HEAD START TEACHER TRAINING: IMPACT ON INCLUSIVE PRACTICES AND ATTITUDES

Except where reference is made to the work of others, the work described in this dissertation is my own or was done in collaboration with my advisory committee. This dissertation does not include classified information.

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HEAD START TEACHER TRAINING: IMPACT ON INCLUSIVE PRACTICES AND ATTITUDES

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DISSERTATION ABSTRACT

HEAD START TEACHER TRAINING: IMPACT ON INCLUSIVE PRACTICES AND ATTITUDES

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The purpose of this study was to identify the relationship of the three education levels in early childhood or related fields on Head Start teacher's attitudes about inclusion and inclusive practices. Ninety-one Head Start lead teachers completed the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire,* which gathered information pertaining to inclusion in the areas of attitudes, supports, implementation, and impact. Comparisons were made for the inclusion practices and attitudes of lead teachers who had attained a Childcare Development credential, an associate's degree, and bachelor's or higher level degree.

The research questions for this study examined the impact on teachers' practices and attitudes based on level of education, number of students with disabilities encountered, years of teaching experience, and years of teaching experience with students with disabilities. The findings indicated that no relationship existed for levels of education, number of students with disabilities taught, or years of teaching experience and teachers' perceptions. However, a relationship was identified for the number of years teaching students with disabilities and teachers' inclusion practices. Possible implications of this study are that Head Start teachers may receive job-embedded professional development that prepares them for working with students with all levels of abilities.

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Style manual used: Publication Manual of the American Psychological Association, fourth edition.

Computer software used: Microsoft Word, Microsoft Excel, and the Statistical Package for the Social Sciences (SPSS), version 12.0

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I. INTRODUCTION

Young children, beginning at the age of three, have participated in preschool programs for at least the past four decades. The first official records in the United States on preschool attendance occur in 1965 (Barnett & Yarosz, 2004). Benefits that have been attributed to participating in preschool programs include improved intellectual, socioemotional, and community performance (Schweinhart, 1994). At the completion of the preschool tenure, most students entering the early elementary classroom setting have obtained a knowledge base and skill foundation that serves as the underpinnings for more advanced skill acquisition. These outcomes are even greater for children taught by highly qualified teachers (Barnett, 2003).

Despite the national push for "highly qualified teachers" in every classroom (No Child Left Behind Act, 2002), up to 50% of Head Start teachers with minimal credentialing continue to be responsible for the education of preschool children nationwide (Head Start Act Amendments, 1998). Research (Cost, Quality, & Outcomes Study Team, 1995; Whitebrook, Howes, & Phillips, 1989) indicates that outcomes for children increase and improve when they are under the care of teachers who have attained higher levels of education. However, a substantial proportion of Head Start professionals continue to operate as lead teachers in classrooms with only a Childcare Development Associate (CDA) credential. Additionally, ten to thirteen percent of preschoolers enrolled

in Head Start have disabilities. For the 2003-2004 school term, this translated into more than 115,000 children with disabilities participating in Head Start programs (U.S Department of Health & Human Services, 2005). Head Start teachers, who have only completed the requirements for the CDA, have not received instruction in the specialized skill areas important to including children with disabilities in the classroom.

Children with Disabilities Served in Head Start

In the mid-1960s, Head Start initially provided a preschool option for children in low-income environments. In fact, one of the founding goals for the Head Start program was to provide educational services for young children living in poverty (U. S. Department of Health & Human Services, 2001). Children from low-income settings, among other things, were provided with instruction and experiences that would increase their school readiness skills. In addition to reaching out to young children in living poverty, Head Start was the first formalized program to extend its services to young children with disabilities (Economic Opportunities Act Amendments, 1972).

In the early 1970s, the Head Start Program made a commitment that was clearly ahead of the times. Head Start programs, through the passing of the Economic Opportunities Act Amendments of 1972 (P.L. 92-424), reserved 10% of the enrollment slots for young children with disabilities. It would be an additional three years before the passing of the Education of All Handicapped Children Act (P.L. 94-142), which established a free and appropriate education (FAPE) for children ages 3-21. It should be noted that for children with disabilities ages 3–5 and 18–21, FAPE was made available

but not mandatory if the system was not already providing services to typically developing children within these same age groups.

Another 14 years would pass before legislation was established that required schools receiving federal dollars to provide services to young children with disabilities in the preschool setting. This legislative support was established in 1986 with the passing of P.L. 99-457, which set aside funding to facilitate the extension of P.L. 94-142 (1975) services to children ages 3-5 that needed special education [20 U.S.C. Secs. 1400]. With the efforts of P.L. 99-457, young children with disabilities finally gained access to the general preschool classroom.

As young children with disabilities entered Head Start classrooms, preschool teachers found themselves now responsible for the education of children with a wide range of ability levels. A major challenge associated with meeting these varied needs of young children having disabilities in preschool settings was and continues to be teacher training (Bredekamp, Knuth, Kunesh, & Shulman, 1992). Preschool teachers must obtain the appropriate training to implement the instructional strategies that would increase successes for young children with and without disabilities.

Preschool Inclusion Research

The overall goal of inclusion is to prepare students with disabilities for life outside of the school setting (NAEYC/DEC, 1993). Likewise, for the preschool age student, inclusive practices should facilitate productive involvement in the community

(Odom, 2000). Preschool inclusive practices are beneficial in both the areas of student and teacher performance. Student performance will be discussed in this section.

Studies (e.g., Cole, Mills, Dale, & Jenkins, 1991; Cooke, Ruskus, Apolloni, & Peck, 1981; Harris, Handleman, Kristoff, Bass, & Gordon, 1990; Jenkins, Speltz, & Odom, 1990) have addressed the performance of students with disabilities on standardized measurement instruments (e.g., Vineland Adaptive Behavior Rating Scale, Peabody Picture Vocabulary Test, Test of Early Language Development, etc.). A number of studies indicate that preschool children with disabilities in inclusive placements perform comparably to students with traditional (segregated) placements (Buysse & Bailey, 1993; Lamorey & Bricker, 1993; Odom & Diamond, 1998). Additionally, Hundert, Mahoney, Mundy, and Vernon (1998) found that preschool students with disabilities who were included in general education settings outperformed students in traditional settings on standardized developmental measurements.

Inclusion has also been demonstrated to improve the behaviors of preschool students with disabilities (e.g., Carden-Smith & Fowler, 1983; Holahan & Costenbader, 2000). These advances in development and behavior are enhanced by the use of empirically supported practices like those that will be discussed in the following section. These strategies (among others), when individualized and used appropriately, are instrumental in facilitating increased cognitive and language functioning in young children (Odom, 2000).

Peck, Carlson, and Helmstetter (1992) further demonstrated that typically developing preschool and kindergarten students also benefit from inclusion. Their study

focused on the outcomes of inclusion from the perspective of the typically developing child. Peck and colleagues found the typically developing students exhibited positive attitudes towards students with disabilities. Positive affect was demonstrated by responses parents and teachers provided on a questionnaire.

Head Start Teacher Preparation

With the 1998 reauthorization of the Head Start Act, an attempt was made to address the under-qualification of teachers in the Head Start arena. The Head Start Act Amendments of 1998 mandated that at least 50% of lead teachers within Head Start programs, locally and nationally, must hold an associate degree in early childhood or a related field by September 2003 (HS Act Amendments, 1998). This change in qualifications was due largely to the demand for increased accountability within the field of education. While the new requirement was an improvement over previous standards, the requisite training continued to be less than the recommended credentials from professionals in the field.

Policymakers and researchers anticipate that with the educational gains from the associate degree track, Head Start teachers will be better able to adopt positive attitudes and practices to facilitate better outcomes for both students with and without disabilities (Schwartz & Brand, 2001; Schumacher & Rakpraja, 2003; Weiner, 2003). During the 2001-2002 and 2002-2003 terms, 13% and 12.5% respectively, of the children served in Head Start qualified for Individuals with Disabilities Education Act (IDEA) services (U. S. Department of Health & Human Services, 2003a, 2004). Early childhood teachers

gain the knowledge and skills to teach students with disabilities through degree-granting programs. However, during 2002-2003, many preschoolers with disabilities were in Head Start classrooms under a lead teacher with only a General Education Diploma (GED) or Childcare Development Associate (CDA).

Need for Further Research

Research (Whitebrook, Howes, & Phillips, 1989; Cost, Quality, & Outcomes Study Team, 1995) suggests early childhood teachers who have obtained higher degrees yield better outcomes (i.e., increased social and academic skills) for young children. The consensus among education agencies (i.e., NAEYC, DEC) and researchers is that four-year degrees should be the lowest standard for all early childhood educators. Statistics released in the Head Start Program Information Report (PIR) (Schumacher & Irish, 2003), indicate that only 30% of Head Start teachers have a bachelor degree or greater (2003). Comparatively, 87% of public pre-kindergarten preschool teachers (in the United States) have acquired the same level of training (American of Association of Colleges for Teacher Education, 2004). These numbers are more striking when consideration is given to the fact that in 2003 alone, more than 1 million children were served by Head Start (Hart & Schumacher, 2004). While the changes required by the 1998 Head Start Amendment was designed to alleviate this discrepancy, it is unknown if the additional training will yield better results for children with disabilities included in the Head Start preschool setting. An additional unknown is whether the new qualification standards will

improve inclusive attitudes and/or practices (Schwartz & Brand, 2001), considering at least 10% of enrolled Head Start students have a disability.

Schwartz and Brand (2001) note that while efforts have been made to assess the effectiveness of preschool programs on the development of young children, "many questions ... can be incorporated into research designs to determine whether Head Start ... [is] effective for young children with disabilities" (p. 289). One of the issues for continued research Schwartz and Brand raised is whether the mandated increase in training will positively affect inclusive practices within Head Start programs. Moreover, there continues to be controversy concerning whether obtaining additional course knowledge (independent of fieldwork) will yield positive effects on inclusive attitudes.

Prior Research

The National Institute of Child Health and Human Development (NICHD) conducted a study that addressed the impact of high quality standards (including teacher training) on student outcomes. The research was a longitudinal study that began in 1991 with the recruiting of families with newborns. For the families that agreed to participate, their children were followed by the researchers and observed in their childcare centers at 6, 15, 24, and 36 months. Childcare facilities were rated according to how well they met recommended practices on four criteria. These were: (a) child: staff ratio, (b) observed group size, (c) caregiver training, and (d) caregiver education. They found as more standards were met by the staff of the facilities, the better the children performed at 36 months. The areas children demonstrated the most gains in were language development,

school readiness skills, and behavior (NICHD Early Child Care Research Network, 1999).

Additionally, Head Start conducted a similar study known as the Family and Child Experience Study (FACES). FACES was a national study that assessed performance within 40 Head Start programs. The findings demonstrated that 61% of the Head Start programs achieved an overall good quality rating on the Early Childhood Environmental Rating Scale (ECERS). Some of the success was attributed to 68% of the Head Start teaching staff having a college degree or some college experience (U.S. Department of Health and Human Services, 1993).

Concerns for Future Research

Currently, two strands of thought exist in reference to increased education and the effects of teacher training on inclusion practices and attitudes. The research evidence is inconclusive. Head Start has mandated that 50% of teachers (locally and nationally) attain an associate degree in early childhood or a related field (Head Start Act Amendments, 1998). The premise for this legislation is that increased knowledge yields increased implementation of effective instructional strategies. By increasing the number of strategies accessible in the teacher's repertoire, learning outcomes are presumed to be greater for children. The question becomes will the increased training improve teachers' attitudes and practices toward inclusion.

Some research has indicated that teachers' inclusion attitudes and practices can be positively affected by participating in specialized courses during preservice or in-service

training sessions. In their study, Shade and Stewart (2001) evaluated the attitudes of both special and general educators (elementary and secondary). The emphasis for the study was how are teacher attitudes affected by formal coursework offered in preservice training. All of the participants were enrolled in the university Survey of Special Education course. Teachers completed an inclusion survey before and after participation in the course. Based on the study outcomes, Shade and Stewart concluded, "a single course can significantly change preservice teacher attitudes toward the inclusion of students with disabilities…" (p. 4).

In a study conducted by Henning and Mitchell (2002) the conclusions were that participation in specialized training could have positive effects on teacher attitudes. In this study, early childhood special education and general education preservice teachers participated in a teaching methods class. Two sessions of the class addressed specific topics pertaining to inclusion and students with disabilities. Students completed a survey regarding inclusion attitudes at the beginning and end of the semester. The number of positive attitudes reported by the students doubled at the end of the study period. More than 82% of preservice teachers reported feeling comfortable teaching students with disabilities, compared to 41% prior to the specialized sessions.

Conversely, other research has demonstrated that formal coursework alone is not sufficient for changing the attitudes of teachers toward inclusion. In an Australian study conducted by Campbell, Gilmore, and Cuskelly (2003) formal instruction was paired with experiences in the field. Early childhood, primary, and secondary preservice teachers participated in a human development and education class in addition to

interviewing members of the community about Down syndrome. At the beginning of the semester, 31% of the participants viewed the inclusion of students with Down syndrome as a detriment to the educational process. At the end of the semester, the number of participants who continued to hold this view dropped to ten percent. After the study, the student teachers held fewer stereotypical views related to Down syndrome and better understood individuality within diagnoses. Additionally, the researchers noted that improving knowledge about a specific disability could have positive effects towards the understanding of disability in general.

Finally, Campbell, Milbourne, and Silverman (2001) found similar results when they compared the perceptions of early childhood care providers before and after participating in a portfolio project. The providers were enrolled in a professional development activity that involved traditional instructional methods (e.g., lecture, videotape) paired with a nontraditional field experience activity. Care providers participated in five traditional sessions, site consultations and the portfolio project. In the portfolio project, caregivers (paired with a student with disabilities) were required to complete portfolio entries based on out-of-class activities. Prior to the portfolio activity, many of the caregivers viewed the child/student based on what the child could not do (deficit model). Conversely, after participating in the specialized professional development, the caregivers were more able to view the child/student based on what he/she could do (strengths-based model). Additionally, teacher behaviors were positively impacted. After participation in the study, teachers demonstrated fewer underestimations of students' abilities during instruction.

Purpose of the Study

In alignment with current Head Start legislation and the National Association for the Education of Young Children (NAEYC), the premise for this research project is that increased training in the area of early childhood education (or a related field) provides Head Start teachers with the necessary tools to implement appropriate instructional practices for all students within their classroom (Schwartz & Brand, 2001). Additionally, increased knowledge, skills, and experiences help to shape teacher attitudes that can empower or discourage a student's performance (Campbell, Milbourne, & Silverman, 2001; Hastings & Oakford, 2003; Weiner, 2003). Therefore, better training results in better outcomes for students.

There is a concern within the field of education that preschool teachers who lack the appropriate training, like that described above, will not hold healthy attitudes toward or utilize specialized instructional strategies with young children, especially those with disabilities (e.g., Schwartz & Brand, 2001). As research denotes, the attitudes of educational professionals are a key component in establishing an effective learning environment in which students can thrive. Several researchers have noted that students with disabilities perform best when the teachers possess a positive attitude (e.g., Hastings & Oakford, 2003; Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; Weiner, 2003). Based on the literature, a positive attitude is exhibited through actions such as having an optimistic regard toward the impact of students, high expectations for student outcomes, and a willingness to build on the student's strengths to accomplish identified targets.

Head Start teachers play a key role in the preschool arena. During the 2002-2003 academic term more than 909,000 children were enrolled in Head Start programs nationwide. The preschool years are a very critical time for young children. When high quality teachers are not placed in the classroom, students are deprived of the experiences that lay the foundation for a positive educational career. This is even more the case for students with disabilities because they are beginning the process with delays and could require physical and/or academic modifications that would allow them to effectively participate in classroom activities.

As previously mentioned, the Head Start Amendment Act of 1998 mandated that at least 50% of lead teachers in Head Start programs obtain an associate degree or higher. However, this leaves the potential for up to 50% of lead teachers in a Head Start site to continue to be allowed to work in this capacity with only the Childhood Development Associate (CDA) credential. The CDA does not provide training in specialized educational strategies nor require experiences with young children with disabilities (Lansing Community College Curriculum Guide, 2004). Head Start teachers will gain the knowledge and skill base needed to develop appropriate attitudes and practices for the early childhood setting only through in-service training in specialized instructional strategies and field experiences. Consequently, as teachers develop/modify attitudes and practices, the educational experience is enhanced increasing the success of children who have special needs.

As a result, the purpose of this study was to identify the relationship of the three education levels in early childhood or related fields on Head Start teacher's attitudes

about inclusion and inclusive practices. With 51% (U.S Department of Education, 1998) of preschool children with disabilities being placed in regular education settings, this research will serve to advance early childhood programs in their efforts to appropriately educate all children in settings both public and private.

Research Questions

Based on the literature review and the need for further research, the following research questions will be addressed in this study:

1. Will there be a difference demonstrated by Head Start teachers across the three education levels on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* for the constructs of inclusion attitudes, staff supports, inclusion implementation or impact of inclusion?

2. Does the inclusion of students with disabilities (# of students taught) in the classroom impact Head Start teachers' attitudes about inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* (attitudes subscale)?

3. Is there a relationship between years of teacher experience and teachers' attitudes and practices of inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* (attitudes and practices subscales)?

4. Is there a relationship between years of teacher experience with disabilities and teachers' attitudes and practices of inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* (attitudes and practices subscales)?

