitudes from either of the other two clusters. Center E results indicate that mean scores showing attitudes toward training were slightly higher than that center's mean scores for attitudes. Questions four (parts one to nine), nine, fourteen, seventeen, twenty (parts one to four), twenty-one, twenty-three, twenty-six and twenty-seven comprise the training cluster (see Table 1).

Table 1:

Means and standard deviations (in parentheses) for all centers in three clusters of responses

	<u>Collaboration</u>	<u>Attitudes</u>	<u>Training</u>
CENTER A	4.8(.1)	4.6(.4)	4.2(.6)
CENTER B	4.4(.4)	4.1(.6)	4.0(.5)
CENTER C	4.0(.7)	3.5(.8)	3.3(.7)
CENTER D	3.9(.5)	3.5(.6)	3.3(.6)
CENTER E	3.9(.9)	2.9(.8)	3.2(.9)

A paired t-test of independent means was run to examine the data between centers for each cluster. In the area of collaboration, Center A ( $M = 4.8$ ) responses were more positive than either Center B ( $M = 4.4$ ), Center C ( $M = 4$ ), Center D ( $M = 3.9$ ) or Center E ( $M = 3.9$ ). The differences were significant. Although Center B ( $M = 4.4$ ) was more positive than either Center C ( $M = 4.0$ ), Center D or Center E ( $M = 3.9$  for both Center D and E), the differences were not significant. Neither were the differences between Centers D and E significant. See Table 2 for these results.

The t-test results for the attitude cluster show that Center A ( $M = 4.6$ ) is significantly more positive than any of the other four centers. Center B ( $M = 4.1$ ) is more positive than all other centers except Center A. Except for the results between Center C and Center D which were not significant, Center C showed significantly lower scores for all pairings in this cluster. See Table 2 for these results.

In the training cluster, Center A again shows significant positive results when paired with Centers C, D, and E. Center B, when paired with Center A, shows a negative difference which is not significant. Center B, when paired with either Center C or Center D, shows a significant positive difference, and a very significant difference when paired with Center E. Center C showed nonsignificant differences when compared to Centers D and E. Center D and Center E, when paired together, showed a nonsignificant difference in attitudes toward training. See Table 2 for these results.

Table 2:

Comparisons between centers for the clusters of collaboration, attitudes and training using t-tests of independent means

VARIABLE >	Collaboration			Attitudes			Training		
	t	df	p	t	df	p	t	df	p
PAIR									
v									
D-E	0	5	ns	4.89	13	<.001	1.21	19	ns
D-A	-5.27	5	<.01	-8.63	13	<.001	-5.92	19	<.001
D-B	-2.41	5	ns	-5.31	13	<.001	-6.31	19	<.001
E-A	-2.74	5	<.05	-10.52	13	<.001	-5.35	19	<.001
E-B	-1.78	5	ns	-8.45	13	<.001	-5.42	19	<.001
A-B	2.53	5	<.05	4.97	13	<.001	1.02	19	ns
C-D	.61	5	ns	.29	13	ns	.75	19	ns
C-E	.53	5	ns	4.50	13	<.0001	.47	19	ns
C-A	-3.35	5	<.02	-7.35	13	<.0001	-5.46	19	<.0001
C-B	-1.56	5	ns	-5.59	13	<.0001	-5.92	19	<.0001

## CHAPTER 5

### Summary of results

This study looked at attitudes of preschool teachers toward the inclusion of young children with developmental delays into regular early childhood classrooms. Teaching and supervisory staff from five early childhood centers in the Philadelphia and southern New Jersey areas participated in the survey. Center A is an inclusive day care program sponsored by an organization devoted to services for people with special needs. This researcher used Center A as a guide with which to measure the other four non-inclusive centers. As expected, survey scores from Center A were consistently more positive than scores from any of the other participating centers. In most cases, these differences were statistically significant.

Center B is a privately owned daycare in an affluent suburban area. The director and teachers have at least bachelors' degrees in education combined with several years experience teaching young children. This center came closest to the survey scores exhibited by Center A, but there were significant differences in both the attitude and collaboration clusters. Centers C, D, and E showed mainly insignificant statistical differences when compared with each other in each of the three clusters.

The collaboration cluster showed the most positive results of the three clusters studied, showing that respondents felt generally confident with their abilities to synthesize information from colleagues knowledgeable in fields outside of education.

There was more consistency in responses within each center and for each of the questions (as illustrated by standard deviations) than for the other two clusters. The attitude and training clusters showed a wider range of responses.

