

## Inclusion Clinic Process: A Guide for Planning the Details of Inclusion for an Individual Child with Disabilities

By Paula Lieb

Inclusion is not a place. It is, "an educational orientation that embraces differences and values the uniqueness that each learner brings to the classroom." (Kluth, 2003).

Inclusion implements the federal law's "least restrictive environment" requirement under the Individuals with Disabilities Education Improvement Act (IDEA). At least annually, every public school is required to seriously consider the placement of each child with an IEP in the general education classroom with supplementary supports and services, regardless of the severity of the child's disability or their current placement. To the extent that the child is in separate special education classroom/school, annually, the IEP team must consider support needed for the student to transition to a less restrictive environment. As IDEA notes, thirty years of research demonstrates that there are significant academic, social and communication benefits when children with disabilities are educated in general education classrooms with access to the general education curriculum.

### LEAST RESTRICTIVE ENVIRONMENT

To the maximum extent appropriate, children with disabilities are educated with children who are not disabled, and special classes, separate schooling, or other removal of children occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 20 U.S.C. § 1412(a)(5)(A)

When determining the restrictiveness of a particular program option, such determinations are based solely on the amount of time a student with disabilities is educated outside the general education setting. N.J.A.C. 6A:14-4.2(a)(11)

IEP teams must *annually* "consider activities necessary to transition a student to a less restrictive placement." N.J.A.C. 6A:14-4.2(a)(4)

All students must be considered for placement in the general education classroom with supplementary aids and services. N.J.A.C. 6A:14-4.3(a)

On the benefits of inclusion, Congress says...  
30 years of research and experience demonstrate that the education of children with disabilities can be made more effective by ... ensuring their access to the general education curriculum in the regular classroom to the maximum extent possible. U.S.C. 1401(c)(5).

*Inclusion is like learning a language; you learn it better by being immersed in the culture than if you just learn the words.*

The Inclusion Clinic process, outlined below, details the steps which NJCIE uses to help school team plan the details of inclusion for individual children. Teams can use this as a pre-planning conversation to facilitate the development of the IEP or to fine-tune an existing program. We have found that the less complex we make the process for planning the details of inclusion for the child, the higher the teachers' comfort levels will be and the more likely the child's inclusion will be successful. We first piloted the Process in 2005 with the support of a grant from the Bubel/Aiken Foundation. It is based upon a similar process developed by Dr. Kathy Gee in California and used for more than a decade by the Paul V. Sherlock Center on

### **Benefits of Inclusion for Students with Disabilities:**

The largest, longitudinal study of education outcomes of 11,000 students with disabilities, the National Longitudinal Transition Study, showed that more time spent in a general education classroom was positively correlated with:

- ▶ Higher scores on standardized tests of reading and math
- ▶ Fewer absences from school
- ▶ Fewer referrals for disruptive behavior
- ▶ Better outcomes after high school in the areas of employment and independent living (Wagner, Newman, Cameto, Levine, & Garza, 2006).

This positive correlation was found for all students with disabilities, regardless of their disability label, the severity of their disability, their gender, or their family's socio-economic status.

Disabilities at Rhode Island College in its Inclusion Institutes. Since 2005, NJCIE has used this individualized problem-solving process with teams on-site (i.e., at the focus child's school) and at quarterly Inclusion Clinics at The College of New Jersey for children with mild to significant disabilities. For details on NJCIE's Inclusion Clinics, search for "Inclusion Clinics" on our home page. .

## INCLUSION CLINIC PROCESS

**Timing:** The Inclusion Clinic Process generally takes three hours, with short breaks periodically.

**STEP 1: FORMING THE TEAM:** First, to be successful, the group discussing the child's inclusion must consist of at least three key people: the parent(s) of the target child (or guardian); (2) a general education teacher at the child's chronological grade level; and (3) a special education teacher. More people than these three may be present and helpful (e.g., more than one general or special education teacher, child study team members, related services professionals, paraprofessionals, school nurse, guidance counselor, last year's teacher, etc.) but, the presence of the parent, special education teacher, and general education teacher is key. At NJCIE's Inclusion Clinics, if one of these key people is missing, the Inclusion Clinic is cancelled.