Hypotheses

This researcher hypothesized that Head Start teachers who have achieved the advanced training in early childhood or a related field would place increased value on inclusion philosophy and practices. In addition the researcher expected to find that Head Start teachers' attitudes toward inclusion would become more positive as they had increased interactions with students with disabilities (# students taught) within their classroom. A third expectation was that Head Start teachers who had greater years of teaching experience would have more positive inclusion attitudes and practices responses. Finally, it was expected that teachers who had more years of teaching experience with students with disabilities would have more positive inclusion attitudes and practices responses.

Significance of the Study

By examining the impact of Head Start teacher training differences and the effects of those differences on inclusion practices and attitudes, this study provided information which would (a) increase what is known about teacher training in the Head Start classroom, (b) provide input on whether level of teacher preparation had any impact on inclusive practices, (c) provide more information on teachers' attitudes toward inclusion, and (d) provide information on the impact teaching students with disabilities had on teachers' attitudes. The next generation of studies should be aimed at making a connection between teacher qualifications and outcomes for students with disabilities in the Head Start classroom (Schwartz & Brand, 2001). This connection can be made by

ensuring that prospective teachers are provided with the necessary tools and supports in training programs that will foster positive inclusive attitudes and experiences in the classroom.

Limitations of the Study

Some limitations of the current study should be considered when interpreting the results. First, the information is gathered from one state in the southern region of the United States. Therefore, the racial, gender, economic, and ethnicity composite may not match that of the national census. Second, the instrument used in this study was a self-report measure. This method of data collection depends on the ability and willingness of the respondent to provide accurate and honest input to the questions. Therefore, some possibility existed that participants responded to questions in a manner that reflected socially acceptable answers. Based on the limitations discussed, generalizability of the results from this study was affected.

Definition of Terms

For the purpose of this study, the following terms should be considered as follows:

Grantee Site: Public or private agencies that receive funds directly from the Administration for Children and Families to operate a Head Start or Early Head Start.

Head Start Teacher: Each Head Start class is usually comprised of a lead teacher and a teacher assistant. In this paper the term Head Start teacher will refer to the lead

teacher. This will be an individual who has acquired the Childcare Development Associate (CDA) Credential or higher level of training.

Inclusion: The practice of meeting the educational and specialized needs of students with disabilities, to the greatest extent possible, in the classroom setting with their typical peers.

Lead teacher: Person that is primarily responsible for designing, implementing, and evaluating the instruction that takes place in the classroom.

Least Restrictive Environment: The extent to which students with disabilities have access to the general education setting, as appropriate, with the necessary supports and services.

Mainstreaming: Integration (as appropriate) of students into the general setting, educational planning and programming to enhance student success.

People–first Language: Practice of referencing the individual prior to the disability. Studies are cited in this research that were conducted prior to the use of people-first language. All dated language has been replaced with people-first language.

Positive attitude: Characterized by having an optimistic regard toward the impact of students, high expectations for student outcomes, and a willingness to build on the student's strengths to accomplish identified targets.

Regular Education Initiative: The movement to merge special and general education tracks into a singular program.

Teacher: Early childhood or early childhood special educator. When the term is used in this study, reference is made to a certified teacher with at least a Bachelor's degree in early childhood or early childhood special education.

Teaching Assistant: Person that helps in the carrying out of day-to-day duties.

II. REVIEW OF THE LITERATURE

> Each teacher [should be challenged] to develop, apply, and reassess beliefs and knowledge gained in professional development in the context of their own classrooms so that attitudes, knowledge, and practice are truly integrated. When knowledge and practice become internalized and energized by a personal commitment to ensure that all students learn well, teachers may have their greatest influence on student outcomes … (Weiner, 2003, p. 18).

This review of the literature chapter is divided into three major sections. These sections are Head Start overview, preschool inclusion, and teacher attitudes. The first section provides an overview of the Head Start program. This section is comprised of the purpose of the Head Start Program and historical evolution over the past 35 years. Additionally, Head Start components, services, and teacher training are also included.

Section two presents the knowledge and skills recommended for personnel serving young children. The third section addresses topics pertaining to preschool inclusion. Specific areas addressed are inclusion influences, special education evolution, instructional strategies, and efficacy. This section concludes with an integrative analysis of preschool inclusion efficacy research. The final section analyzes research on teacher

attitudes in relation to preschool inclusion. Specifically, the topics discussed are teacher attitudes and the impact of attitudes on inclusion.

Head Start Overview

During the early 1960s the prevailing social climate in our nation was characterized by turbulence and unrest. The Civil Rights Movement was the focus of the time. Politically, the Vietnam War consumed both a generation of our nation's men and vast amounts of national resources. Poverty was rampant. As a result of this poverty, children and families suffered educationally and physically. President L. Johnson declared "War on Poverty" in his presidential address in 1964. In the midst of these events, the concept for an intervention program, which would become known as Head Start, was conceptualized to address some of the educational, financial, and social needs within our nation.

Purpose

The Head Start Program was designed to address poverty related crises such as poor academics, health status, and nutrition. Dr. Robert Cooke headed the committee of specialists that met to determine what could be done to increase outcomes for young children in poverty (Illinois Head Start Association, 2005b). Among the notables on the Cooke committee were Urie Bronfenbrenner, Edward Zigler, Mamie Clark, and Sargent Shriver (American Psychological Association, 2003). The committee of 13 individuals was instrumental in providing recommendations in the 1965 Cooke Memorandum. The recommendations put forth in this document led to the development and design of the

Head Start Program (Illinois Head Start Association, 2005). The purpose of the Head Start Program was to create an intensive alternative to existing education and social services provided to low-income families to help children overcome the effects of poverty (Kagan, 2002).

The mission for the program was, and continues to be, to provide needed services and supports to children and families from low income environments. The intent of these services was to help families reach beyond the limitations of impoverishment to prepare preschool age children with the skills needed for academic readiness (Dickstein, 2002). Currently the program is administered by four entities. These are the Head Start Bureau; Administration on Children, Youth and Families (ACYF); Administration for Children and Families (ACF); and Department of Health and Human Services (DHHS). The following overview of Head Start addresses four topics. These are the program's history, components, services, and teacher training.

History

Head Start, as recognized today, had its beginnings in the mid 1960s with a panel organized by the federal government to address the needs of preschool children in poverty settings. The initial model was known as Project Head Start (U.S. Department of Health & Human Services, 2002b). The concept of Head Start continually evolved over the next 40 years. The events that marked developments and transitions are discussed across the decades through the present time.

1960-1979

Title II of the Economic Opportunity Act of 1964 provided funding through grants that led to the development of the Head Start Program (East Tennessee State University History Department, n.d.). The focus of Head Start was to provide intervention to children of low-income settings targeting intellectual, nutritional, and family needs within the local community. The first Head Start program was sponsored by the Office of Economic Opportunity in 1965 (U. S. Department of Health & Human Services, 2001). Beginning as an eight-week summer program, the first Head Start classes served children ages 3 through 5 years. The summer program was deemed an immediate success based on student enrollment. While projected to serve 50,000 children, more than 550,000 actually enrolled. Due to the success of the project, the emphasis changed from a summer session to a full-time program.

In the 1972 amendments of the Economic Opportunity Act, 10% of enrollment opportunities were reserved for children with disabilities (Ackerman & Moore, 1976). From 1972 through 1975, the Head Start Bureau specified guidelines to be used within programs to ensure appropriate inclusion of children with disabilities (Schwartz & Brand, 2001). Within these guidelines services were mandated to meet the needs of children with disabilities within programs. These services included: (a) developmental screenings, (b) referrals, (c) individualized service reports, (d) community involvement, (e) specialized consulting, and (f) service coordination.

With the passing of the Education of All Handicapped Children Act (PL 94-142) in 1975, Head Start programs received some financial assistance. As programs were

paired with education agencies, assistance was provided for some of the costs of service provision. Additionally, during this time, projects were established to provide funding and support to the Migrant and American Indian branches of the program.

1980–1999

As the Education of the Handicapped Act Amendments (PL 99-457) passed in 1986, Head Start programs evolved. With these amendments children between the ages of 3 and 21 were included in the population entitled to free and appropriate public education (FAPE) provided in the least restrictive environment (LRE). Head Start programs could now receive supplemental services from providers through special education programs. Subsequently, less Head Start funding was required to support the needs of children with disabilities. Throughout this span of nearly two decades, Head Start programs continually expanded the number of children with and without disabilities enrolled.

The population served since the inception of the program had grown from 550,000 in 1965 to more than an astounding 9.2 million children and families by 1992. Additionally, funding supports exceeded 1.5 billion dollars (Greater Opportunities of the Permian Basin, n.d.). The mandates of the Individuals with Disabilities Act (IDEA) led to the development of the 1993 Performance Standards for children with disabilities (Schwartz & Brand, 2001). Within these standards, criteria were set so that the services children with disabilities received in Head Start programs were in alignment with the regulations of IDEA (U.S. Department of Health and Human Services, 2003c).

Head Start programs continued to experience steady growth. This expansion resulted in the need to address the effects of increased enrollment on quality of services

(U.S. Department of Health & Human Services, 1993). The problem created by the increase resulted in the creation of an advisory council composed of educators, child development experts and legislators. The purpose of the council was to address the deficits of Head Start programs and develop strategies to resolve them. The efforts of the advisory council resulted in recommendations (a) to develop an early intervention component for Head Start and (b) to improve teacher qualifications (U. S. Department of Health & Human Services, 1993). Through the 1994 Head Start Act Amendments these goals were accomplished.

The emphasis on improved quality was reflected in the Head Start Performance Standards developed in 1994 and published in 1996 under the guidance of the Department of Health and Human Services (DHHS) Secretary, Donna Shalala. The movement for improved standards continued to evolve with the Head Start amendments of 1998 (Senate Report 105-256, 1998). Reauthorization of the Head Start Act included provisions for improving the quality of programs, professional development of teachers, and academic readiness skills in the areas of reading and math (U.S. Department of Health and Human Services, 2002c). In order to facilitate accomplishing these goals, increased emphasis was again placed on teacher quality. This legislation established stipulations for Head Start teachers' qualifications. Section 648.A2 of the 1998 amendments mandated that 50% of teachers within a Head Start program must have at least an associate's degree in early childhood education or an equivalent child development curriculum. By September 2003, all established and incoming Head Start teachers had to meet this requirement.

2000–Present

Head Start programs continue to increase the number of children served each year. Rakpraja and Schumacher (2003) attribute this increase to the greater number of single, low-income mothers obtaining full-time employment. For the 2001 fiscal year 905,235 children were enrolled in Head Start programs (US Department of Health and Human Services, 2002a). Priorities that continue to thrive under President G. W. Bush include the following: (a) Early Childhood Initiative, (b) Early Literacy Initiative, (c) Early Head Start, and (d) Fatherhood Initiative. Each of these programs targets improving the family and/or academic supports needed for young children to thrive and excel.

Foci of Development

Head Start evolved from four founding focus areas. The foci were education, health, parent involvement, and social services (U. S. Department of Health & Human Services, 2001) and were identified as areas of need within impoverished settings. Each focus is supported by a rationale for its emphasis. An education goal was incorporated based on the belief that when given the proper tools, everyone can learn regardless of socioeconomic status (Greater Opportunities of the Permian Basin, nd). The rationale for the health focus is to emphasize the importance of early identification of potential health problems. Parent involvement was instrumental because it impacted child success. Social service was emphasized to provide needed assistance to families in identified areas.

These fundamental principles serve as the foundation for the development of Head Start. The four identified areas of emphasis were incorporated into a three-prong approach, which became known as the Head Start model (Kotelchuck & Richmond,

1987). The three prongs, each of which is discussed below, were child development, family support, and inclusive environment.

Child Development

One of the major purposes of the Head Start Program, from inception, was to assist children from low income environments prepare for the expectations of school (U.S. Department of Health & Human Services, 2002c). The belief was that with the proper interventions, children and families could overcome the deficits associated with poverty. School readiness was, and continues to be a major component addressed within child development. The major components of school readiness targeted by Head Start include cognitive skills, social skills, and physical health.

Cognitive skills. The Cooke Memorandum (1965) indicated special attention was paid to the child's development of mental processes and skills in the focus on school readiness. Specifically, verbal and conceptual skills were targeted. Research studies (Berrueta-Clement, Schweinhart, Barnett, et al., 1985; Lazar & Darlington, 1982; Ramey & Campbell, 1984; Barnett, 1998) demonstrate that children who participate in Head Start programs exhibit long-term gains in cognitive development. Specific gains have been noted in math and vocabulary. Additionally, the findings by Lazar and Darlington (1982) suggest that students who participate in structured programs, such as Head Start, are less likely to require special education services or grade retention.

Additionally, Hubbs-Tait, Culp, Huey, Culp, Starost, and Hare (2002) considered the impact of Head Start attendance on cognitive and social gains in relation to the level of family risk. The study included 94 four year olds in an Oklahoma Head Start during

the 1996–1997 academic term. Hubbs-Tait et al found that increased attendance yielded an increase in cognitive gains (as measured on the *Peabody Picture Vocabulary Test-Revised, PPVT-R*) for the children who experienced more risk factors. Increased attendance did not have any effect on cognition for the students who were in low risk categories. Additionally, the Family and Child Experiences Survey (FACES) of 2001 similarly reports increased school readiness skills exhibited by children in kindergarten, who formerly participated in Head Start, in comparison to the same aged peers who did not attend Head Start (Congressional Digest, 2003a).

Currently, President Bush's early childhood initiative, Good Start - Grow Smart, continues the concentration on school readiness and increases the emphasis on academic preparation. Within the initiative, more focus is being placed on early language, pre-literacy, and reading and math readiness skills (Congressional Digest, 2003b; U.S. Department of Health and Human Services, 2002c). Similar gains have been documented in children's social relationships.

Social skills. Participants in Head Start programs also experience gains in the social domain. This was not a surprising finding based on the fact that children learn appropriate behaviors from peer models. As Urie Bronfenbrenner (co-founder of Head Start) noted in a 1992 interview, many children did not participate in a formal daycare setting prior to enrolling in the program because mothers were in the home (Addison, 1992).

Cooke (1965) explained that in the early days, social development was promoted through facilitating curiosity, self-discipline, and spontaneity. This focus continues to the

present day. As stated in the core beliefs, “children are entitled to positive self-esteem and feel that they are as important as anyone else” (Greater Opportunities of the Permian Basin, n.d., p. 3). This attitude of positive well-being is further emphasized through the focus on health.

The Congressional Digest (2003a) reported that students’ social skills improve during their tenure in the Head Start class based on the preliminary results of the FACES 2001 findings. Additionally, Barnett and Hustedt (2005) conducted a summary of Head Start longitudinal studies literature from 1969 through 2003. They found that modest long-term benefits in social behavior and other areas can be attributed to Head Start participation.

Physical health. The final child development area addressed by Head Start was physical health. From its establishment until now, Head Start programs continue to ensure that children from low socioeconomic strata have equal access to appropriate health care services. Dental, nutrition, and general health services were, and continue to be, made available to families that participate in the program. As a result, children receive timely immunizations, regular dental checkups, and improved nutrition habits. Additionally, students are provided with two balanced meals and two snacks each school day (Kotelchuck & Richmond, 1987).

The Center for Law and Social Policy (CLASP) released a policy brief in 2004 that documents the health gains for children who participate in Head Start programs. The services offered within the Head Start Program were compared (when possible) to those offered to low-income families not involved with Head Start. Among the findings, the

percentage of children participating in Head Start who had received health screenings, all immunizations, and dental exams exceeded public access to the same services by 21-58% when compared to low-income children receiving healthcare management through Medicaid (Irish, Schumacher, & Lombardo, 2004). Additionally, in a separate study conducted by Herman & Mayer (2004), families who participated in the Head Start Program were provided with a self-help book that dealt with common medical issues. Families that used this resource decreased emergency room visits by almost half and physician visits by 37 percent.

Both children and families benefit from participation in Head Start programs. When families can focus less on medical and nutritive needs, more emphasis can be placed on academic requirements. This early intervention program also facilitates family growth and supports that result in gains for parents and children.

Family Support

The Head Start Program has always held at its center the need for parental involvement. One of the core values within the program is providing families with the supports and resources that will enable them to become more self-sufficient. As White, Taylor, and Moss (1992) indicate, parental involvement and support is a large factor in achievement and developmental outcomes for young children. The more families are involved and supported in the educational process, the better children will perform in this setting. Areas addressed under family support in Head Start include parent workshops, support groups, and parent-child interactions (White, Taylor, & Moss, 1992).

Parent workshops. Parent education is an integral part of the Head Start experience for families (U. S. Department of Health & Human Services, 2004). The workshops are used as a vehicle to provide parent education opportunities. Workshops are organized by program administrators and held within the community. This setting provides a safe forum for families to ask questions and/or raise concerns about their individual child. The focus of the workshops is to help parents/families become more knowledgeable about typical child development. Additionally, Head Start teachers and designated personnel make required visits to the homes of families that may be at greater risk. Home visits can be used to establish rapport with families, encourage parents to be more active in Head Start activities, and to address the special concerns/needs of the family on an individual basis (Schumacher, 2003).