#### Analysis of trends in responses

Responses to particular questions revealed some interesting trends among this small population of participants. Question four has nine parts, each asking for a level of confidence relative to a particular skill. Most teachers felt confident to adapt materials and curriculum, provide children with individual assistance, and work with parents. Most felt less confident to manage behavior problems and to develop behavioral objectives for individual children. Question 13, which has three parts, asks respondents for opinions on placement of children with disabilities. The three parts note increasing levels of need, ranging from mild through moderate to significant. Mean scores for all centers show decreasing levels of agreement as the levels of student need increases. Question 20, with four parts, assesses attitudes about preservice training relative to four increasing levels of need. Again, mean responses for all centers show less agreement as student need increases.

Most respondents see a need to learn more about the laws regarding the education of children with disabilities. Except for respondents from Center B, most indicated their preservice training did not adequately prepare them for successful inclusion, yet those who have taught children with special needs agree that their experiences have been positive. A teacher with less than six months experience with delayed children thinks differently. She states, "I feel these particular children should



be in classes with other children with disabilities where the teacher chose to work with (them).”

The results of this study agree with the results of studies concerned with staff attitudes and training to facilitate inclusion (Bailey et al., 1990; Hall & Loucks, 1978), but in the area of collaboration, the findings of this study may differ from existing literature. While respondents in other studies rated their collaboration skills as weak or absent (Babcock & Pryzwansky, 1983; West & Cannon, 1988; Reiff et al., 1991), the majority of respondents to this study rated their command of these skills as strong (see Table 1). Reiff et al. (1991) state that teachers need to learn strategies for teaching children with specific disabilities. With the possible exception of staff at Center A, the participants in this study strongly agree that teachers need specific training to manage difficult behavior and to develop behavioral objectives for individual children. Respondents at all five centers expressed needs for expert advice relative to problems of the children they teach. One person commented, “Such factors as staff training in dealing with children with disabilities, ...(and adequate) support staff...are crucial.” Another teacher said, “I feel that children with disabilities should be included into typical classrooms. However, the...center does need to have the appropriate support staff...to help with the appropriate education of the child.”

Results of this study imply that teachers' attitudes toward inclusion, at least at the preschool level, become more positive through appropriate training and successful practice in the field. This is evidenced by the strong positive responses from staff at Center A, and less positive responses from staff who have had little or no exposure to

children with special needs. One teacher commented that, "...a child with any disability can be successfully included, but...(it) depends on the teacher's ability." Another said, "With the proper training and...experience, my attitude toward inclusion may have been more positive."

#### Limitations of the study

This study was limited by several factors. As noted previously, the survey was conducted during the summer, when no local colleges offered early childhood courses during this particular session. Unfortunately, it was not possible to gather information from students and their professors according to the original plan. Other factors that may have affected results were the relatively small size of the sample (39 respondents) and the narrow geographical area represented by that sample. Perhaps a large-scale study conducted in several regions would have yielded different results.

#### Suggestions for further study

Follow-up research can be planned to learn what happens to those who are skeptical after they receive strong training and solid teaching experience with special needs children. Another focus would be to follow those with little or no experience, but who feel positive about inclusion. Would they remain positive working in an inclusive classroom? A third area for study would be to examine preservice and inservice training to determine that which is most effective in particular classroom situations.

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## **APPENDIX**

June 2, 1996

Dear Participant,

My name is Marilyn Forbes. I am a Masters' degree candidate in Early Childhood Learning Disabilities at Rowan College of New Jersey. As part of my graduate thesis project, I am studying the opinions of preschool teachers and administrators toward including young children with disabilities into regular early childhood classrooms. To that end, I have enclosed a questionnaire which will give me the information I need using a format that is quick and easy for you to complete.

The first part of the survey asks for some information about your training and experience. You do not need to provide your name unless you choose to do so. The second part contains a list of statements pertinent to your work with young children. Please read each survey question carefully and indicate to what extent you agree with it. Please circle one of the five choices, which range from "strongly agree" to "strongly disagree". There is space for your comments at the end of the survey. Please return this survey promptly to the person who distributed it to you. Thank you very much for your cooperation.