The **general education teacher** is the expert on the curriculum and the instructional activities which take place routinely at the child's grade level. The process of brainstorming the appropriate supports, accommodations and/or modifications is tied to the curriculum content and activities described by this general education teacher. (See Step 3). Also note that, if it is in June and the discussion is about the child's placement for the following school year, it is most effective to have both the child's present teacher(s) (for input as to what works and does not work) and teacher(s) who teach at the next grade level and are familiar with the curriculum.

The **special education teacher** is the strategies expert. He/she should have the ability to explain how a disability impacts instruction and the instructional strategies and supports (e.g., adaptations/curricular modifications, personal supports, assistive technology, etc.) which can help the child access the curriculum and be included. Preferably, this is someone who is now working with the focus child.

The **parent** (or parents) is the expert on the child. They have in-depth information about their child's interests, strengths, skills already acquired, challenges and input into goals.. They know how their child plays, communicates, and socializes in natural settings, i.e., at home, at family gatherings, at church, soccer games, movies, restaurants, cars, etc. As noted by one parent, "(W)ith little or no help, we get the job done every day". (Kluth, p. 72)

**STEP 2: CREATING A STUDENT PROFILE:** Choose someone to facilitate the discussion, such as the school's inclusion facilitator, the child's case manager, or other individual who has some expertise with inclusion.

Next, the group discusses the child’s present learning profile using the chart format, below, as a guide. Figure 1. The person facilitating the discussion should document the information on large sheets of easel paper as people add their contributions. (Make sure to number the papers on the top so they can be typed up later). Start the conversation by asking the parent to provide some background information, i.e., the child’s age, grade, number and ages of siblings, etc. Next, ask the parent to share input about their child’s interests, followed by a request to the whole group regarding the child’s interests. Follow the same routine for each category, i.e., for discussing their strengths; challenges; learning preferences/style/instructional strategies; supports; goals. Encourage the group to stay away from special education “jargon,” use plain language that all can understand and ask clarifying questions when something seems confusing. For example, in addition to stating that the child has an *auditory processing problem*, the teacher needs to explain what it might look like in the classroom (e.g., “student might look at you blankly after you ask a question; provide extra wait time; repeat the question if he does not answer). This type of sharing is positive, descriptive and the foundation for identifying appropriate supports and instructional strategies.

Creating a student profile generally takes 45 minutes to 1 hour.

### **Student Profile**

Name:	Age:	Grade/Subject:
Interests:		
Strengths:		
Challenges/needs (academic, functional, behavioral):		
Learning preferences/style/instructional Strategies:		
Supports to address needs:		
IEP Goals:		

Figure 1

### **STEP 3: GENERAL EDUCATION TEACHER DESCRIBES THE CLASSROOM SCHEDULE/ACTIVITIES FOR A TYPICAL DAY:**

Next, the general education teacher is asked to describe her schedule and the activities that happen routinely on a typical day in her classroom; “What happens from 8:00 a.m. to 9:00 a.m.? From 9:00 a.m. to 10:00 a.m.?” etc. The curriculum is the common frame-of-reference for the discussion. Curriculum drives the schedule, teacher planning, and classroom activities. It is something that the general education teacher values and understands well, so this part of the Process acts to involve her meaningfully in the conversation via something she knows well, as well as forming the basis for the discussion about supports. As the teacher speaks, the information is written into a chart like that below. Create the chart in Figure 2 using two sheets of easel paper, side by side.

*Example (third grader with language processing problems)*

<b>Time</b>	<b>Typical Class Activities &amp; Routines &amp; Purpose/Expectations for Class</b>	<b>Supports, Strategies, Needed for the Focus Student</b>
<b>8:15 AM – 8:45 AM</b> <b>ARRIVAL</b>	Students arrive and put away their things. They sit at their desks and check the board for the daily “Do Now.” They write an answer in their journal. A short whole-class discussion, follows.	Student can independently take off coat; put things away; write in journal. Adult stops by her desk to discuss “Do Now” prompt to make sure she understands the question and has some ideas re: her response. Working on writing at least one sentence per ideas.
<b>8:45 AM – 10:30 AM</b> <b>LANGUAGE ARTS LITERACY</b>	Guided reading in groups led by one teacher; meanwhile, rest of students go through 3 centers, one supervised by a teacher; one supervised by a paraprofessional, and the last one an independent.	Student will travel through adult-led centers; place student in heterogeneous group to travel through centers; encourage students to mutually support each other, i.e., answer questions; help each other with unknown words/directions; prompt students in her group to answer her questions and to provide wait time for her to answer.
<b>10:30 AM – 11:30AM</b>	Art	Student loves art! Units are thematic (i.e., color; textures; etc.). Speak to teacher re: importance of modeling and repeating directions to her, individually, if needed.