Support groups. The availability of support groups varies with locales. Similar to the parent trainings, parents/families participating in the support groups are given the opportunity to gather in a non-threatening environment to address topics of concern. Support groups focus on the services that are available to assist families. Within this option, families are put in contact with needed support groups/services that are beneficial and indicated according to the child's needs. The goal is to assist families in identifying strengths/needs and accessing the appropriate support service agencies.

One program that implements this practice is the Head Start Family Empowerment and Transitioning Program (HS+FETP), which is a local program implemented in a midwestern, metropolitan Head Start center. The support services made available to families include health, immunization, and social services. As Zeece and

Wang (1998) point out, through this program an effort is made to meet the needs of the "total family within the context of the community" (p. 162).

Within their study, Zeece and Wang (1998) compared the outcomes for children whose families participated in traditional Head Start (HS) programs and those who participated in the HS+ FETP. The child development outcomes measured were the cognitive, personal-social, adaptive, motor, and communication domains. Outcomes were measured by the child's pre-term and post-term performance on the *Battelle Developmental Inventory* (BDI). The researchers found that among the participating families, all children experienced developmental gains in a variety of areas. However, children in the HS+FETP group continued to demonstrate steady gains across time, while the gains of children in the HS only group reached a peak and were maintained. While limitations within the study prevent the findings from being conclusive, the study provides evidence to suggest that empowering families leads to increased child outcomes.

Parent-child interactions. Research (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1985; Galper, Wigfield, & Seefeldt, 1997; Lazar & Darlington, 1982) suggests that participation in early intervention programs like Head Start positively affects parent interactions with children and subsequent outlooks regarding education. These programs provide strategies to families that assist them in fostering good learning skills in young children. Additionally, parents are encouraged to spend time at home and/or in the preschool classroom targeting early academic skills.

In their study Galper, Wigfield, and Seefeldt (1997) considered how parents' beliefs about their child's ability affected the child's performance. While a number of

studies have addressed this issue with older children (Alexander & Entwisle, 1988; Parsons, Adler, & Kaczala, 1982), none had considered the kindergarten-aged child or the possible differences across ethnic groups. Galper et al. (1997) considered the effects of parental beliefs on children across four ethnic groups: Hispanic, African, Asian, and European Americans. All families were from low-income settings. Parent interviews were conducted in the family's native language, while the children were administered the *Peabody Picture Vocabulary Test-Revised* (PPVT-R) and the *Woodcock-Johnson Tests of Achievement-Revised* (WJ-R). Children were tested in English, unless it was indicated they needed to be tested in Spanish.

The findings were that across all ethnic groups, parents in the study were optimistic about their child's abilities and valued their performance in school in spite of economic position. All of these parents were eligible for and had participated in the Head Start Program. As Lazar and Darlington (1982) note, participating in Head Start emphasizes that every child can be successful and the importance of parent participation (1982). Participation in positive preschool environments lead to families' improved outlooks for their children. In the eyes of the researchers, the positive attitudes and high expectations of the parents for their children was a direct result of this positive participation.

Based on these areas addressed and the outcomes of the studies mentioned, Head Start programs are considered to have a positive impact on families, which lead to positive impacts for children (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1985; Galper, Wigfield, & Seefeldt, 1997; Lazar & Darlington, 1982). Through

its development and core values, participation in Head Start programs can enhance outcomes for families and children. This partnership empowers families to understand their children and the educational and support systems (Belsky & MacKinnon, 1994; Herman & Mayer, 2004).

Inclusive Environment

The final area addressed under the auspices of Head Start, as an outcome associated with the founding principles, is inclusive environment. Head Start programs, through design, have a strong commitment to individuals with a full range of abilities. Ten percent of enrollment slots are "set aside" for children with disabilities (U. S. Department of Health & Human Services, 1999). Reserving enrollment slots was born out of the idea that the practice of serving low-income children in their communities should also be extended to children that have a disability in an effort to reduce risk. As a result, these programs were the first to provide inclusive settings for preschool aged children.

In the early years, these inclusive practices predated any federal special education mandates or funding. The Head Start Program was solely responsible for designing options to meet the needs of children who were not typically developing. With the amendments of Economic Opportunity Act in 1972, the wording concerning inclusive practices was strengthened to ensure that 10% of enrollment slots be "reserved for" students with disabilities and that they have access to the same program opportunities as typically developing children (Ackerman & Moore, 1976). From that point forward, Head Start programs have maintained or exceeded the mandated enrollment amount for

children with disabilities. Additionally, within these programs the first guidelines for inclusive practices were established (Schwartz & Brand, 2001). From 1972 until 1975, guidelines were developed and disseminated to all programs to ensure consistency. These guidelines established services and identified service providers and responsibilities. These areas are discussed in more detail in the following section.

The passing of P.L. 99-457 in 1986 extended the mandated free and appropriate public education (FAPE) in the least restrictive environment (LRE) to children ages 3 to 5. Head Start programs could now split the financial responsibility of inclusion with the public school systems. As a result, children with disabilities in the Head Start settings continued to receive supports for special education and related services through the local education agency.

Services

Head Start guidelines defined key concepts, derived from legislative mandates and official releases, for services to be implemented throughout all programs (P.L. 92-424, 1972; Head Start Transmittal Notices, 1972-1975). Over the three-year span (1972-1975), a total of six service components were identified as instrumental in the inclusive environment. These services were provided in addition to those already identified as necessary in preparing children for entry into the academic setting and overcoming socioeconomic disadvantages. The six service components discussed below are: developmental screenings, referral, individualized service reports, collaborations, consultants, and service coordination.

Developmental screenings. The first service was developmental screening. Developmental screenings were and continue to be administered to all children who are enrolled in Head Start programs. These screenings assess pre-academic readiness skills as well as physical health. This process assists in identifying children who may be in need of more comprehensive evaluations (Office of Child Development, 1973). Programs can independently select the instruments that will be used for the purpose of screening provided that they meet the Program Performance Standards established by the Head Start Bureau (U. S. Department of Health & Human Services, 2002c). The process adopted by Head Start in 1972 would be repeated in subsequent special education legislative pieces (i.e., IDEA). See Table 1 for a comparison of services.

Table 1

Comparison of Services Available to Preschoolers (3-5) with Disabilities

Services	Head Start (1972)	P.L. 94-142 (1975)	P.L. 99-457 (1986) Preschool Option
Developmental Screening	X		
Referral	X	X	X
Individualized Service Reports	X	X (IEPs)	X (IEPs)
Collaborations	X	X	X
Consultants	X	X	X
Service Coordination	X		X

Referral. Any child identified during the screening process as needing a more comprehensive evaluation goes through the referral process. The appropriate professionals within the community (and later, local education agencies) are contacted to perform more in-depth evaluations with the child in the area of concern (Office of Child Development, 1973). From the evaluation, a determination is made whether the child qualifies for specialized services.

Individualized service reports. As early as 1973, children in Head Start received specialized services reports (Office of Child Development, 1973). A child that qualified for specialized services had a report that defined the development of individualized services. These reports included information about the "handicapping conditions [of the child], services provided, involvement of other agencies, and special circumstances or problems" (Office of Child Development, 1973, p. 12). These reports aided with program option determination, program planning, and monitoring. Later legislation, P.L. 94-142 (1975) mandated the use of individualized education plans (IEPs). Similar to the Head Start service reports, IEPs also addressed specialized services and circumstances that pertained to the child with a disability. A detailed overview of the IEP process is beyond the scope of this paper.

Collaborations. Head Start programs were responsible for establishing collaborative teaming with school districts and organizations within the community (Office of Child Development, 1973; Schwartz & Brand, 2001). The purpose of this teaming effort was to reduce the financial expense of providing related services

(Schwartz & Brand, 2001). Through this collaboration, professionals were (and continue to be) encouraged to provide services at a reduced rate or on an in-kind (donation) basis.

Consultants. When necessary, programs hired consultants to assist with the provision of services to children with disabilities (Office of Child Development, 1973; Schwartz & Brand, 2001). This sometimes became necessary when caseloads within the Head Start program outpaced the availability of services from the community providers. Individuals who served in this capacity included related service professionals, special educators, etc.

Service coordination. Service coordinators, employed by Head Start, provided a single point of contact to ensure that the appropriate procedures were followed for all children. This person followed the child from screening to diagnosis (if applicable). Additionally, for the children who received a diagnosis, the coordinator made sure that the appropriate services are provided (Administration on Children, Youth and Families, 1975; Schwartz & Brand, 2001).

Through individualized services and instruction young children with a wide range of abilities are provided with the tools necessary to progress in the learning environment. The following section addresses the training of Head Start teachers functioning in a lead teacher capacity. The evolution of Head Start teacher qualifications from inception to current requirements will be discussed.

Teacher Training

One of the purposes of Head Start was to provide the supports needed to enable children from disadvantaged backgrounds to become more socially competent (U. S. Department of Health & Human Services, 1999). Social competence was defined as the ability of the child to effectively cope with the environment, while developing school readiness skills.

From inception by program design, Head Start targeted resources within the community. Services, supports, and teachers as much as possible were pulled from within the surrounding areas. The Head Start Program finds the use of community members "of inestimable value" (Mallory & Goldsmith, 1991, p. 2). Through this mechanism, the community member-employee serves as a liaison between eligible families and other program staff.

In the initial attempt to use community resources, however, some sacrifices had to be made. The first Head Start teachers were individuals who were recruited from the community surrounding the Head Start site. These teachers often had "minimal or no training in working with young children" (Zigler & Muenchow, 1992, p.44). These teachers were prepared for working with preschoolers by having them participate in one six-day training session provided by area colleges and universities. Upon completing the training session, prospective teachers were declared competent in basic child practices.

Child Development Associate Credential

The personnel standards for Head Start teachers first changed in 1971 when Head Start in collaboration with the National Association for the Education of Young Children

developed the Childcare Development Associate (CDA) credential (Kagan, 2002). The sponsor for the CDA was (and continues to be) the Council for Professional Recognition.

Participants in the CDA program can fulfill program obligations while working in the childcare setting. Components of the CDA credential are childcare education, experience, work in a state-approved setting, and formal observations. If desired, additional specialties can be added to the credential. These endorsements are infant-toddler and preschool. For individuals who work in bilingual settings (either age) certification can be attained to indicate bilingual status.

Requirements to complete the CDA certification include completing 120 hours in formal training. These hours are completed in community and technical college settings. Additional hours must be obtained in actual childcare experience by working in a setting that is state-approved and conducts formal observations of teachers (McGhee, Benner, & Dill, 1999). Once the initial steps are completed, the individual can apply to the Council for Professional Recognition to begin the second phase. During this period, the individual must complete interviews and examinations from the governing body (the Council). When all parts of the CDA have been successfully completed, the credential is issued for an initial 3-year period and 5-year periods on subsequent renewals.

As recently as the 1994 amendments of the Head Start Act, the CDA credential was an acceptable primary training option for individuals interested in performing as the lead teacher in Head Start classrooms (Head Start Act, 1994). As part of the CDA requirement, novice teachers were mentored by more experienced teachers. The CDA training requirement remained the primary training option for Head Start teachers until

the late 1990s. Table 2 compares CDA and NAEYC requirements. NAEYC requirements, while they are not specific courses, are encompassed in reputable degree-granting programs. NAEYC requirements will be discussed with more details in the following section.

Table 2

CDA Credential vs. NAEYC Requirements

Childcare Development Associate (CDA) Credential	National Association for the Education of Young Children
Child Growth/Development Child Guidance/Communication	Child development and learning Building family and community relationships Observing, documenting, and assessing to support young children and families
Preschool Curriculum/Learning Environment (optional) Infant-Toddler Program Development (optional)	Teaching and learning
480 hours of experience in childcare setting CDA Credentialing Preparation	Becoming a professional
(Lansing Community College, 2004)	(NAEYC, 2003)

Associate Degree

Head Start teacher qualifications experienced the third evolution with the 1998 amendments of the Head of the Head Start Act. Section 648A of the 1998 amendments stipulate that "at least 50 percent of all Head Start nationwide in center-based programs have (i) an associate, baccalaureate, or advanced degree in early childhood education OR (ii) an associate, baccalaureate, or advanced degree in a field related to early childhood education with experience in teaching preschool children [Section 648A, paragraph (2)(A), clauses (i) and (ii)]. The CDA credential can only be used as an alternative (emergency) requirement with preschool experience needed. The stated revisions in the amendment limit the number of teachers able to operate in the capacity of lead teacher with only the Childcare Development Associate credential. Nationwide, an average 35% of Head Start lead teachers have the CDA as their only means of specialty training (Schumacher & Irish, 2003).

These changes in Head Start teacher requirements come largely as a result of the increased focus on accountability and school readiness through efforts like No Child Left Behind. The most recent legislative piece, the School Readiness Act (H.R. 2210) of 2003, is the option for reauthorizing the Head Start Act. Among its provisions H.R. 2210 requires Head Start teachers to be highly qualified. Teachers participating in the demonstration project established by the amendment must "meet or exceed federal Head Start standards for teacher qualifications" (Boehner, 2003, p. 2).

While the CDA credential provides general experiences and skills for those working with young children, the six-day training lacks the depth needed for current

classroom demographics. Since Head Start reserves a minimum of ten percent of enrollment slots within a program for young children with disabilities, lead teachers are responsible for the education of these vulnerable children. However, the lead teachers who have only obtained the CDA do not obtain the necessary supports within the training to prepare them for working with specialized populations. Additionally, the skills that are provided within the CDA training do not correspond with the areas of emphasis recommended by the National Association for the Education of Young Children or the Division for Early Childhood.

Recommended Preschool Personnel Training

NAEYC Standards for Childcare Providers

The National Association for the Education of Young Children (NAEYC) is an organization that is the voice of early childhood educators. NAEYC partnered with the Association of Teacher Education (ATE) through the Early Childhood Teacher Education Commission (ECTE). NAEYC in collaboration with the ATE/ECTE Commission took a stand for improved teacher standards. In 1991 the combined organizations came together to develop a position statement on certification standards for early childhood educators (NAEYC, 1997). The body recognized the need for consistent early childhood standards so that families and young children could be confident that well-qualified professionals were placed in the classrooms. Training areas identified as a need included educational pedagogy, theories of learning, play, family-centered philosophy, and collaborative teaming (NAEYC, 1997). Additionally, a plea was made for all states to adopt/create

certification standards for early childhood educators exclusive from other teacher training tracks. The ATE/ECTE Commission accepted this position, which became known as the Early Childhood Teacher Certification Guidelines, in the summer of 1991 (NAEYC, 1991).

Based on research findings, National Association for the Education of Young Children (NAEYC) developed a position statement (1991) urging preparatory programs to require early childhood (EC) educators (which includes Head Start teachers) to demonstrate knowledge and skills representative of a sound academic foundation in working with young children including field experiences, internships, and specific content matter. The specific skill areas targeted were to be based on the theoretical principles of Developmentally Appropriate Practices. NAEYC and its partner, the Association of Teacher Education (ATE) through the Early Childhood Teacher Education Commission (ECTE), were the first to make recommendations of this nature. NAEYC has taken a stand on the type of training needed by an early childhood teacher in order for all children to achieve the greatest gains, however, these practices in the field remain largely unrealized — especially in Head Start classrooms (NAEYC, 1991; NAEYC, 1997; Association of American Colleges for Teacher Education, 2004).

To further advocate the need for high standards in early childhood education programs, NAEYC began developing criteria for institutions granting professional degrees in 1994. In the initial standards, general areas of focus were identified for early childhood educators. However, in the subsequent standards, programmatic structure was incorporated. The standards have evolved into a 3-tier program (associate, initial, and

advanced) design. Each program option has 5 core components. Objectives within the components vary according to program option (NAEYC, 2003). The standards were established according to the types of degree options offered within early childhood programs. Considering that Head Start teachers are required to obtain an associate degree, the Associate degree standards will be discussed in detail.

The Standards for Early Childhood Professional Preparation in Associate Degree Programs were revised in 2002. The NAEYC Governing Board accepted the revisions in July 2003. The Associate standards differ from the previous guidelines developed in 1994 in structure and depth. "Associate programs distinguish themselves from the initial licensure programs in scope and depth of preparation" (NAEYC, 2003, p. 11). The revisions more closely match the professional standards established by National Council for Accreditation of Teacher Education (NCATE), the accrediting body for teacher education programs.

The Associate Degree Standards developed by the National Association for the Education of Young Children include five core standards (NAEYC, 2003). These are a) promoting child development and learning; b) building family and community relationships; c) observing, documenting, and assessing to support young children and families; d) teaching and learning; and e) becoming a professional. Each standard has a supporting explanation that provides the rationale behind the standard development. Each standard is also linked with key elements, which clarify the expectations. Examples are provided that give suggestions on learning opportunities, application, and assessment. Additionally, each standard is linked with necessary supportive skills that must be in

place to ensure proper implementation of the standard. Finally, references and other materials are provided as a professional resource. All of these components within a degree-granting program collectively contribute to the well-trained early childhood educator at the associate level. Table 3 illustrates the timeline for NAEYC documents discussed in this section.

