
BACK TO BASICS

Inclusive classrooms

Over the past several decades, early care and education teachers have become increasingly aware of the need to welcome children with disabilities and developmental delays into classrooms. Programs that eagerly and earnestly serve this population know the benefits that go beyond the legal requirements: We learn that everyone is unique and can be appreciated, respected, and accepted.

In inclusive classrooms, children with disabilities and delays have more realistic role models and are perceived as less different because they play and learn with their typically developing peers, each with unique strengths and weaknesses across developmental domains. All children learn to accept their own differences and gain a sense of themselves as essential parts of the community of young learners.

Inclusive programs and classrooms are built on the following principles:

- Each child's growth and development is influenced by cultural background, parental expectations, and

genetics—including the biologically governed aspects of temperament and personality.

- Parents and families play a key role in determining the best care for their children. These determinations are often made with the support of a medical and therapeutic team and social interactions with the community at large.
- All children learn in environments that provide warm, supportive, knowledgeable, and developmentally appropriate activities and interactions with adults and other children.

Children with disabilities and developmental delays need assistance to perform major life activity tasks that are within the chronological range of typical development. For example, Mr. Duncan uses the same toilet learning techniques with Marcus, a 3-year-old with Down syndrome, that he uses with other children, except perhaps with more concrete direction and support. Life activity tasks touch all developmental domains, and many require the integration of



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skills across domains—cognitive, social, emotional, language, and physical.

During early childhood, children first confront the challenges they will work on for the rest of their lives, such as interacting with the world, learning new things, regulating behavior, and getting along with others. Children—across abilities, cultures, socioeconomic levels, and geographic areas—face the same developmental tasks. To meet these challenges, every child must discover unique strengths and learn to draw on those strengths to reach full potential. Five-year-old Eugenia, for example, is learning to coordinate the use of her right hand with the stump of her left arm to grasp objects. She is also becoming a star on the soccer field.

An inclusive classroom helps children understand and accept differences among individuals. It encourages respect for all people, while fostering a caring and understanding society. The 6-year-olds in Ms. Rodriguez's classroom, for example, have learned about wheelchairs from Daniel, who has cerebral palsy. They no longer gawk at people in wheelchairs when they go to the mall or park with their parents.

All children benefit from exposure to creative activities and environments, learning new skills through observing and interacting with other children; engaging in hands-on learning; recognizing and understanding the abilities of others; and developing opportunities for friendships.

Further, inclusive classroom communities respect and support the basic needs of all children. When these needs are met, all children are more likely to build the skills necessary for future learning and achievement in society.

Family expectations, cultural values, developmental delays, and personality affect how children master developmental milestones. While most children follow a typical developmental sequence, rates of development vary. Without these variations, programs and classrooms would resemble an orchestra composed only of violins. Instead, we welcome a full orchestra in our classrooms where differences among children enrich each other and ourselves.

Consider the following essential factors that impact the healthy development of every child.

Acceptance. Children need affection and genuine positive regard. A teacher's challenge is to abandon or overcome cultural or racial biases and to accept children as human beings, regardless of abilities, personalities, or behaviors. In the classroom, teachers

give all children respect and use consistency and fairness to build trust.

Safe and healthy environments. Children need a clean, safe environment with materials that are in good repair and appropriate to their needs, interests, abilities, and developmental stages. A healthy environment reflects basic hygiene and universal health precautions—frequent and routine handwashing, clean and dry diapers, clutter-free floors and work spaces, and carefully prepared meals.

Nurturance and guidance. All children need to feel supported in their developmental efforts, including interactions with other people, physical mobility, use of learning materials, and self-help tasks. They need consistency in their relationships and support in building an understanding of the basic rules of socialized behaviors, including cooperation and honesty.

Socialization and affiliation. All humans—including children—require contact with other humans. Children need friends. They need to feel their own value in society—knowing that their contributions support a common goal—and are appreciated for their gifts.

Opportunity for active learning. Children learn most and best from hands-on activities that encourage them to ask questions, form judgments, experiment, discover, and evaluate results. They need activities that are appropriate both to their age and their abilities. They also need routine interactions with other children and adults to discuss and compare their experiences.

Use the following to learn more about four large areas of developmental delay or disability: hearing, language, vision, and physical. Remember that the areas are not mutually exclusive—a child with a vision loss may also have a language delay, for example. Consult with developmental specialists at Early Childhood Intervention with specific questions and concerns; never presume to diagnose a child. Always share your observations with children's parents and alert them to the possible need for medical intervention or developmental support. Use the tools specialists offer to make classroom accommodations so that every child can be an active and accomplished learner.

Hearing

Hearing is a child's first and most important connection to the rest of the world. A child with a hearing

impairment cannot rely on sound as the main way to receive (receptive) and send (expressive) messages and information.

The outer ear—the part we see—is the *auricle*. Sound enters the auricle and funnels down the *auditory canal* to the *eardrum* where it is amplified. The *middle ear* is on the other side of the eardrum. Here, three tiny bones further amplify sound. Combined, the outer and inner ear make sounds more than 180 times louder. The *inner ear* controls balance and sends sound signals to the brain for interpretation of the sounds we hear—and understand.