Sincerely,

Marilyn Forbes, Masters Degree Candidate,  
Rowan College of New Jersey



Please circle the answer in each questions which best describes you:

1. Your name (optional) \_\_\_\_\_

2. Your age-

under 25

25-35

Over 35

3. Years of teaching experience (do not include student teaching)-

0 (still a student)    1-3 years    4-8 years    more than 8 years

4. Length of formal early childhood teacher training you had prior to employment in this field.

no training    6 months-2 years    2-4 years    more than 4 years

5. What degree do you hold in the field of early childhood education?

No degree    Associates degree    Bachelors degree    Masters degree or higher

6. Length of teaching experience with children with disabilities-

less than 6 months    6 months to 3 years    4-8 years    more than 8 years

7. Have you ever taught children with typical development and children with disabilities in the same class (this could be either student teaching or as a regular classroom teacher)?

Yes    No    If yes, for how long? \_\_\_\_\_

THE SURVEY

**Instructions:** Please specify on the designated scale to what degree you feel the following statements are true by circling the number that corresponds to your choice:

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly agree

	SD	D	N	A	SA
1. I understand the concept of inclusion and integration.	1	2	3	4	5
2. Young children with disabilities should be educated in preschool classes with typically developing children.	1	2	3	4	5
3. I feel confident working with families of children with disabilities.	1	2	3	4	5
4. Regarding children with disabilities, I feel confident in my skills to:					
4-1. Adapt materials	1	2	3	4	5
4-2. Adapt curriculum	1	2	3	4	5
4-3. Manage behavior problems related to the child's disabilities.	1	2	3	4	5
4-4. Provide individual assistance.	1	2	3	4	5
4-5. Write behavioral objectives.	1	2	3	4	5
4-6. Work effectively with parents.	1	2	3	4	5
4-7. Interpret assessment results.	1	2	3	4	5
4-8. Participate in IEP conferences.	1	2	3	4	5
4-9. Write educational objectives for the child's IEP.	1	2	3	4	5
5. I can communicate effectively with parents of children with disabilities enrolled in my class.	1	2	3	4	5
6. My experience teaching children with disabilities has been mostly positive.	1	2	3	4	5
7. It is important for me to have access to expert advise as I teach children with disabilities.	1	2	3	4	5
8. Young children, with and without disabilities, can work and play together happily.	1	2	3	4	5
9. I presently have the skills I need to successfully include children with disabilities in my preschool class.	1	2	3	4	5
10. There is little difference in the curriculum when a child with special needs is included in my class.	1	2	3	4	5
11. I feel confident collaborating with others on the staff (which includes Special Education teachers, administrators and therapists) to develop learning programs for children with disabilities.	1	2	3	4	5
12. I am in favor of including children with disabilities in my class.	1	2	3	4	5

13. A regular preschool program is the best placement for children with:
- 13-1. Mild level of need 1 2 3 4 5
  - 13-1. Moderate level of need 1 2 3 4 5
  - 13-1. Significant level of need 1 2 3 4 5
14. Preparation programs for all teachers must include coursework on teaching children with disabilities. 1 2 3 4 5
15. I feel as confident working with families who have children with disabilities as I do with families who have children with typical needs. 1 2 3 4 5
16. People with disabilities have rights to full participation in integrated educational and community settings. 1 2 3 4 5
17. My preservice training prepared/will prepare me to effectively teach children with disabilities. 1 2 3 4 5
18. It is important for children with disabilities to attend preschool classes with typically developing children of the same age. 1 2 3 4 5
19. Collaboration of parents, teachers, therapists and administrators is essential to guarantee the best education for children with disabilities. 1 2 3 4 5
20. My preservice training adequately prepared me to teach-
- 20-1. Children with typical development 1 2 3 4 5
  - 20-2. Children with mild disabilities. 1 2 3 4 5
  - 20-2. Children with moderate disabilities. 1 2 3 4 5
  - 20-2. Children with severe disabilities. 1 2 3 4 5
21. My preservice training prepared/will prepare me to teach children with and without disabilities in the same class. 1 2 3 4 5
22. It is important that young children with typical development attend preschool classes with children who have disabilities. 1 2 3 4 5
23. I need regular training to improve my teaching skills for children with disabilities. 1 2 3 4 5
24. The inclusion of children with disabilities into regular classes does not take too much of the teachers' time and attention from typically developing children. 1 2 3 4 5
25. The extra paperwork I would need to complete for children with disabilities would not be a problem for me. 1 2 3 4 5
26. I am confident in my ability to select appropriate learning materials for children with disabilities. 1 2 3 4 5
27. I am familiar with and understand the laws regarding the education of children with disabilities. 1 2 3 4 5

Thank you for completing this survey. Your comments are welcome, so please add them here. If you would like information on the results of this study, please include your name and address.

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