Table 3

National Association for the Education of Young Children Document Timeline

Year	NAEYC Document
1991	Early Childhood (EC) Teacher Certification Guidelines
1994	Early Childhood degree criteria developed for institutions
1994	Position on Early Childhood Educator (ECE) Training Requirements in Preparatory Programs
2003	Standards for Early Childhood Professional Preparation in Associate Degree Programs

DEC Recommended Practice for Serving Young Children with Disabilities

The Division for Early Childhood (DEC) has made recommendations concerning the implementation of practices with the early intervention and early childhood special education populations (Sandall, McLean, & Smith, 2000). The specific areas that are addressed are (1) assessment, (2) child-focused interventions, (3) family-based practices, (4) interdisciplinary models, and (5) technology applications. In the most recent edition,

DEC Recommended Practices: A Comprehensive Guide, these areas are further enhanced with examples, the research basis for each recommendation, and resources for practical use by parents, educators, and administrators (Sandall, Hemmeter, Smith, & McLean, 2005). The philosophy of inclusion continues as a theme implicitly or explicitly characterized in each area. The primary components of each area will be discussed briefly.

Assessment

In the area of assessment, three main principles are highlighted. These are assessments that are: collaboratively planned and implemented, individualized to family needs, and useful for intervention. Examples of these types of activities include involving families in the teaming process, considering family routines and contexts, and providing results to families in a format that is immediately useful. Additionally, professionals are expected to be respectful and recognize procedural safeguards (Sandall, McLean, & Smith, 2000). Currently, Head Start teachers are only responsible for preliminary screenings with the general education curriculum.

Child-focused Interventions

According to DEC, child-focused interventions are comprised of three main components. These are environmental design, instructional practices, and systematic procedures (Sandall, McLean, & Smith, 2000). A discussion follows for each component.

Environments should be planned to promote safety, engagement, learning, and participation. The classroom climate should promote a sense of belonging and respect. A responsibility of the educator is to foster the respect for differences within the learning

environment (Voltz, Brazil, & Ford, 2001), which can best be facilitated through teacher modeling. Examples of environmental design include using naturally occurring activities and settings to conduct evaluations, assessments and interventions. Additionally, when appropriate, professionals can arrange the environment in a manner that accentuates the strengths of all students involved in the learning setting.

Specialized instructional strategies implemented with students with disabilities should be individualized, naturalistic and adapted based on the child's needs. Naturalistic instruction is described as practices that embed learning opportunities into routines and follows the child's lead, which is beneficial in inclusive settings (Odom, 2000). Early childhood professionals (e.g., Johnson, 1999; Odom, 2000; Sandall, McLean, & Smith, 2000; Voltz et al., 2001) additionally assert that without specialized instruction, inclusive settings will be incomplete and unsuccessful.

Examples of naturalistic specialized instructional strategies include: "activity-based interventions, incidental teaching, mand-model procedures, milieu teaching, natural language training, and time-delay prompting (Odom, 2000, p. 23). Specialized instruction techniques should be monitored regularly (Hull, Venn, Lee, & Van Buren, 2000) for effectiveness. Based on information gathered in monitoring, decisions will be made concerning the continuation or modification of practices.

Finally, DEC recommends that procedures used to promote learning and participation be systematically delivered across settings. In other words, the procedures should be utilized with a variety of caregivers in a variety of settings (Sandall, McLean, & Smith, 2000). Educators are responsible for encouraging and facilitating student

participation in the learning community across all ability levels (Sandall, et al., 2000; Sandall, Hemmeter, Smith, & McLean, 2005). In doing so, Johnson (1999) appropriately notes that educators are responsible for developing and implementing a variety of meaningful instructional strategies and modifications to support the involvement of all students. This area is of particular importance as it pertains to the daily practices implemented within the Head Start classroom. Conversely, the teacher preparation acquired through the Childcare Development Associate (CDA) option provides limited training within this scope (Lansing Community College, 2004).

Family-based Practices

The Division for Early Childhood (DEC) further proposes that family-based practices include the components of collaboration, family functioning, individualization, and strengths. Practices utilized with families should promote collaboration between families and professionals. Families should be encouraged to assist in the decision-making process. A goal of family-based practices is to improve the overall functioning of the family unit. Professionals are responsible for providing the supports and resources needed to help families learn about and adjust to the disability that has become a part of their lives. Individualization of practices is instrumental to family responsiveness. Family preferences and cultural values must be factored into the services provided. Finally, family strengths and assets are used as a foundation for determining at what level and frequency services are provided (Sandall, McLean, & Smith, 2000).

Interdisciplinary Teaming

According to Sandall, McLean, and Smith (2000), the most effective intervention teams are those based on an interdisciplinary model. In this model the family, special educators, general educators, and other disciplines (as needed) work collaboratively to design the specialized services for a child with a disability. Family involvement is a core component that is emphasized throughout the five specific areas of recommended practices. While the level of family involvement differs at the early intervention and the early childhood special education levels, to the maximum extent possible professionals are encouraged to include families as a member of the team.

According to DEC's recommended practices, teams should be comprised of the various disciplines that pertain to the child's specific needs. Teams base the assignment of support personnel on the child's functioning and service needs versus service orientation. In doing so, family priorities and environments drive the referrals. Lastly, interventions are incorporated into regular routines that are meaningful to child and family (Sandall, et al., 2000). As Voltz and colleagues (2000) noted, students with disabilities involved in inclusive settings benefit more from a shared view versus a territorial view of placement. In other words, students with disabilities integrated into the typical setting profit from having a team that is able to work collaboratively to ensure specialized needs are met.

Technology Application

The final area of recommended practice is technology application. The primary focus is to make assistive technology available to families, as appropriate. When the use

of technology is deemed appropriate, families and professionals select, plan and use devices collaboratively. A final concern is to ensure families receive the necessary supports to foster successful use of assistive devices (Sandall, McLean, & Smith, 2000).

These general practices and precepts of inclusion have been identified and discussed as they apply to early childhood special education settings. Programs that incorporate these strategies into their curriculum can more effectively meet the needs of children with disabilities and their families. All of the previous areas should be considered when planning inclusive instruction for young children and yet these areas are not addressed in current Head Start teacher training programs.

Preschool Inclusion

Head Start led the way for children with disabilities being included in the classroom with typical peers. However, the practice was not fully implemented until 1986 with the passing of P.L. 99-457, the Education for All Handicapped Children Act amendments. With this legislation, the practices for including preschoolers and school-aged children in the general education setting became more aligned.

The rationale for including young children in the classroom with typical peers is to provide appropriate models for children with disabilities. Research suggests that learning environments for young children are the most meaningful when goals are couched in naturally occurring events (e.g., Dunst, Bruder, Trivette, Raab, & McLean, 200; McWilliam, 2000; Walsh, Rous, & Lutzer, 2000; Woods-Cripe & Venn, 1997). Having typically developing students in the classroom increases the probability that

appropriate behaviors will be modeled, thereby decreasing adult directives. In addition to the use of peer models, a number of other strategies can be used to optimize the learning experience of young children with disabilities.

Factors Contributing to Inclusion

Kaufman, Gottlieb, Agard, and Kukic (1975) noted three major influences that assisted in propelling the special education movement from one that implemented self-contained practices to one that implemented inclusive practices. These influences were professionals from the field, litigation and legislation, and state policies.

Professionals from the Field

The demand for more inclusive practices came in response to special education practices of the time. Children with disabilities were taught in settings segregated from typically developing peers, such as separate buildings and classrooms (Kavale, 2002). During the age of desegregation, this separation practice became an anathema to parents and advocates of children with disabilities. Parents and advocates demanded to see children with disabilities educated in the same settings with typically developing peers. To an extent, these demands were supported within the research findings (e.g., Carlberg & Kavale, 1980; Dunn, 1968; Kirk, 1964).

In its genesis, inclusion efforts targeted students with mental retardation. The landmark efforts of Kirk (1964) resulted in the conclusion that students with mental retardation made greater academic gains in general classrooms. However, in the area of social adjustment, the special education class was considered to be the greatest facilitator of advancement. Although criticized, Dunn (1968) continued to support the elimination

of segregated education. More and more educators began to identify the ills associated with self-contained educational practices. Segregated special education promoted the labeling of students with disabilities and the stigma associated with such special education classification. Therefore, the general response became to implement a more generalized educational environment.

Additionally, in research pertaining to special education placement, Crockett and Kauffman (1999) found that not all children benefit equally from specialized or inclusive placement. Crockett and colleague reassessed the findings from a study originally conducted by Carlberg and Kavale (1980). In the original study, Carlberg and Kavale identified a negative effect associated with a student's placement in a specialized class. However, they stopped the analysis at this level. Crockett and Kauffman, in their reassessment of the data, found that the type of disability affected the placement outcome. In their findings, students with mental retardation made more gains in the inclusive setting than matched peers in segregated settings. Conversely, students with emotional disturbance and learning disabilities who received instruction in the segregated setting outperformed matched peers in inclusive settings. These findings seem to clearly speak to individualization when considering placement; however, the demand for increased inclusion practices forged ahead.

Litigation and Legislation

The larger issues of inclusion are discrimination and civil rights. The movement provided a means to ensure children with disabilities received access to and the opportunity for an appropriate education. Legislative events through time have set the

stage for what is now known as inclusive services. Litigation related to inclusion is voluminous and beyond the scope of this document. Selected key cases are reviewed below.

A spark that created the foundation for the inclusion flame was the *Brown v. Board of Education* (1954) case. In this landmark case, *separate but equal* educational settings were ruled to be unconstitutional. As Kavale and Forness (2000) pointed out, when the phrase "child with disabilities replaces *minority* child ... parallels to the present inclusion debate are apparent" (p. 288). The ruling from this case provided parents of children with disabilities the drive to question the segregated educational settings that were established for their children.

Another key court case occurred in the U.S. District Court for eastern Pennsylvania in 1971. In the case *Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania* the issue of educational placement was debated. PARC alleged that the state was not providing a free public education to all school aged children with mental retardation. The landmark decision ruled that placement in a regular public school class is preferable to placement in a specialized school. This opinion of the court championed the inclusion movement. Kauffman et al. (1975) noted that other states (Tennessee, 1972; Wisconsin, 1973) began to follow the precedent set forth in Pennsylvania.

The final ammunition came with the passing of the Education for All Handicapped Children Act (P.L. 94-142) in 1975. Kavale (1979) noted that prior to the passing of this act, nationwide more than 1.75 million children with disabilities were

excluded from public education because of their disability. The passing of this law eliminated the legislative foundation for exclusionary education practices towards students with disabilities. Within the purpose, the Act states, “it is the purpose of this Act to assure that all handicapped children have available to them ... a free appropriate public education which emphasizes special education and related services designed to meet their unique needs” (Public Law 94-142, 1975, Section 3 C). It further mandated that equal educational services must be provided to all children. This legal action provided access to education and the foundation for the concept of inclusion for students with disabilities.

State Policies

The final influence on inclusion practices evolved from state government policies. Namely, the funding practices of the state influenced whether inclusion was embraced and implemented in the classroom. Three special education funding options prevailed (Kavale, 1979). Option 1 allowed for the included child to be counted by both special and general education. Therefore, both programs benefited financially from including efforts. Needless to say, schools in states adopting Option 1 encouraged inclusion practices. Option 2 provided reimbursement to agencies according to the number of exceptionalities served and their time spent in the special education program. Greater funds were provided for increased specialized time. Under Option 3, the funds could be provided to either special or general education programs, but not both. Options 2 and 3 did not encourage inclusion practices.

Evolution of Inclusive Philosophy: Legislation, Terminology, and Practices

Inclusive philosophy in the field of education budded during the 1960s with the Civil Rights Movement. As the practices of segregation gradually became more despicable, the philosophy of inclusion was embraced. During subsequent decades, the movement grew steadily with changes in social climate as well as educational legislation.

Two legislative pieces that set the stage for the evolution of special education law and inclusive terminology/practices were the Elementary and Secondary Education Act of 1965 and Section 504 of the 1973 Rehabilitation Act. The Elementary and Secondary Education Act (ESEA) was among the first bills to appropriate federal funding to state and local education agencies to facilitate educational opportunities for students with disabilities. Without providing funding, Section 504 stipulated that no individual could be discriminated against based on having a disability. This mandate applied to any entity that received federal funds — including schools.

In the 1970s, legislative developments strengthened the foundation for inclusion practices. The laws that have specifically contributed to and shaped inclusive practices are the Education for All Handicapped Children Act (P.L. 94-142) in 1975, the early intervention/preschool provisions of the 1986 (P.L. 99-457), and the Individuals with Disabilities Education Act (IDEA) of 1990 and 1997, and 2004.

The terminology used in reference to inclusion practices in both special education and Head Start programs has evolved through the decades with changes in philosophy and legislative practices. The primary terms referenced in the literature based on these practices are (a) mainstreaming, (b) least restrictive environment, (c) regular education

initiative, and (d) inclusion. The terms and basic tenets for children with disabilities being involved in the general curriculum have gradually changed and become more refined. This section will be used to extend the definition provided in Chapter I and elaborate on the evolution of each of these terms and the corresponding legislative pieces. Specifically, the evolution of inclusive legislation, terminology, and practices in special education and Head Start will be delineated.

1970 – 1979

Mainstreaming. A number of professionals and organizations have considered definitions of mainstreaming (Berry, 1972; Birch, 1974; CEC 1975). They each addressed separate components of the construct. Kaufman, Gottlieb, Agard, and Kukic (1975) developed a definition of mainstreaming that accounted for its complex nature. In their words:

> … mainstreaming refers to the temporal, instructional, and social integration of eligible exceptional children with normal peers based on an ongoing, individually determined, educational planning and programming process and requires clarification of responsibility among regular and special education administrative, instructional, and supportive personnel. (p. 4)

The primary elements of mainstreaming were integration (as appropriate) of students into the general setting, educational planning and programming for student success, and delineation of responsibility between general and special educators (Kavale, 1979). The appropriateness of the student for mainstreaming depended on the severity of the disability and the ease of integration into the regular classroom. Special educators,

administrators, and regular educators selected students for mainstreaming activities. In order for this philosophy to work, coordinated efforts between special and general education were required. Without this coordination and collaboration, the resultant services would be ineffective.

Public Law 94-142. The Education of All Handicapped Children Act was enacted in 1975. P.L. 94-142 provided two major assurances to students with disabilities. The first was a free and appropriate public education (FAPE) for students with disabilities. FAPE allowed parents to enroll their children with disabilities into public school settings and be ensured that the school system would provide the necessary services to the child within the system (at no cost to the parent). If the needed services were unavailable, the system became responsible for making arrangements for the child to receive comparable services through another system/agency.

The second major provision was services in the least restrictive environment. The term *inclusion* is not explicitly stated within the law; however, connections can be drawn from the use of the term least restrictive environment (LRE). The term LRE was first utilized in special education settings. LRE principles originally stipulated that all students should have access to an education in schools in their communities. Later, through amendments, this principle would be expanded to general education, via inclusion practices.

Least restrictive environment. As stated in the prior section, *least restrictive environment* was first used in the Education for All Handicapped Children Act of 1975.

The Federal regulations developed to define the parameters of the Act, described the least restrictive component with the following:

1. that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities are educated with children who are not disabled; and
2. that special classes, separate schooling or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (34 C.F.R. Sec. 300.550).

Additionally, references were made to the provision of services on a continuum from least restrictive to most restrictive. The options mentioned include the general education classroom, special education classroom, specialized schools, home instruction, and hospitals/institutions (Salisbury, 1991). The decision concerning where services were provided was stated in the law to be a team (parents and professionals) process.

1980–1989

Integration. Taylor, Biklen, Lehr, and Searle (1987) further expanded the key concept of integration. They defined integration as the process "by which physical, social, and academic opportunities are created for the child with a disability to participate with others in typical school or community environments" (p. 25). In other words, the child is brought into the general education setting for created opportunities. As a result, children with disabilities were not participating in naturally occurring events, receiving

supports to foster success in the environment, or considered as a part of the general education community.

Public Law 99-457. In the 1986 P.L. 94-142 was reauthorized by P.L. 99-457. This legislation linked states' federal funding to the provision of early intervention and preschool services to young children with disabilities. P.L. 99-457 stipulated that specialized services would be extended to the birth through two populations. Additionally, special education services were mandated for the preschool age population. Inclusion practices were extended to preschoolers through the principles of LRE for the preschool sector (ages 3 through 5) and natural environments for the early intervention sector (ages birth through 2).

Head Start programs already reserved 10 percent of enrollment slots for students with disabilities. However, with the passing of P.L. 99-457 the financial burden of providing services could be shared with school agencies. This legislative piece literally opened the door to a more level playing field for young children with disabilities.

Regular education initiative. The Regular Education Initiative (REI) introduced to the field in 1986 by the Office of Special Education and Rehabilitative Services (OSERS) with a mild/moderate emphasis, was facilitated by Madeline Will (Stainback & Stainback, 1989). The support for the REI movement came in response to the call for the elimination of segregated classroom settings. The premise behind this initiative was to merge special and general education tracks into a singular program. In doing so, special education programs would be restructured. Three major proponents for the REI movement were Stainback, Stainback, and Bunch (1989). In their chapter, *A Rationale*

for the Merger of Regular and Special Education, they proposed that the majority of students could (and should) be educated in the general education classroom. They argued that maintaining special and general education tracks was not fair to students with disabilities in either the segregated or mainstreamed environment. The Regular Education Initiative was the proposed solution. Stainback and colleagues (1989) asserted that "one way to solve the problems created by maintaining two education systems would be to merge special and regular education into one unified system of regular education structured to meet the unique needs of all students" (p. 15). Supporters of REI believed that with its implementation, dual systems of education and negative attitudes toward students with disabilities could be eliminated.