Hearing impairments typically fall into two major categories. *Conductive* loss results from impairment in the outer or middle ear that prevents sounds from reaching the brain. This impairment may be caused by an obstruction like a bean or ear wax, by damage from illness like an ear infection or a persistent cold, or from injury. *Sensori-neural* impairment occurs in the inner ear where nerve cells or pathways don't function properly and result in incomplete, garbled, or diminishing hearing. Some children have both types of hearing loss, some only one. Sometimes one ear is involved, sometimes both. Some hearing losses can be regained by treating an infection, but some are permanent. All suspected hearing losses require attention.

Infants should respond to sound and turn to look for its source. Toddlers and preschoolers should steadily develop speech—increasing vocabulary, clarity, and complexity of sentences.

Language

Language is a communication tool that helps children learn new concepts, store information, share thoughts, and solve problems. Fluid language requires facial muscle and sound control built on interactions with people and things that invite imitation and reinforcement. Coupled with hearing skills, most children acquire language informally, relying on routine and frequent gestures and verbal cues from trusted adults. Children gradually develop clear articulation and increase vocabulary, sentence length, and language complexity.

Fluidity relies on the integration of *receptive* and *expressive* language. Receptive language is the ability to hear and understand (interpret) words and sounds and to distinguish one sound from another. Receptive language skills enable children to associate new

information—words, images, and objects—with things they already know. Expressive language refers to words and sentences that a child speaks or gestures. These skills develop after a child hears and understands sounds.

Some children do not learn language easily and need support to develop this communication skill. Some cannot receive or hear language because of a hearing impairment. Some are able to hear but cannot understand what is said. And others have difficulty using words. All children develop at unique rates, and language skills are reliant on frequent and meaningful interactions with others. Talking with children—starting in infancy—has tremendous impact on overall language (and cognitive) development.

Be alert to signs of language impairments and delays including the following:

- A child seems unable to hear or understand you. For example, the child says “Huh?” frequently or cannot follow simple, age-appropriate directions.
- A child repeats what others say, seeming to echo rather than understand words and sentences.
- A child has a limited vocabulary that doesn't expand at the expected rate.
- A child puts sentences together poorly, leaving out words or putting words in the wrong order.
- A child is hard to understand and has difficulty recalling or pronouncing common, familiar words.

Using sign language, with both children with hearing delays and those who are building verbal communication skills, finds favor with many teachers and researchers. Consider using and teaching simple signs to help children express themselves in the absence of spoken language, reduce frustration as children build language fluency, and increase vocabulary with the third-most commonly used language in the U.S.

Vision

Seeing accounts for about 80 percent of a child's early learning. Vision provides a wide range of information—color, shape, size, distance, location, and movement, for example. Indeed, building visual images is part of thinking (identifying, recalling, and using information).

Everything we see reflects light. Light rays enter the eye through the *cornea*, the clear outer layer of the eyeball, and pass through the *pupil* that widens and narrows to let in more or less light. The light

then passes through the lens and the liquid at the center of the eyeball to the back of the eye and the *retina*. A chemical reaction occurs there that causes electrical signals to be sent to the brain through the *optic nerve*. The brain translates these signals into images we understand.

Vision impairments can be present at birth or develop later in life from degeneration or injury. The muscles that control the eye's movements may not work properly. Blurred, unfocused vision can result from *cataracts* or from a defect that prevents light from falling squarely on the retina. The optic nerve may be damaged, and some types of brain damage can interfere with image interpretation. Some impairments can be corrected with eyeglasses, some with surgery, and some cannot be remediated.

Look for obvious signs—crossed eyes, eyes that seem to be looking in different directions, pupils of different sizes, squinting, and drooping or red eyelids. Be attentive to how babies follow moving people and objects. Watch for imitative behaviors in toddlers. Be alert to preschoolers who squint, shut one eye to focus, tilt the head, or avoid bright light.

Physical skills

Motor development—moving arms, hands, and fingers, for example—creates a path for learning success. Babies learn about their bodies by kicking legs, turning heads, and discovering hands. With age and developing skills, children learn to use their hands as tools—picking up and exploring objects to discover texture, shape, weight, taste, and temperature. Further motor skills enable the same babies to sit unassisted, reach, crawl, walk, and climb—each offering new opportunities to learn about the world.

Physical impairments can occur before birth, during childbirth, or later in life. Many result from accidents or illness that affect the brain, spinal cord, joints, bones, or muscles. Some impairments are due to genetic conditions or birth defects whose origin may or may not be known.

Every child develops in a unique way, but physical development typically follows a pattern called *developmental sequence* (a child usually uses the whole hand to grasp an object before using just the fingers in a pincer grasp). Further, children typically achieve particular skills at an average developmental stage called *developmental milestones*. When a child hasn't followed the typical sequence or achieved typical

milestones, be attentive to the possibility of a physical delay or impairment.

Be alert to a baby who shows little interest in physical activity, especially reaching for and picking up toys, or responding to caregivers. Balance, agility, and coordination should improve throughout childhood. Note whether children have difficulty walking, climbing stairs, or getting up off of the floor. Pay attention to complaints of joint or bone pain. Look for any difficulty using the hands and fingers and any sensitivity to touch.

Across all developmental domains, growth and skill development is cumulative and typically smooth—one skill builds on another as adults offer support for developing the next ability. For children whose development is less smooth or impaired, early detection, treatment, or accommodation can lessen physical and social challenges and invite all children to join in an inclusive community of young learners. ■