



Medical School

Provider-Family-Teacher Collaboration & Education: Promoting Inclusion of Children with Disabilities within the **General Education Classroom**

Background

Individuals with Disabilities Education Act – IDEA: Federal mandate that requires states to provide free, appropriate, public education (FAPE) to all students with disabilities within the least restrictive environment (LRE).

LRE – All children with disabilities are to be educated with children who do not have disabilities, to the maximum extent appropriate.

Inclusion – Children with special needs have the right to participate in the same community activities and programs they would attend if they did not have a disability.

 Academic Higher grades Higher achievement scores on standardized tests Improved literacy skills Better post-secondary school outcomes Fewer school absences Better instruction and comprehension Higher academic expectations.
 Social Improved peer relationships Improved social competence Improved school satisfaction and sense of belonging Better models for social behavior and communication Improved functional living & adaptive skills Improved self-esteem Reduction in inappropriate behaviors Greater acceptance in the community Increased community participation & employment as adults
 Benefits for All Students Improved acceptance & understanding of people with disabilities Desensitization towards people who are "different" Increased appreciation of individual differences Better preparedness for becoming parents & community leaders. Increased opportunities to teach peers and collaborate Decreased overall stigma toward individuals with disabilities.

Problem Analysis: Inclusion in Real-World Practice

Despite federal mandates and the known benefits of inclusion, adoption of inclusion within the general classroom has fallen short in practice.

In the 2021-2022 school year, 15% of all public-school students received **special education** and/or related services, under IDEA.

- 95% of those students were enrolled in regular public schools.
- 67% of those students spend at least 80% of their school day within the general education classroom.
 - SLP (88%), learning disability (75%), other health impairment (70%), DD (70%), visual impairment (70%).
- Less than 1/3rd of students with *more specific or involved disabilities* spend the majority their school day within general education classes.
 - Deaf-blindness (30%), ID (20%), multiple disabilities (15%).

The Boggs Center on Developmental Disabilities

New Jersey's University Center for Excellence in Developmental Disabilities Education, Research, and Service New Jersey's Leadership Education in Neurodevelopmental and Related Disabilities Program

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Objective

To better understand the **barriers to inclusive practice** within the general education classroom.

To utilize **family-provider-teacher collaboration** to **promote** the general educator's knowledge about the implications of their student's disability, their student's right to inclusion, and ways to foster inclusive practice for all children with disabilities.

Process and Methods

1. *Literature review* to identify factors that contribute to general educators' reluctance or resistance to inclusion.

- Reviewed 32 peer-reviewed articles, published within the last 20 yrs.
- Search engines: PubMed, Google Scholar

2. *Interviews* with disability rights attorneys, families of children with disabilities, CSH faculty and general education teachers regarding disability rights and inclusion.

Identified three main factors that *influenced inclusive* practice within the general education classroom:

- 1. The general education teacher's knowledge about common pediatric disabilities.
- 2. Teacher self-efficacy and confidence in their ability to teach children with disabilities.
- 3. The general education teacher's understanding of disabilityeducation laws and the rights of the child.



"Inclusion is a practice, not a place."





Tips for

Teachers

enefits of

Inclusive Strategies

Students with CP

Final Product and Implications

Using these three factors, we identified **interventions** & strategies to improve general educator knowledge and **confidence** toward teaching students with disabilities.

1. Collaboration between teachers, families, medical providers, and other disciplines within the child's life.

Interdisciplinary collaboration amongst the child's care team allows for greater info sharing and knowledge acquisition. Abegglen and Hessels 2018; Carter, Parter, Jackson, &

2. Education and professional development opportunities for general educators to learn more about common pediatric disabilities and disability rights.

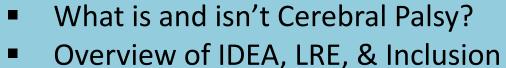
With enhanced education and knowledge about disability, teachers have shown greater self efficacy and more positive attitudes toward inclusion. (Abegglen and Hessels 2018; Crispel & Kasperski, 2022; Dignath, Rimm-Kaufman, van Ewijk, & Kunter, 2022; Feng & Sass, 2012; Van Mieghem et al., 2018;

We then used these strategies to create something tangible

"Tips for Teachers" — a personalized, educational pamphlet for families & providers of children with cerebral palsy to **jointly fill out** and **provide to the child's teacher,** with a focus on:

- **Educating teachers** about the **implications of the student's** disability.
- Services the child is entitled to under IDEA.

Student specific techniques that the teacher can use to **better promote inclusion** of that child within the classroom.



- Benefits of Inclusion
- Inclusion Strategies for Cerebral Palsy
- Fill-in-the-blank portion for personalized recommendations from the child's family and healthcare team.
- Resources for further information about inclusion.



- Given to families of patients with Cerebral Palsy during outpatient doctors appointments.
- Made available online for Children's Specialized Hospital providers to print for patients, as needed.