1990–1999

Inclusion. The term *inclusion,* while not specifically stated in the law, became popular with the passing of the Individuals with Disabilities Education Act in 1990. Additionally, the Division for Early Childhood (DEC) developed a position on inclusion that was later endorsed by NAEYC (NAEYC/ DEC Inclusion Position Statement, 1993). With the adoption of this philosophy, educators witnessed a transition from providing services on a continuum model to providing services in the general education setting. Salisbury (1991) described inclusion as a

> value manifested in the way we plan, promote and conceptualize the education and development of young children. The underlying supposition ... is that all children will be based in the classrooms they would attend if they did not have a disability. (p. 1)

This description was directly aligned with the Division for Early Childhood (DEC) and National Association for the Education of Young Children (NAEYC) inclusion definition. Inclusion is: "the support [of] the right of all children ... to participate actively in natural settings within their communities" (NAEYC/DEC Position Statement, 1993). Head Start was clearly ahead of the time with classroom space (in typical settings) reserved for young children with disabilities in the early 1970s.

Public Law101-476. As society improved in disability awareness and consciousness, more people friendly terms were used to describe persons with disabilities. In that same vein, special education law experienced a name change in 1990. The Education of All Handicapped Children Act became the Individuals with Disabilities Education Act (IDEA). Nonetheless, the fundamental principles and provisions of P.L. 94-142 remained intact with additions. Additionally, LRE progressed to mean educating all children in the same school, instead of separate buildings. Head Start programs benefited as collaboration with school systems increased (Schwartz & Brand, 2001). These arrangements decreased some of the financial burden of providing services, which could then be shared with school systems.

The 1990 reauthorization of IDEA restructured the legislation into four parts. These were Part A (general provisions), Part B (preschool/school age), Part C (early intervention), and Part D (national activities to improve education for students with disabilities). The discussion of education for students with disabilities could be summarized in three core concepts: inclusion, empowerment, and productivity (Stowe & Turnbull, 2001). Students who are included in the education process with typical peers

are empowered to perform to their potential, thereby increasing their productivity within the community at large.

Public Law105-17. IDEA was reauthorized again in 1997. During this renewal, the changes that were instituted served to strengthen the process for students with disabilities and their families. Some of the most notable amendments included empowering parents/families, restructuring the required IEP team composition, and emphasizing access to the general education curriculum. With the passing of P.L. 105-17, LRE further progressed to mean educating children with disabilities in the regular education classroom first, and pulled out into more segregated or restrictive classrooms/settings as needed.

These changes, among others, ensured that students would be maximally (to the extent appropriate) in the general curriculum. With the passage of P.L. 105-17, IEP team participants were now required to include parents, special educators, general educators and any other pertinent professionals to ensure that adequate educational goals are set. Additionally, the area of transition planning was further modified to best prepare the student for post school responsibilities. These components became central to any specialized services and applied to all educational ages, preschool through secondary.

In essence, inclusion and mainstreaming philosophies dealt with incorporating students with a full scale of abilities from two different aspects. Mainstreaming advocated bringing children with disabilities into the general education setting when appropriate. Inclusion advocated children with disabilities being placed in the general education setting (from the outset) and receiving the necessary supports that would allow

them to remain in the setting. However, education professionals continued to find the two terms used interchangeably in the literature (e.g., Priestley & Rabiee, 2002; Scruggs & Mastropieri, 1996). For the purpose of this paper and consistency, the term *inclusion* will be used from this point on.

2000–Present

In November 2004 the House of Representatives version of IDEA (HR 1350) reauthorization, also known as the Individuals with Disabilities Education Improvement Act (IDEIA), was signed into law. In regard to services offered to the preschool population, IDEIA remains parallel to PL 105-17. IDEIA maintains the emphasis on inclusive practices as in previous versions of IDEA. Additionally, IDEIA emphasizes the need for the progress of special and general education students to be measured consistently and comparably. Finally, the IDEIA expectations for special education teachers parallels the high qualifications expected of general education teachers through *No Child Left Behind.*

The impact of this legislation on Head Start teachers has been paramount. Programs such as *Good Start, Grow Smart,* which fall under President Bush's Early Childhood Initiative, emphasized the need for increased accountability among Head Start teachers. Goals included increasing pre-numeracy, pre-literacy, pre-language, and teacher instructional strategies. Trainings were established to assist Head Start teachers to develop instructional strategies to facilitate pre-reading and pre-language skills (U. S. Department of Health & Human Services, 2002c). However, trainings to support the inclusion of children with disabilities were not a part of the new emphasis.

Inclusion Instructional Strategies

The implementation of preschool inclusive practices has been driven by the positions and recommendations of professional organizations in early childhood education and early childhood special education. Two primary organizations in the field are the Division for Early Childhood (DEC) of the Council for Exceptional Children and the National Association for the Education of Young Children (NAEYC).

As stated previously, DEC developed a position on inclusion that was later endorsed by NAEYC (NAEYC/ DEC Inclusion Position Statement, 1993). Inclusion was defined as "the support [of] the right of all children ... to participate actively in natural settings within their communities" (NAEYC/ DEC Position Statement, 1993). Additionally, the natural settings were defined within the statement as the settings the child would participate in with or without a disability. As the NAEYC/DEC position statement asserts, the goal of inclusion is to facilitate full participation in the community environment through use of appropriate services and supports. A last tenet within the statement was that services and supports should be individualized, responsive to the needs of families and children.

Inclusion Efficacy

Determining the efficacy of inclusion practices as they relate to student performance has yielded mixed evidence. Empirical evidence both supports and refutes the positive attributes of inclusive practices. Factors influencing the mixed results include types of settings, disabilities, and desired outcomes.

Support for Inclusion

The history of efficacy studies in relation to special education placement can be traced back to the 1930s (Bennett, 1932; Pertsch, 1936). Efficacy studies have continued to be conducted through the decades in an effort to determine the effectiveness of resource and inclusion practices. These studies are aggregated in Table 1. As early as 1932, Bennett determined that placement in the special education class was possibly not appropriate for all students with disabilities. While these studies raised questions, Kavale (1979) noted that educational practices remained unchanged.

The issue was readdressed in the 1960s by Johnson (1962) who examined the efficacy of special education placement for children with mental retardation. In his review, Johnson did not find any evidence supporting the placement of children in special education classes for academic gains. In subsequent years, as this issue of placement was readdressed, similar findings were noted (Mayer, 1966; Rouse, 1973; Smith & Kennedy, 1967). Likewise, many studies (Budoff & Gottlieb, 1976; Gampel, Gottlieb, & Harrison, 1974; Jordan, 1961) indicated that children with mental retardation also achieved greater social gains in the regular education classroom. A commonly referenced study that spoke to this phenomenon was the Goldstein, Moss, and Jordan (1965) efficacy study. In their study they compared the social gains of children categorized as educably mentally retarded (EMR) with the social gains of similar students integrated into the general education classroom. The students with EMR involved in inclusive classrooms demonstrated greater gains in social concepts in comparison to students with EMR only involved in segregated classrooms.

When discussing researchers that made a stand against segregated educational settings, the section would be incomplete without Dunn's (1968) article. Dunn, a past president for the Council for Exceptional Children, referenced efficacy studies conducted between 1962 and 1967 as the basis for his position that "a better education than special class placement" (p. 5) was needed for students who were categorized with mental retardation. MacMillan (1971) reviewed the efficacy studies Dunn cited. He noted "with few exceptions these studies could be described as poorly designed, replete with sampling biases which render the results uninterpretable" (p. 3). MacMillan further suggested that instead of professionals in the field opting to abolish special education, they should instead attempt to identify which students with disabilities would excel in the general education environment.

While the reportings in the Dunn article were strongly refuted from the field (MacMillan, 1971), the article served as a springboard for professionals and systems in support of inclusion practices. The article strongly supported removing students from segregated classroom settings. This action would, in effect, eliminate the need for special education. As a point of interest, the identification of "mentally retarded" in the above studies has been revised; these students would be classified differently (if at all) today. Due to definition changes within the American Association on Intellectual and Developmental Disabilities (AAIDD, formerly AAMR), intelligence quotient cutoffs for eligibility have been changed from 85 to 70.

Research Review

As demonstrated, the effects of inclusive practices have been a heavily researched topic for more than a decade. The studies included in this research represents the preschool studies that are most aligned with this dissertation topic. Preschool studies were selected for this review based on the keywords: preschool outcomes, preschool inclusion, mainstreaming, segregated settings, integrated settings, and inclusive settings. Searches were conducted through EBSCO, ERIC, INFOTRAC, special education, early childhood education and early childhood special education journals.

Support for Segregation

Conversely, some researchers (Crockett & Kauffman, 1999; Dorn, Fuchs, & Fuchs, 1996; Vaughn, Elbaum, & Schumm, 1996) produced empirical evidence that supported academic and social gains in the segregated classroom setting. Among these, Crockett and Kauffman differentiated between the disability categories that benefited in the general or special education setting. In their findings academic and social gains were dependent upon disability category. Alternately, Dorn, Fuchs, and Fuchs (1996) argued for professionals in the field to be cautious about adopting or substituting one practice for another. Dorn and colleagues maintained that empirical data support the necessity for the use of both segregated and inclusive settings.

Additionally, Vaughn, Elbaum, and Schumm (1996) considered what effects inclusive practices had on social abilities of students with learning disabilities. While this study does not address the preschool population, the outcomes supported providing services in segregated settings. Vaughn and colleagues found that students with learning

disabilities were actually less accepted by peers in the general classroom setting than their nondisabled counterparts. Vaughn and colleagues also found an indication that levels of acceptance decreased versus increased over time. Similar findings were noted in studies performed by Roberts and Zubrick (1992) and Sale and Carey (1995).

Preschool Inclusion Strategies

The goal of inclusion is for students with disabilities to be able to actively participate in the educational settings they would naturally be in if there were no disability present (Odom, 2000). Effective inclusive environments provide individualized instruction with the necessary supports and modifications that will foster student achievement. To build successes, teachers must use a variety of empirically based instructional strategies, environmental adaptations, and/or modifications with students in the classroom. The following sections provide a brief overview of three inclusive strategies that can be employed by knowledgeable teachers to facilitate child success and participation. A comprehensive overview of inclusive practices is beyond the scope of this study.

Natural Environments

Researchers (e.g., Hundert, Mahoney, Mundy, & Vernon, 1998) found that preschool children (ages 2.5 to 6 years) with severe disabilities (based on developmental delay areas) benefited from receiving instruction within the natural environment. Young children with disabilities served in public preschool classrooms made greater gains from instruction in comparison to their counterparts placed in segregated preschools. Natural

environments can include home, daycare, or preschool classrooms (Walsh, Rous, & Lutzer, 2000).

Naturalistic Strategies

The instructional strategies found to be effective were those that are naturalistic, or "blend with the activities and routines occurring in the classroom" (Odom, 2000) and therefore are less teacher directed. Some examples of strategies that would be observed in a preschool inclusive classroom are incidental teaching (Hart & Risley, 1968), mand-model procedures (Rogers-Warren & Warren, 1980), and milieu teaching (Kaiser, 1993). While not an exhaustive list, these strategies along with others contribute to building a strong foundation for child successes. As instruction is embedded in the learning opportunities throughout the day, the child is provided the necessary supports on topics of interest (Odom, 2000).

Physical Environment Adaptations

In addition to instructional strategies, teachers can make adaptations in the physical environmental setting to foster increased participation of students with disabilities. The adaptations used in the classroom may vary according to the disability type that is being accommodated. Early childhood professionals have access to a vast array of adaptations that can be made in the preschool environment. Examples of some common adaptations that may be seen in preschool classrooms are (a) written and pictorial labels, (b) clearly marked activity zones, (c) picture schedules, or (d) behavioral cues like light blinking (Justice, 2004; Keating, 2002; Mitchell, 2002). More individualized environmental adaptations can be made based on the child's needs

including, but not limited to special snack items, calm-down corners, or adjusting the length of activity times (Doctoroff, 2001). These strategies, along with others, tailor the environment to meet the needs of specific children.

Modification

A final inclusive strategy that can be used by the preschool teacher is the modification of output options required from the student for meaningful participation in the learning community. To help a student with disabilities experience success, teachers may modify the feedback expectations (Koppenhaver & Erickson, 2003). For example, if a student exhibits communication delays, a single word utterance may be accepted versus a more mature sentence structure. Another example is the child who is nonverbal and uses pictures or sign language. Modifications such as these allow the child to participate in the manner that is meaningful to her/him.

All of the strategies discussed in this section can be used in the preschool classroom, on an individualized basis, to help young children with disabilities achieve success. Teachers who are committed to helping every child perform at his maximal potential will have these and an array of additional strategies in their arsenal to use in their efforts to fight against any child being included in the classroom, but excluded from class.

Teacher Performance

Students are not the only ones to receive benefits from participating in inclusive environments. A second area affected by these practices is teacher performance. Research indicates that as a result of inclusion, teachers are becoming more comfortable in their

experiences with students with disabilities (Scruggs & Mastropieri, 1996). Additionally, a more collaborative relationship is frequently established between general educators and special educators (Burstein, Sears, Wilcoxen, Cabello, & Spagna, 2004). However, teacher apprehension continues when interacting with students who have severe disabilities (Eiserman, Shisler, & Healey, 1995).

Teacher Attitudes: Preschool Inclusion

As discussed, the philosophy of inclusion has been established legally, empirically, and through organization positions (e.g., P.L. 94-142, 1975; P.L. 99-457, 1986; NAEYC, 1993; Odom, 2000). When implemented effectively, benefits exist for everyone involved. A key to the method of delivery of inclusive practices lies with the general and/or special educator. Within this section teacher attitudes of preschool practices will be examined.

Teacher Attitudes

Personal attitudes impact the behaviors of the individual. Kozub and Lienert (2003) indicate "attitudes constitute an important determinant of behavior in educational settings" (p. 324). By Ajzen's definition, attitudes are the summative evaluation, positive or negative, of performing a behavior of interest" (Ajzen, 1988). Based on the premise of the Theory of Planned Behavior, "people act in accordance with their intentions and perceptions of control over the behavior, while intentions in turn are influenced by attitudes toward the behavior, subjective norms, and perceptions of behavioral control" (Ajzen, 2001). In other words, behavior is impacted by attitudes.

Similarly, inclusion is influenced by the attitudes of educators. The attitudes of teachers play an important role in child outcomes within the classroom setting. Research and professional positions (Eiserman, Shisler, & Healey, 1995; Garver & Schmelkin, 1989; Voltz, Brazil, & Ford, 2001) suggest that students with disabilities perform better when the teacher has a positive regard toward the student's abilities and the disability in general.

Eiserman, Shisler, and Healey (1995) identified factors that can affect the attitudes of preschool providers toward inclusive practices. Some of these factors are prior experiences with disabilities, availability of programmatic supports, and educational levels. Former research efforts identified that general education teachers have lower expectations for children with disabilities participating in their classrooms (McEvoy, Nordquist, & Cunningham, 1984). In their study, Garver and Schmelkin (1989) addressed the perceptions of special and general education teachers, and special education administrators and elementary education principals toward disabilities (indicated by disability categories). They found that each of the disciplines developed varying perceptions toward the students based on disability type. The special education administrators and elementary education principals tended to categorize children according to the disability type or label. Conversely, special and general education teachers concentrated more on the individual abilities of the student associated with the category. However, the general education teachers and elementary principals had the most difficulty discriminating between the individual abilities across disabilities. So for example, if the teacher viewed children with specific learning disabilities to be similar to

children with mental retardation the implications were far-reaching. With this view teachers were likely to develop similar instructional strategies, attitudes, and expectations toward both groups. Therefore, student success was thought to be constrained by the teacher's narrow views/attitudes.

Eiserman and colleagues (1995) conducted a study that assessed preschool provider attitudes towards inclusion. Provider training experiences included high school diplomas (26%), some college (40%), and formal degrees (34%). Specific degree areas were not identified. Two hundred twenty practicing preschool teachers and administrators, employed in public and private sectors, completed the survey. The instruments used to attain information were *The Attitudes Toward Mainstreaming Scale-Revised* (ATMS-R; Berryman, Neal, & Berryman, 1980), the *Attitudes Toward Mainstreaming Scale* (*ATMS) Supplement Survey*, the *Serve-Ability Scale*, and a Demographic Survey. Collectively, these instruments allowed the researcher to gain information concerning experiences with inclusion, exposure to various disabilities, and the impact of exposure to differing levels of severity across disabilities, and the supports identified as useful in facilitating inclusive practices.

Eiserman et al. identified three patterns across the educational providers in their study. The first pattern was providers indicating that they did not have much knowledge about the legislative and philosophical background for inclusive practices. Additionally, 86% of the participants indicated they had limited to no experience with students with disabilities.

A second pattern that evolved was the admission of many teachers that they were not familiar with the requirements for preschool inclusion. Teachers indicated that they did not have information about practices required within the law. Also, a limited number of teachers had preschool inclusion experiences.

The final pattern found was in regards to attitudes toward inclusion in general. The majority of the respondents in the study indicated they agreed that inclusion was necessary; however this belief was affected by disability types. Many of the teachers differentiated between disabilities based on severity. Those disabilities perceived to be more severe such as emotional disorders, autism, and multiple disabilities were often identified as not appropriate for inclusion. The authors interpreted this phenomenon as a lack of inclusion philosophy being adopted as an overall principle applied equally to all children with disabilities.