**STEP 4: PROBLEM-SOLVING AND BRAINSTORMING SUPPORTS:** Considering the child’s profile and the schedule from the beginning of the day to the end,

the group brainstorms the class-wide adaptations, teaching strategies, accommodations, supports and/or modifications to curriculum which could support the child's inclusion in the general education classroom hour by hour. (For children with more significant needs, break the time into smaller segments, e.g., 15-30 minutes.) The result should be a list of integrated supports and global adaptations that the teachers can use any time that routine activity is repeated. For example, if a child has difficulty taking notes due to a visual or auditory processing problem, there may be several different options a teacher can consider whenever the classroom activity involves note taking: making a copy of the teacher's notes; using a copy of another student's notes; providing a slot note format where the student fills in key words, etc. Teachers appreciate this flexibility.

Use a three step analysis to ensure that the supports are no more than necessary. Over supporting a student can be as much of a barrier to a student's progress as under supporting them.

**1) First, does the child require any supports for this activity?** Even students with the most complex needs may not need supports every minute of the day. For example, a student who has an aide assigned to her might be capable of participating in teacher selected, heterogeneous group, hanging up her coat, writing in her journal, listening to a read-aloud, etc. without any help from an adult, particularly if peers are encouraged to support each other in the classroom.

**2) During the times that the child will requires some kind of support, what is the least intrusive support we can provide?** Making class wide adaptations; providing lessons which are differentiated; and ensuring student naturally assist one-another are less intrusive supports than retrofitting accommodations, curricular modifications, and one-to-one aides into the classroom for individual students. For example, establishing class wide behavior expectations and management systems can reduce behavioral challenges making individual behavior intervention plans unnecessary. If the teacher redesigns a test form to make it less confusing for the whole class, it may not be necessary to modify tests for one or more students. Brainstorming ways to take the students' individual supports class wide saves everyone work and confusion while making the student's inclusion more effective.

If it is not possible to come up with a class wide option, consider accommodations which might give the student access, rather than going straight to modifying the curriculum. For example, rather than giving a teacher-made outline to student with learning disabilities who has some difficulty organizing information he has read in the textbook, show him how to use a graphic organizer and text headings to organize his thoughts.

**3) If a modification to the curriculum is needed, what will that be?** A student with a low incidence disability (e.g., Down syndrome or other developmental disability) may require modifications to the curriculum and modified materials, i.e., be responsible for mastering less than content than the rest of the class and receive modified activities, homework and tests. During the discussion, figure out the process that will be used for making modifications on an ongoing basis. Generally, the general education teacher identifies the most important content concepts for the student to learn/be responsible for

and she and the special educator, with input from the general educator, develop the modified assignments, homework and tests; finds resources on the child's independent reading level, etc. The paraprofessional can assist in this process, but, should never be the one in charge of the child's modifications. Teams should keep these modified materials for future use/refinement for other students who may require modified materials.

Note that the necessity to modify curriculum is not a justification for pulling a child out of the general education classroom or replacing a general education objective which is being implemented for the rest of the class with a completely different objective or activity. N.J.A.C. 6A:14-4.2(a)(9).

**STEP 5: FIGURING OUT WHERE TO WORK ON THE STUDENT'S GOALS:**

Next, the group considers where the student's goals will be addressed. Goals in the area of organization, getting help appropriately, interacting appropriately with peers, self-managing behaviors, reading, writing and math are perfect for addressing in the general education classroom. The discussion focuses on times during the student's day when the student's IEP goals and the classroom activities might intersect. Discussion about how the student's progress in their goals will be documented is also useful. For example, a rubric which a teacher uses to grade group work skills (e.g., listening; contributing to the discussion; assisting other group members, etc.) can be used to monitor the progress of a student's social interaction goals in her IEP.

**STEP 6: TYPING UP THE NOTES:** As the Clinic draws to the end, the group reviews any tasks which require follow through and who will be responsible. For example, the team may have determined it wants the student's speech therapist to provide in-class collaborative speech therapy for this student during an upcoming unit where students will be working in groups and the student can work on his communication skills. The special educator volunteers to speak to the speech therapist about this opportunity. Finally, one person volunteers to type up the notes and distribute them to the rest of the group.

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