The findings by Eiserman and colleagues are supported in the literature. In their study, Bennett, Deluca, and Bruns (1997) considered the perspective of teachers and parents toward inclusion. Teachers who participated in the study taught at the elementary grade level. Targeted grade levels were preschool through third grade. Eighty-four teachers participated in the study; 14% of these held a degree in Early Childhood Special Education. Other degrees are not identified. The researchers found that among the teachers participating in the study, the longer they had been in the field the greater the negative views of inclusion. Additionally, teachers indicated a lack of resources and supports as a hindrance to effective inclusive practices.

Teacher Impact on Inclusion

The findings of Eiserman and colleagues corroborated previous results of McEvoy, Nordquist, and Cunningham (1984) in which they determined that the performance of children across the major domains could be negatively affected by the attitudes of teachers. This was especially evident for children with disabilities. McEvoy et al. determined that students with disabilities performed more poorly across the social, cognitive, and emotional domains when integration into the regular education classroom was not supported by the regular education teacher.

In their study, D'Alonzo, Giordano, and Vanleeuwen (1997) surveyed 336 educators in New Mexico to determine what factors teachers identified as benefits and limitations of inclusion. Participants included special educators, regular educators, aides, and administrators. All of the educators held an associate's degree or higher. All were enrolled in a special education graduate course at the time of the study. Teachers mentioned a number of limitations to the implementation of inclusion practices. Among these, personnel preparation, class size, and teacher collaboration were listed. When these and other limitations were poorly managed or completely dismissed by administrators and higher education professionals, the effectiveness of inclusive practices was negatively impacted.

Conclusion

The purpose of this chapter has been to review literature pertaining to the education and practices of preschool teachers. This review was divided into three sections

including: Head Start overview, preschool inclusion, and teacher attitudes. Finally, this study investigated the relationship between the education levels achieved by preschool teachers and the impact on inclusive practices and attitudes.

The 1998 Head Start Amendments, similar to its successor *No Child Left Behind*, responded to the national call for increased accountability. With the 1998 reauthorization, at least 50% of Head Start teachers were required to obtain an associates degree in early childhood special education, early childhood, or a related area. Research (Cost, Quality, & Outcomes Study Team, 1995; Whitebrook, Howes, & Phillips, 1989) indicates that outcomes for children increase and improve when they are under the care of teachers that have attained higher levels of education; however, a substantial proportion of Head Start professionals continue to operate as lead teachers in classrooms with only a Childcare Development Associate (CDA) credential.

As demonstrated throughout this review of literature, the CDA credential does not meet the qualification standards established by early childhood education organizations, such as the Division for Early Childhood (DEC) or the National Association for the Education of Young Children (NAEYC). Ten to thirteen percent of preschoolers enrolled in Head Start have disabilities. Head Start teachers, who have only completed the requirements for the CDA, have not received instruction in the specialized skill areas important to including children with disabilities in the classroom. Consequently, in the 2003-2004 academic term alone, more than 115,000 preschoolers with developmental delays or disabilities were served in Head Start programs by teachers who have not received the minimum recommended training to serve this population. A goal of this

research study is to determine what impact *increased education* requirements has on inclusion *attitudes* and *practices* within the Head Start classroom.

Table 4 summarizes the core studies pertaining to the key concepts of education level, attitudes toward inclusion, and inclusion practices. Twelve studies were included in the synthesis. Research designs varied from non-experimental, quasi-experimental, and experimental. Inclusion practices and attitudes were addressed for general education and special education in-service and pre-service teachers at the preschool and elementary levels. Additional considerations were determining the impact of professional development, course work, or field experiences on the attitudes of teachers.

A gap that was identified in this research synthesis is the absence of Head Start teachers. In the 1998 Head Start Amendments at least 50% of Head Start teachers must obtain an associate degree in early childhood special education, early childhood, or a related area by September 2003. Currently, research has not addressed the effects of the increased educational requirements on teacher performance. The goal of this dissertation is to identify the impact advanced educational training has on inclusion attitudes and practices.

Table 4

Core Research Summary

Study	**Design**	**Purpose or Emphasis**	**Sample Size/ Traits**	**Methods**	**Outcomes**
Bennett, Deluca, & Bruns (1997)	Nonexperimental	§ ***Teacher attitudes*** about inclusion § Parent attitudes about inclusion § Parental Involvement (initiated by teacher)	84 preschool and elementary teachers (general and special education)	Stage I: Complete attitudinal survey Stage II: Random sample participated in phone interviews	§ Less positive attitudes were associated with more years of experience § No relationship between attitudes and number of children with disabilities taught § Limited range of strategies utilized to facilitate parent involvement
Campbell, Gilmore, & Cuskelly (2003)	Quasi-experimental	Determine impact of ***field experience*** with individuals with disabilities on preservice regular education teachers	274 preservice general education majors	§ Researcher instrument assessing knowledge of Down syndrome and inclusion (pretest/posttest) § Interaction w/ Disabled Persons Scale (pretest/posttest) § Participation Human Development and Education course w/ field experiences	§ Positive changes in knowledge and attitudes toward Down syndrome § Positive changes in attitudes toward inclusion
Campbell, Millbourne, & Silverman (2001)	Quasi-experimental	Determine the impact of specifically designed ***professional development*** on the attitudes of childcare staff working with disabilities	65 childcare staff comprised of lead teachers and assistants	Participants completed § Child stories (pre) § Training in five topic areas § Portfolio project § Child story (post)	§ Caregivers' attitudes about students with disabilities changed from a deficit-based perspective to a strength-based perspective § Specifically designed professional development

Study	Design	Purpose or Emphasis	Sample Size/ Traits	Methods	Outcomes
					can positively impact attitudes
Cost, Quality, & Outcomes (1995)	Experimental	Determine the relationship among cost, ***quality, and child outcomes*** in child care centers	§ Cost & quality components: 401 centers, 749 infant-toddler and preschool classrooms § Developmental component: 183 classrooms in 151 centers	§ Cost: Information collected on Cost Protocol § Quality: Rated environments using the ITERS/ECERS, Caregiver Interaction Scale, and the Teacher Involvement Scales § Development: Longterm observations and comparisons	§ More advanced language, pre-math, and social skills for children in higher quality centers § Staff education contributing factor in higher quality centers § More stringent licensing standards results in fewer poor quality centers
Cross, Traub, Hutter-Pishgahi, & Shelton (2004)	Nonexperimental	Identify ***practices*** utilized with preschoolers with disabilities that facilitated successful inclusion	§ 7 children ages 1-3 to 5-2 enrolled in community childcare/ preschool § All students had significant disabilities and were participating in an inclusive environment	Researchers gathered information through § Teacher interviews § Classroom observations § Review of IFSP/IEP	§ Identified four key components of successful inclusion § Positive attitudes of teachers, administrators, and parents. All need to believe in the necessity of inclusion and committed to making it work § Parents and providers establish a teaming relationship. The child's needs are addressed within the context of family needs. § Therapeutic intervention is integrated into school and home

Study	Design	Purpose or Emphasis	Sample Size/ Traits	Methods	Outcomes
					§ Using the appropriate adaptations (physical, social, learning) based on the child's needs and desired outcomes
Eiserman, Shisler, & Healey (1995)	Nonexperimental	***Attitudes*** of preschool providers and directors toward inclusion	§ 135 general teachers § 35 directors (typical centers) § 50 teaching and administrative staff	Administered the § Attitudes Toward Mainstreaming Scale-Revised § ATMS Supplement Survey § Serve-Ability Scale § Sign-up Survey § Demographic survey	§ Beliefs about inclusion depended on the severity of the disability § Many of the preschool educators were not knowledgeable about the concept of inclusion or their role in its success
Garver & Schmelkin (1989)	Nonexperimental	Compare the ***perception*** of special and regular education teachers/administrators toward disability	247 educators Elementary principals, special education administrators, regular and special education teachers	Sort 30 disability labels into categories based on sense of belonging.	§ Administrators/principals tended to organize disabilities by labels § Teachers grouped disabilities by educational needs
Hastings & Oakford (2003)	Nonexperimental	Determine the ***attitudes*** of preservice teachers toward the inclusion of students with disabilities	93 education majors	§ Participants randomly completed a version of the Impact of Inclusion Questionnaire § Version 1 focused on inclusion and intellectual disabilities § Version 2 focused on inclusion and emotional/ behavioral disabilities	§ Student teachers held more negative attitudes toward the inclusion of children with emotional/behavioral problems § Prior experience with students with disabilities did not impact attitudes

Study	Design	Purpose or Emphasis	Sample Size/ Traits	Methods	Outcomes
Henning & Mitchell (2002)	Quasi-experimental	Assess preservice teacher ***attitudes*** toward inclusion before and after ***training*** and collaboration with special education majors	29 elementary education majors	Students completed § Inclusion Survey (pretest) § Instruction in lesson plan modification § Teaming with early childhood special education major § Inclusion Survey (posttest)	Preservice teachers' attitudes toward inclusion improved after participating in a formal inclusion training module
NICHD Early Childcare Research Network (1999)	Naturalistic Observation	Compare the impact of classrooms meeting more ***professional standards*** to classrooms meeting fewer standards on the outcomes of children	1364 children from diverse social/ethnic backgrounds born in 1991	§ Classroom observations at 6, 15, 24, and 36 months using the Observational Record of the Caregiving Environment § Parent interviews § Standards rated were child:staff ratios, group size, teacher education, and caregiver education § Utilized American Public Health Association and American Academy of Pediatrics standards § Child outcomes measured by the Bayley II Mental Development Index, Bracken Basic Concept Scales, Reynell Develop-mental Language Scales, Child Behavior Checklist, and	Outcomes in school readiness, language comprehension, and behavior improved as more standards were met within the classroom setting

Study	Design	Purpose or Emphasis	Sample Size/ Traits	Methods	Outcomes
				the Adaptive Social Behavior Inventory	
Shade & Stewart (2001)	Quasi-experimental	Determine the impact of ***coursework*** on the ***attitudes*** of pre-service teachers toward inclusion	§ 122 general education majors § 72 UG special education majors	§ Inclusion Inventory (pretest) § Complete 15 week course in Survey of Special Education § Inclusion Inventory (posttest)	§ Single course can change preservice teacher attitudes toward including students with mild disabilities § Attitudes of special and general education preservice teachers positively impacted
Whitebrook, Howes, & Phillips (1989)		§ Considered impact ***of increased teacher training*** on student outcomes § Considered effect of ***ECE training*** on outcomes	Reviewed eight pre-K classroom studies		§ Teacher with 4yr degrees had more positive interactions w/ children § Students of teachers with 4yr degrees had stronger receptive vocabularies

III. METHODS

This study was designed to assess the inclusion practices and attitudes of Head Start teachers with varying levels of formal education. The purpose of this study was to identify the relationship of the three education levels in early childhood or related fields on Head Start teacher's attitudes about inclusion and inclusive practices. The following sections are used to describe the methods implemented in this research project. Specifically, this chapter is organized around the description of (a) participants, (b) instrumentation, (c) procedures, (d) variables, and (e) data analysis.

Participants

Head Start lead teachers employed in Head Start programs within grantee sites in Alabama participated in this study. To participate in the study, teachers must have (a) been employed as a lead teacher in a Head Start program in Alabama; (b) obtained a CDA certification, associates or higher education degree; and (c) had experience with a student with a disability. The grantee director for the Head Start program identified those individuals who were eligible for participation.

The optimal sample size was determined by performing a power analysis. Power is defined as the ability of the study to confirm or reject the hypotheses concerning the targeted population (Huck, 2000). The formula used to determine power for the statistical analysis used in this study was: 104 + v (number of variables) = sample size (Green,

1991). When calculating this equation, the number of variables used in this study was 7, yielding 104 + 7 = 111. In other words, the participation of at least 111 subjects is optimal for the generalizability of the findings. Eighty-two percent of the target was received, this study obtained responses from 91 participants.

Participants consented to being included in the study by completing and returning the survey. Surveys were sent to all thirty grantee site directors across the state. One hundred eighty surveys were sent in the initial set, with one director requesting 50 additional surveys, which yielded a total of 230 surveys distributed. Of the 230 surveys sent, 92 completed surveys were returned, resulting in a participation rate of 40%. One respondent's information was not used in the study because she indicated that she had never been a lead teacher, which left 91 participants.

Instrumentation

Two instruments were used to gather data for this study. These instruments were the *Head Start Teacher Demographics Form* and the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire.* The researcher generated both instruments for the purposes of this study. The content and structure of each instrument is described below.

Head Start Teacher Demographics Form

The *Head Start Teacher Demographics Form (Appendix E)* was used to obtain demographic information for each participant. Demographic information was collected using a combination of participant choice and fill in the blank options. Data collected included years as lead teacher, education level, location of training, year training received, training area, age, gender, teacher ethnicity, total years teaching, number years

teaching students with disabilities, and number of students with disabilities taught in career.

Head Start Teacher Inclusion Practices and Attitudes Questionnaire

The *Head Start Teacher Inclusion Practices and Attitudes Questionnaire (Appendix F)* was used to measure the attitudes held and practices implemented by lead teachers in Head Start settings. The questionnaire was comprised of four subscales: attitudes (items 1 through 10), staff supports (items 11-20), inclusion practices (items 21 through 30), and impact of inclusion (items 31 through 45).

A 4-point Likert scale was used to obtain responses on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire*. Response choices were *strongly disagree (1), disagree (2), agree (3), strongly agree (4).* Subscale scores ranged from 1.00 to 4.00; scores closer to 1.00 reflected negative regard while scores closer to 4.00 reflected positive regard. Mean scores were computed for each survey subscale based on teacher responses by education level. Information was obtained on teacher perception pertaining to the four areas listed above.

Educational level was the only variable that required numerical coding. The responses ranged from Childcare Development Associate credential (1), Associate degree (2), and bachelor degree or greater (3). Additionally, due to questions 4, 5, 15, 28, and 35 being worded in a negative manner, the scoring was recoded so that "strongly disagree" was equal to a 4 and "strongly agree" was equal to a 1 for those items.

Reliability measures were used to estimate the degree to which the survey yielded consistent results. Using a range of 0.00 to 1.00, the degree of reliability can be determined for an instrument. The closer the coefficient is to the upper limit, the higher

the reliability (Huck, 2000). The method used to estimate reliability for *the Head Start Teacher Inclusion Practices and Attitudes Questionnaire* was internal consistency. Internal consistency measures the homogeneity of items within a subset, indicating how well the individual parts of an instrument measure the targeted construct. The higher the score obtained for each section, the greater the overall reliability of the instrument. Cronbach's alpha was used to compute internal reliability in each of the *Head Start Teacher Inclusion Impact & Attitudes Survey* subscales.

Reliability

Each of the four subscales of the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* was tested for internal reliability. Cronbach's alpha coefficient was used to compute internal consistency. An alpha coefficient of 1.00 represents a perfect correlation with .70 considered the lowest acceptable limit for educational research (Charter, 2003).

A two-step process was used to determine if any items needed to be eliminated from the analysis set: (a) the corrected item total and (b) significant change of Cronbach's alpha. The first step was to identify any item that failed to achieve a level of .3 for the corrected item-total correlation (Nunnally & Bernstein, 1993). Second, if the removal of the identified item increased the alpha by .05, then the item was removed from the analysis pool. Based on this elimination process, the items deleted from the set prior to conducting any further analyses were 4 and 15. The corrected alpha coefficients for the four subsets were: attitudes = .63, staff supports = .76, inclusion practices = .73, and inclusion impact = .90. Table 5 displays Cronbach alpha levels for each section of the

Head Start Teacher Inclusion Impact & Attitudes Survey. The alpha levels exceeded .70 on all sections except one. A sufficient level of reliability was attained for this study.

Table 5

Cronbach's Alpha Levels for the Head Start Teacher Inclusion Impact & Attitudes Survey

Subset	Alpha
Attitudes	.63
Staff supports	.76
Inclusion practices	.73
Impact of inclusion	.90

Procedures

Head Start grantees in Alabama were the research sites in this study. A meeting was held with the Head Start Director for Alabama to provide an overview of the research project and outcomes. Based on the presentation, the director provided written permission for grantee directors to be contacted by the researcher for the purpose of inviting them to participate in the study.

Participation on the part of the grantee directors and teachers was on a voluntary basis. For each grantee site represented, the director's agreement to participate in the study was inferred when packets were shared with potential participants. Written consent was not needed due to the fact that consent had been granted at the state level. Additionally, grantee directors had access to all permission statements provided by the

state director (Appendices A & B) and Auburn University Human Subjects Review Board (Appendix G). No identifiable information was obtained about individual programs, directors, teachers, children or families.

Approval for the study was received from the University Institutional Review Board (IRB) late Fall 2005 (Appendix G). Following IRB approval a survey packet containing six sets of *Head Start Teacher Inclusion Practices and Attitudes Questionnaires*, IRB stamped Information letters, *Head Start Teacher Demographics Forms,* and return envelopes were sent in the U.S. mail to the Head Start directors for each grantee site in Alabama. Within the introduction, directors were requested to distribute the sets to the lead teachers in their area. Participants were given a two-month period to respond to the surveys. Upon completion, participants were instructed to use the enclosed envelopes to return the surveys to the researcher. Data from the completed surveys were entered into a database.

Phone calls were made to each grantee director one week after packets were mailed. The phone calls served as a reminder about the Head Start study process. Following this phone reminder, the researcher initiated no further contact with grantee directors. Directors were provided the option for the researcher to attend a scheduled on-site meeting to obtain teacher responses. However, none of the directors chose to have an on-site visit.

Variables in the Study

Independent Measures

The independent variables in the study were (a) level of teacher education (CDA, associate, bachelors or higher); (b) years of experience teaching students with disabilities; (c) number of students taught; and (d) number of years lead teacher experience at the preschool level. Information pertaining to these variables was obtained from the *Head Start Demographics Form* (Appendix E).

Dependent Measures

The dependent measures in the study were (a) teacher attitudes, (b) impact of inclusion, (c) inclusion practices, and (d) staff support. Each of these components is addressed on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* (Appendix F) under sections with the same heading. The questionnaire is based on a 4-point Likert scale.

Data Analysis

MANOVA

A multivariate analysis of variance (MANOVA) was used to determine if Head Start teachers with the Child Development Associate (CDA) and formal degrees rated differently on the following inclusion variables: attitudes, staff supports, practices, and impact. The research questions in this study specifically targeted the differences between two Head Start teacher groups. The first group was comprised of those teachers who have obtained the Childcare Development Associate (CDA) credential. The second group was those teachers who had obtained an associate degree or higher in early childhood, early

childhood special education, or a related field. The impact of teachers with advanced degrees (associate degree or higher) and teachers without the advanced degree (CDA credential) on the four dependent measures was analyzed. An alpha level of .05 was used to determine statistical significance.

Correlation

Correlation analysis is useful in investigating the relationship between variables. This study examined if any relationship existed for teachers' attitudes/inclusion practices for three different variables. The variables are number of students with disabilities taught, years as lead teacher, and years teaching students with disabilities. The research hypotheses were investigated by using the Pearson correlation coefficient.

This chapter described the methods used in this study to address the research questions. The purpose of the study, participants, instrumentation, variables, and analytical procedures were reviewed in detail. The following chapter will outline the findings of this study.

IV. RESULTS

Overview

A survey was used to assess the perception of lead teachers in Head Start programs in Alabama pertaining to inclusion topics. The *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* was used to obtain information from teachers. The survey subscales were inclusion attitudes, support staff, implementation of strategies, and impact of inclusion.

This chapter presents the results of the statistical analyses used to address the research questions posed in this study. Data from the completed surveys were compiled into an Excel spreadsheet. Sections addressed within this chapter are participants, reliability, analysis of data, and results organized by research questions. Data were analyzed using the Statistical Package for Social Sciences 12.0.

Participants

A total of 91 Head Start teachers operating in a lead teacher capacity in Alabama Head Start programs participated in this study. The mean age for the participants was 44 years, with a range in ages from 24 to 65 years. All participants were female. More than 80% of the participants were African American, with a limited representation of Whites (n = 11) and Native Americans (n = 1). See Table 5 for further participant characteristics.

Data collected pertaining to the highest education level attained by teachers varied. All of the participants had achieved education levels beyond high school. More than 50% of participants had an associate degree (n = 48), while 27% of participants (n = 25) had attained a Childcare Development Associate credential. Years of teaching experience with students with disabilities ranged from one to 40 years. A mean of ten years experience teaching students with disabilities was obtained for the participant group. Additionally, the teachers represented had taught a mean of ten students with disabilities. Table 6 further details the characteristics of the participants.

Table 6

Demographic Characteristics of the Sample

Characteristic	*Count*	*Percent*
Gender:		
Male	*0*	*0*
Female	*91*	*100%*
Race:		
White	*11*	*12%*
Black	*77*	*85%*
Hispanic	*0*	*0%*
Native American	*1*	*1%*
Unspecified	*2*	*2%*
Years as Lead Teacher	*Mean of 9 years* *Range:9 mos–37 yrs* *Median: 7 years* *Mode: 1 year*	
Highest Education Level		
High School Diploma	*0*	*0%*
Child Development Associate	*25*	*27%*
Associate Degree	*48*	*53%*
Bachelor's Degree or higher	*14*	*15%*
Unspecified	*4*	*4%*

(table continues)

Table 6 (continued)

Characteristic	*Count*	*Percent*
Years teaching students w/ disabilities		
0 – 5 years	*40*	*44%*
6 – 10 years	*17*	*19%*
11 – 20 years	*21*	*23%*
20+ years	*8*	*9%*
Unspecified	*4*	*4%*
Number students w/ disabilities taught		
0 – 5 students	*35*	*38%*
6 – 10 students	*18*	*20%*
11 – 20 students	*18*	*20%*
20+ students	*6*	*7%*
Unspecified	*14*	*15%*

Analysis of Data

Instruments used consisted of researcher generated *Head Start Teacher Demographics Form* and *Head Start Teacher Inclusion Impact & Attitudes Survey*. The independent variables for this study were educational level, number of students with disabilities taught, years of teaching experience with a student with a disability, and total years as a lead teacher. The dependent variables were the subscale mean scores from the *Head Start Teacher Inclusion Impact & Attitudes Survey* for the three groups of attained teacher educational level: Childcare Development Associate credential, associate degree, and bachelor's degree or higher.

The *Head Start Teacher Inclusion Impact & Attitudes Survey* is a 45-item, 4-point Likert scale that measures the perceptions toward inclusion and related items. Means and standard deviations were calculated for each group of teachers by educational level for each survey subset. The standard deviation or variance in the range of participant responses was narrow. For each of the survey subscales, the responses were similar for participants regardless of the level of educational training received. Table 7 depicts the descriptive statistics for each dependent variable in the study based on level of education attained.

Table 7

Mean and Standard Deviation for Each Dependent Variable by Educational Level

Dependent Variable	Educational Level	Mean	Standard Deviation
Attitude	Bach/Mast/Grad	3.43	.328
	Associate	3.40	.325
	CDA	3.39	.334
Support	Bach/Mast/Grad	3.30	.409
	Associate	3.40	.341
	CDA	3.37	.413
Practice	Bach/Mast/Grad	3.15	.325
	Associate	3.28	.333
	CDA	3.27	.418
Impact	Bach/Mast/Grad	3.07	.355
	Associate	3.22	.375
	CDA	3.18	.456

The Head Start Teacher Demographics Form gathered information regarding the participant's age, number of years as a lead teacher, number of years experience with students with disabilities, gender, race, number of students with disabilities taught, year degree was attained, area of degree, program degree was received from, and type of educational degree. Select information obtained from the demographic form was analyzed to identify any differences or relationships between the survey scores and the demographic variables.

Prior to using the independent variables for statistical analyses, any variable that was provided in text format was numerically coded for use in the statistical analysis program. For the purpose of this study, educational level was the only variable that required numerical coding. The responses ranged from Childcare Development Associate credential (1), Associate degree (2), and bachelor degree or greater (3). Additionally, questions 4, 5, 15, 28, and 35 were recoded due to the question being worded in a negative manner.

Research Questions and Results

Data analyses were guided by the four research questions identified in this study. The four questions will be used to guide the presentation of results.

Research Question 1

Research question 1 stated: Will there be a difference demonstrated by Head Start teachers across the three education levels demonstrated on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* for the constructs of inclusion attitudes, staff supports, inclusion implementation or impact of inclusion? The results on the

multivariate analysis used to address research question 1 indicated Head Start teachers with and without advanced education did not differ significantly for the constructs inclusion attitudes, staff supports, inclusion implementation or impact of inclusion. The hypothesis that Head Start staff that had obtained advanced education would differ significantly from staff with Childcare Development Associate (CDA) credentials ($p < .05$) for the indicated concepts was rejected based on the statistical results: $F(8, 158) = .721$, $p = .672$, power = .32.

Research Question 2

Research question 2 was: Does the inclusion of students with disabilities in the classroom (# of students taught) relate to Head Start teachers' attitudes about inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire (*attitudes subscale)? The results on the Pearson correlation used to address question 2 indicated that inclusion of students with disabilities in the classroom did not significantly impact teacher attitudes. The hypothesis that teachers' attitudes would be impacted, in any manner, by the inclusion of students with disabilities in the classroom was rejected based on the statistical results: $r = .-.09$, $p = .41$.

Research Question 3

Research question 3 was: Is there a relationship between years of lead teacher experience and teachers' attitudes and practices of inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire (*attitudes and practices subscales)? The results on the Pearson correlation used to address question 3 indicated that no relationship existed between years of teacher experience (years as a lead teacher) and inclusion attitudes or practices. The hypothesis that teachers' inclusion attitudes and

practices would be impacted, in any manner, by level of teaching experience was rejected based on the statistical results: r = .09, p = .44 (attitude) and r = .21, p = .06 (practice).

Research Question 4

Research question 4 stated: Is there a relationship between years of teacher experience with disabilities and teachers' attitudes and practices of inclusion based on the *Head Start Teacher Inclusion Practices and Attitudes Questionnaire (*attitudes and practices subscales)? The results on the Pearson correlation used to address question 4 indicated that a positive correlation relationship existed between years experience with disabilities and inclusion practices (r = .22, p = .04). A significant relationship did not exist between years experience with disabilities and inclusion attitudes (r = .16, p =.16). The hypothesis that teachers' inclusion attitudes and practices would be impacted by years of experience with disabilities was partially supported based on the statistical results.

V. DISCUSSION

Chapter V provides an overview of the literature review, summary of the purpose, results and interpretation, limitations of the study, and recommendations for future research. The overview highlights the foundational support for this study that was addressed in the literature review. The summary section restates the purpose and discusses the interpretations drawn from the results. The limitations of the study, which impact how the results are generalized to other populations, are identified and explained. Finally, the recommendations for future research are suggested given the results of this study.

Overview of Literature Review

Improved student outcomes have been associated with high teacher quality, as measured by teacher skills, knowledge, and experiences (Barnett, 2003). High teacher quality, in turn, has been linked with higher academic training. The foundational knowledge and skills acquired during the preschool tenure is considered to be the greatest for students taught by teachers who have attained higher levels of education (Whitebrook, Howes, & Phillips, 1989; Cost, Quality, & Outcomes Study Team, 1995). The United States legislature expressed similar sentiments through the reauthorization of the Head

Start Act, which was instrumental in effecting educational requirements in the Head Start realm.

The Head Start Act Amendments of 1998 mandated that at least 50% of lead teachers within Head Start programs, locally and nationally, hold an associate's degree in early childhood or a related field by September 2003 (HS Act Amendments, 1998). Additionally provisions are already in place, through the Head Start Act, to require Head Start teachers to attain a bachelor's degree as entry level for instruction. However, little is known about the impact additional teacher training has on Head Start effectiveness. The purpose of this study was to identify the relationship advanced education in early childhood or related fields has on Head Start teacher's attitudes about inclusion and inclusive practices.

Research has indicated teachers that obtained higher, and therefore improved, levels of education produce greater outcomes for children in the preschool classroom (Whitebrook, Howes, & Phillips, 1989; Cost, Quality, & Outcomes Study Team, 1995). Conversely, in her study, Epstein (1999) indicated that teachers that have not obtained higher education levels through traditional routes could produce similarly high outcomes for children. Epstein recognized that there are "alternative pathways for achieving high quality in early childhood programs" (p. 101).

Summary of Purpose

The concern within the field of education is that preschool teachers who lack the adequate training for teaching preschoolers, will not hold healthy attitudes toward or utilize specialized instructional strategies with young children, especially those with

disabilities (e.g., Schwartz & Brand, 2001). The purpose of this study was to identify the relationship of the three education levels in early childhood or related fields on Head Start teacher's attitudes about inclusion and inclusive practices.

Results and Interpretation

The present study surveyed lead teachers in Head Start settings around Alabama. Fifty-three percent of teachers who responded had obtained an associate's degree, with an additional 15% who had obtained a bachelor's degree or higher. Twenty-seven percent of the participants operated as lead teachers with the training provided in the Childcare Development Associate (CDA) credential. The remaining 5% of the participants did not indicate the highest level of education attained.

Based on the results of this study, the attitudes of lead teachers who attained higher levels of education were not significantly different from those who had not attained similar levels of training. In fact, for all three groups the mean score for items under the category of attitude, ranged from 3.39–3.43 (Table 7). In other words, there was almost no difference in the answers across the levels of training. While any reason provided for this occurrence is purely speculative, the type of program the teachers participated in could possibly account for this phenomenon. The assumption cannot be made that all preparation programs are equal. While all teachers participated in training programs based in Alabama, specific information about training program practices was not obtained. Participation in an exceptionally weak or strong preparation program for either group of teachers represented in this study could impact the results that were obtained. Another possible explanation is that the design of the study prevented the

identification of real differences. By using a self-reporting instrument that combined all training at and above the bachelor's level, subtle differences between groups may have been masked.

The Division for Early Childhood (DEC) has identified what inclusive practices should look like for young children with disabilities participating in a typical classroom setting (Sandall, McLean, & Smith, 2000; Sandall, Hemmeter, Smith, & McLean, 2005). The position of legislation and professionals in the field (Cost, Quality, & Outcomes Study Team, 1995; HS Act Amendments, 1998; No Child Left Behind Act, 2002; Barnett, 2003) has held that early childhood educators who successfully complete degree-granting (bachelor or higher) programs focusing on these standards are better prepared to meet the needs of preschoolers with disabilities. It should be noted here that this requires the assumption that all degree-granting programs at the bachelor's level or higher (1) focus on DEC recommended practices and (2) teach them equally.

Overall, the results of this study conflicted with this premise for the inclusion practices that were surveyed in this study. Teachers with the CDA credential did not report significant differences on the performance of recommended inclusion practices, in comparison to those teachers who had attained higher levels of education. Similar to attitudes, the range in the mean score for inclusion practice for all three groups was extremely narrow. The scores ranged from 3.15–3.28 (Table 7).

This study also sought to identify if the inclusion of students with disabilities in the classroom had any bearing on teacher's attitudes about inclusion and inclusion practices. Perceptions were considered in the context of the number of students with disabilities that were reported to be taught in the teaching career. Based on the results of

this study, the perceptions toward inclusion and inclusion practices were not affected by the number of students with disabilities that were encountered during the teaching career.

Another area that was addressed within this study was the impact the number of years of teaching experience had on the attitudes and practices of Head Start teachers. Based on the results of the study, the number of years a teacher has taught in the classroom does not directly impact inclusion attitudes and practices. The range of teaching experience varied from nine months to 40 years, however, the differences exhibited across the group was slight.

Finally, along that line of logic, the impact of years teaching students with disabilities had on teacher inclusion attitudes and practices was considered. The survey gathered information on the number of years teachers reported having taught students with disabilities during their professional career. While there was no relationship between experience with disabilities on attitudes, a positive impact was demonstrated for teacher's inclusion practices. A possible reason for this occurrence is that teachers build a collective knowledge bank of strategies as their experience base with disabilities increases. In other words, teachers may utilize the strategies that were successful with a previous student in a current instructional setting.

An interesting and unforeseen occurrence within this study is the fact that the teachers with the Childcare Development Associate (CDA) responded similarly to the teachers who had attained higher levels of education. While the results of this study are not broad enough to extrapolate solid conclusions, it does bring some interesting questions to the forefront. *First*, is it the amount of education/type of degree or the quality of the training program that makes the greatest impact for preschoolers in the

Head Start classroom? What if a teacher is trained in a degree-granting program that only focuses on teaching typically developing children? If a teacher is trained in an advanced degree- granting program that does not emphasize DEC recommended practices, how will her teacher quality be affected? If a teacher, without advanced training, receives on-site training in a facility that emphasizes recommended practices in action, how will his/her quality of teaching be affected?

Head Start programs are currently trying to balance the increasing salaries of teachers and the limited federal funding provisions. Many centers are forced to restructure or close programs. This brings up the next question, who will provide the foundational educational experiences to young children if programs continue to dissolve?

A possible solution, as it pertains to this study, is to build the capacity of teachers from within programs. Head Start programs could restructure the professional development that is currently required and provided at the district level for Head Start teachers. Head Start programs could tailor the continued learning opportunities to the specific needs of the program. Through collaboration with school districts and institutions of higher education, obtain master teachers and professors who can provide quality professional learning, regular follow-up, and technical assistance addressing the needs of preschoolers (including students with disabilities). While other possible solutions could be explored, addressing those possibilities are beyond the scope of this study.

Limitations of the Study

The results from this study cannot be used to determine causation or make any broad judgments. Mediating factors that were considered in the interpretation of the data

were small sample size, limited diversity of the represented sample, utilization of a self-reporting instrument, and methodological weaknesses. While 91 participants were represented in the study sample, more participants are needed to increase the generalizability of the results for a state, regional or national impact.

Second, greater than 75% of this study's participants were African-American and all participants were female. The racial statistics obtained in this study are representative of the state demographics (74% of teacher in the state are African American). However, it is possible that these statistics are not representative of all programs nationwide (Alabama Head Start Program Information Report, 2006). Information was not available on the percentage of teachers by gender. To increase the relevance of the findings to various settings, the diversity of the study sample should approximate the overall census levels for Head Start programs.

Caution must be utilized when interpreting the results from self-report instruments. Two limitations must be considered when using this type of collection agent. The first is the accuracy of such an instrument is subject to the participant's recall abilities. A second is the willingness of the participant to be forthright with responses. The study would have been strengthened if objective observation measures of teacher strategies were incorporated versus the self report data gathering technique.

Finally, methodological weaknesses existed that lessened the impact of the study. The failure to separate the higher levels of degrees into distinct groups prevented the determination of differences for those teachers who obtained a bachelors, masters, or higher degree. Additionally, the attitudes subscale that was used did not reach an acceptable level of reliability for educational research. Low reliability of this subscale

decreased the likelihood that the information obtained was a dependable measure of the construct. A final concern identified was the failure to determine if types of advanced education (e.g.,EC, ECSE) had any impact on inclusion attitudes and practices.

Based on the confines that have been listed, a researcher must be careful about the conclusions and implications that are drawn based on this study.

Implications

Although no significant differences were found for any of the research items (except for number four, in part), interesting questions were raised pertaining to the level and type of training that is needed in order for the Head Start teacher to be an effective instructional leader within the classroom for all students. The passing of the 1998 Head Start Act amendments promoted the attainment of advanced training for Head Start teachers (at least 50% must obtain an associate's degree). However the only guidance on content requirements needed by teachers to support the instruction of students with disabilities was that training had to be in early childhood or a related field. The presumptions are clear: attaining higher education, that is not even designed to empower teachers working with students with disabilities, is all that is needed to resolve the problem of increasing outcomes for young children.

To the contrary, the results of this study indicate that much more investigation is needed in this area. Specifically, what types of programs (i.e., EC, ECSE, blended) have the greatest impact on a teacher's capacity to provide quality instruction to preschoolers with a multiple range of abilities? Would job-embedded professional learning opportunities with on-going support and accountability measures focused on the Division

for Early Childhood (DEC) recommended practices be equally or more successful in building the capacity of teachers? It seems that collaboration and discussion are needed among all stakeholders (i.e., legislators, teachers, researchers, parents) for the provision of early childhood services in order to effect change that will have the greatest positive impact on the outcomes for all children.

Recommendations for Future Research

As a result of the findings obtained in this study, the following recommendations for future research are presented:

1) Replicate this study with a larger sample size and increased diversity, including states from across the nation.

2) Replicate this study with an observation component to obtain a more objective documentation of inclusion strategies and impact demonstrated in the classroom. Information was gathered from teachers pertaining to inclusion strategies; however, an observation component would allow for objective analysis of actual practiced utilized in the instructional environment.

3) Replicate this study with all education levels represented separately versus combined.

4) Obtain more information about specific training programs. Do the programs provide training for working with students with disabilities or is the focus on working with typically developing children? Additionally, does the type of program impact teachers' inclusion practices and attitudes? Finally, more information is needed

about the type of professional learning support that is provided to teachers at individual program sites.

This chapter provided an overview of the literature review, summary of the purpose, results and interpretation, limitations of the study, and recommendations for future research. Several questions were raised within this study pertaining to teacher qualifications and the impact on inclusion attitudes and practices. Head Start directors, teachers, preparatory personnel, legislators and other stakeholders need to collaboratively define and design training programs that will most effectively equip lead teachers with the necessary knowledge and skills needed to work with all students.

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APPENDICES

APPENDIX A

HEAD START PARTICIPATION CONFIRMATION LETTER

Head Start Teacher Training Study Participation Statement

I, Linda Hampton (Name), Head Start - State Collaboration Dir. (Position)

X give _____ do not give

Catherliene C. Williamson permission to contact the county Head Start directors in the state of Alabama for the purpose of inviting them to participate in the study ***Head Start Teacher Training: Impact on Inclusive Practices & Attitudes.*** I understand that participating teachers will complete a survey and demographics form. Participants will be given the option of completing a paper or online version of the survey packet. I further understand that any information obtained in this study will be kept completely confidential and will not be used in any type of agency reporting. Additionally, I understand that this study cannot proceed without verification of consent from the Auburn University Human Subjects Review Board. This verification will be provided to all participants.

Sincerely,

2-21-05
Date

Linda Hampton
Print Name

L. W. Hampton
Signature

APPENDIX B

HEAD START STATE DIRECTOR ENDORSEMENT LETTER

DEPARTMENT OF CHILDREN'S AFFAIRS

RICHARD H. DORROUGH
COMMISSIONER

STATE OF ALABAMA
GOVERNOR BOB RILEY

RSA TOWER
201 MONROE STREET, SUITE 1670
P.O. BOX 302755
MONTGOMERY, ALABAMA 36130-2755

(334) 223-0502
FAX: (334) 240-3054
www.dca.state.al.us

February 23, 2005

Dear Head Start Grantee Directors:

Catherliene Williamson is a doctoral candidate in the process of completing the research requirements for this degree. She has worked with Head Start professionals and children for the past 5 years. Catherliene has dedicated her career to serving children, families, and professionals throughout the educational arena.

It is with pleasure that I provide the support of this office for her research project ***Head Start Teacher Training: Impact on Attitudes & Practices.*** This office welcomes research practices that can positively impact teacher practices and student outcomes. Catherliene has the endorsement of the Head Start State Collaboration Office to contact Head Start directors at the grantee level to elicit participation in this research project.

Ms. Williamson will additionally solicit the support of Head Start teachers through interactions at the state-staff association level and work cooperatively with our Head Start Resource and Training Specialists (HSTARS) in gathering and analyzing information. Should you have any questions, please feel free to contact me at 334-223-0502.

Sincerely,

Linda Hampton, Director
Alabama Head Start State Collaboration Office

APPENDIX C

ALABAMA HEAD START GRANTEE SITES

Alabama Head Start Grantee Sites

Baldwin/Escambia/Clarke Head Start - Baldwin, Escambia, & Clarke Counties
Berean Baptist Head Start - Perry County
Chambers-Tallapoosa-Coosa CAC Head Start - Chambers & Tallapoosa Counties
CAA of Huntsville-Madison-Limestone Head Start - Madison, Huntsville, & Limestone Counties
CAA of Northeast Alabama Head Start - Cherokee, DeKalb, Jackson, & Marshall Counties
CAA of Talladega-Clay-Randolph Head Start - Talladega, Clay, Randolph, Cleburne, & Calhoun
CAPNA - Morgan, Lawrence, Cullman, Winston, Blount, Marion, Franklin, & Colbert Counties
Cheaha Regional - Talladega, Clay, Randolph, Coosa, Calhoun, Cleburne Counties
CSP of West Alabama Head Start - Bibb, Greene, Hale, Lamar, Fayette, & Tuscaloosa Counties
Cullman City Head Start - Cullman, Alabama (city limits only)
Dallas-Selma CA and CDC - Dallas, Marengo, Wilcox, & Choctaw Counties
Dothan City Schools Head Start
Elmore/Autauga CAC Head Start - Elmore, Autauga, Chilton, Shelby Counties
Gadsden Child Development - Etowah County
Jefferson County CDC - Jefferson County
JCCEO - Jefferson County
Lauderdale County Head Start - Lauderdale County
Lee County Head Start - Lee & Russell Counties
Lowndes County Board of Education Head Start - Lowndes County
Mobile Community Action Head Start - Mobile & Washington Counties
Montgomery CAA Head Start - Montgomery County
OCAP Head Start -
Phenix City Head Start - Phenix City
Pickens Community Action - Head Start - Pickens County
St. Clair County Head Start - St. Clair County
Southeast Alabama Head Start - Henry, Barbour, Covington, & Geneva Counties
Sumter County Head Start - Sumter County
Tuskegee-Macon County Head Start - Macon County
UAB - Jefferson, Shelby, Blount, St. Clair, & Walker Counties

Walker County Head Start -Walker County

APPENDIX D

INFORMED CONSENT LETTER

INFORMATION PAGE
for a Research Study Entitled
Head Start Teacher Training: Impact on Inclusive Practices & Attitudes

I am Catherliene Williamson. My dissertation topic is ***Head Start Teacher Training: Impact on Inclusive Practices & Attitudes***. This project entails Head Start teachers in Alabama completing a questionnaire and information sheet. The *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* addresses teacher attitudes, staff supports, and inclusion practices. Additionally, a demographics form will be completed that obtains general information such as degree area, years of teaching, experience with disability, etc. You are being asked to participate because you are directly involved with Head Start teachers operating in a lead teacher role.

Purpose. As a former Head Start service provider, I am most interested in Head Start issues. I have worked with Head Start professionals and children for the past 5 years. I have dedicated my career to serving children, families, and professionals throughout the educational arena. This is the rationale for choosing Head Start as my research focus. The purpose of this study is to provide an analysis of Head Start teachers' education level and their implementation of inclusion practices at the preschool level. This analysis will include a comparison of teachers who meet the new degree requirements to those who have the Child Development Associate (CDA) certification.

Participation in this research project is completely voluntary. All information gathered during this project will be completely confidential. The information obtained will not be linked to a specific teacher, school, or county. Furthermore, information from this project ***will not*** be used for any type of agency reporting. In the event of presentations/publications, no identifying information will be attached to any participating teacher, school, school system or county.

Process. Enclosed you will find the Head Start **six** research materials packet. The packet includes: Auburn University's Internal Review Board stamped approval letter, informed consent for participation, the Head Start Teacher Inclusion Practices and Attitudes Questionnaire, the Head Start Teacher Demographics form, Head Start Grantee Demographics Form and return envelopes. Please distribute the packets to Head Start personnel that are currently acting as lead teacher in the classroom setting. For the results of this research to be valid, please include **both** teachers who have and have not acquired the associate degree requirement.

Thank you for your cooperation and assistance. The returning of this completed survey packet will act as consent for participation in this research project. If you have any questions, please contact Catherliene Williamson by phone at 334.538.7100 or email at colemca@auburn.edu.

For more information regarding your rights as a research participant you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

_____

Investigator's signature Date

APPENDIX E

HEAD START TEACHER DEMOGRAPHICS FORM

Head Start Teacher Demographics Form

Please circle the appropriate choice or fill in the blank for each section.

Years as Lead Teacher	_____ years completed
Education (Circle highest attained)	High School Child Development Associate Associate Degree Bachelor's Degree or higher
Location of training	_____ (List the name and state of the school, college, university, etc.)
Year training received	_____
Training Area	General (Certificate) Early Childhood Education Early Childhood Special Education Other: _____
Age	_____ years
Gender	Male Female
Teacher Ethnicity	American Indian White Asian Black Hispanic, any race Pacific Islander
Total # years teaching	_____ years completed
# Yrs teaching students w/disabilities	_____ years
# students with disabilities taught in career	_____ students

APPENDIX F

HEAD START TEACHER INCLUSION PRACTICES AND ATTITUDES QUESTIONNAIRE

Head Start Teacher Inclusion Practices and Attitudes Questionnaire

Directions: Please circle the number that best represents your response regarding inclusion.

Inclusion means having and supporting students with a disability /developmental delay in the class with students without disabilities.

1= Strongly disagree 2= Disagree 3= Agree 4= Strongly Agree

Attitudes	
1. Services that allow children with and without disabilities to participate together in the classroom are important to the program.	1 2 3 4
2. I am committed to serving both children with and without disabilities in my class.	1 2 3 4
3. I never hesitate to go out of my way to help someone in trouble.	1 2 3 4
4. Involving children with disabilities in the classroom does not make sense to me.	1 2 3 4
5. It is sometimes hard for me to go on with my work if I am not encouraged.	1 2 3 4
6. I am comfortable with the services that I provide to children with disabilities.	1 2 3 4
7. I am comfortable with the services that I provide to children without disabilities.	1 2 3 4
8. I am always willing to admit when I make a mistake.	1 2 3 4
9. I can be a help to parents and colleagues on inclusion principles and practices.	1 2 3 4
10. I am comfortable teaching students with disabilities.	1 2 3 4
Staff Supports	
11. The training/staff development I have received has made me stronger in inclusive practices.	1 2 3 4
12. Training/staff development helps me understand my role as an inclusive teacher.	1 2 3 4
13. No matter who I am talking to, I'm always a good listener.	1 2 3 4
14. Training/staff development helps me to implement strategies appropriate for the student(s) with disabilities in my class.	1 2 3 4
15. Training/staff supports do not meet my specific needs in the classroom with students with disabilities.	1 2 3 4
16. When I don't know something I don't mind at all admitting it.	1 2 3 4
17. The specialists (i.e.: special education teachers, therapists) for the student(s) with disabilities in my class visit regularly.	1 2 3 4

18. The specialists that come to my class make my inclusion experience easier.	1 2 3 4
19. The recommendations/suggestions provided by the specialists are useful.	1 2 3 4
20. The specialists work with me and the students to achieve goals.	1 2 3 4
Inclusion Practices	
21. I communicate with families of children with disabilities weekly.	1 2 3 4
22. I initiate the communication with families.	1 2 3 4
23. I am comfortable talking with families concerning the progress of their child with a disability.	1 2 3 4
24. Adult roles are well-defined for students in the class.	1 2 3 4
25. Adult roles in the class have been explained to parents.	1 2 3 4
26. Strategies, procedures, and special arrangements are used to help students with disabilities meet IEP/IFSP goals.	1 2 3 4
27. IEP/IFSP goals are assigned to specific class activities, class routines, or transitions.	1 2 3 4
28. I cannot make modifications to every activity that is used in the classroom for students with disabilities.	1 2 3 4
29. IEP/IFSP goals have specific procedures developed for monitoring the child's progress.	1 2 3 4
30. IEP/IFSP goals are changed based on monitoring information.	1 2 3 4
Impact of Inclusion	
31. Including students with disabilities in my class increased my support of inclusive practices.	1 2 3 4
32. Including students with disabilities in my class helped me view children with disabilities more positively.	1 2 3 4
33. Students without disabilities became friends with peers who had disabilities.	1 2 3 4
34. Because of my inclusion experience(s), I am a better teacher.	1 2 3 4
35. Including students with disabilities in my class makes my day frustrating.	1 2 3 4
36. My inclusion experiences have been mostly positive.	1 2 3 4
37. I enjoy having students with disabilities in my class.	1 2 3 4
38. Students without disabilities benefited from having students with disabilities included in the classroom.	1 2 3 4
39. Parents were supportive of students with disabilities being in the class.	1 2 3 4
40. Students without disabilities voluntarily interacted with students	1 2 3 4

without disabilities.	
41. Parents objected to the inclusion of students with disabilities being in the class.	1 2 3 4
42. Parents volunteers worked with students with and without disabilities.	1 2 3 4
43. I have become more comfortable with disability matters as a result of inclusion.	1 2 3 4
44. Parents became more comfortable with students with disability over the course of the year	1 2 3 4
45. Students became more comfortable with other students with disability over the course of the year	1 2 3 4

APPENDIX G

AUBURN UNIVERSITY INTERNAL REVIEW BOARD (IRB) HUMAN SUBJECTS RESEARCH APPROVAL LETTER

Auburn University

Auburn University, Alabama 36849-5226

Department of Rehabilitation & Special Education

1228 Haley Center

Telephone: (334) 844-5943

INFORMATION LETTER
for a Research Study Entitled
Head Start Teacher Training: Impact on Inclusive Practices & Attitudes

I am Catherliene Williamson. My dissertation topic is ***Head Start Teacher Training: Impact on Inclusive Practices & Attitudes***. This project entails Head Start teachers in Alabama completing a questionnaire and information sheet. The *Head Start Teacher Inclusion Practices and Attitudes Questionnaire* addresses teacher attitudes, staff supports, and inclusion practices. Additionally, a demographics form will be completed that obtains general information such as degree area, years of teaching, experience with disability, etc. You are being asked to participate because you are directly involved with Head Start teachers operating in a lead teacher role.

Purpose. As a former Head Start service provider, I am most interested in Head Start issues. I have worked with Head Start professionals and children for the past 5 years. I have dedicated my career to serving children, families, and professionals throughout the educational arena. This is the rationale for choosing Head Start as my research focus. The purpose of this study is to provide an analysis of Head Start teachers' education level and their implementation of inclusion practices at the preschool level. This analysis will include a comparison of teachers who meet the new degree requirements to those who have the Child Development Associate (CDA) certification.

Participation in this research project is completely voluntary. All information gathered during this project will be completely confidential. The information obtained will not be linked to a specific teacher, school, or county. Furthermore, information from this project ***will not*** be used for any type of agency reporting. In the event of presentations/publications, no identifying information will be attached to any participating teacher, school, school system or county.

Process. Enclosed you will find the six Head Start research materials packets. The packet includes: Auburn University's Internal Review Board stamped information letter, the Head Start Teacher Inclusion Practices and Attitudes Questionnaire, the Head Start Teacher Demographics form and return envelopes. Distribute the packets to Head Start personnel that are currently acting as lead teacher in the classroom setting. For the results of this research to be valid, please include **both** teachers who have and have not acquired the associate degree requirement. If mailing, **please return packets by April 7, 2006.** Reminders will be generated for grantees that have not responded by this date. If preferred, an onsite visit for data collection is possible and can be coordinated with the researcher.

Thank you for your cooperation and assistance. The returning of this completed survey packet will act as consent for participation in this research project. If you have any questions, please contact Catherliene Williamson by phone at 334.538.7100 or email at colcmca@auburn.edu.

For more information regarding your rights as a research participant you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Catherliene C Williamson 2/17/06
Investigator's signature Date

HUMAN SUBJECTS
OFFICE OF RESEARCH
PROJECT #05-233 EX 0511
APPROVED 11/21/05 TO 11/20/06

A LAND-GRANT UNIVERSITY