EDUCATION OF STUDENTS WITH DISABILITIES

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**Summary**

Education of individuals with disabilities continues to be at the forefront of national and international discussion because of the multiple perspectives and issues it entails. Since the early 1900s people with disabilities have had the benefit of innovative instructional techniques that have allowed them to demonstrate their ability to learn complicated skills. Yet, at the same time members of this population have been and continue to be subjected to cruelty and institutionalization. Since the mid-1970s there has been increasing attention to individual rights, responsibilities of communities, instructional techniques, new models for teacher education, school reform and inclusion. This moral imperative, which has guided much of the social policy of the last several decades, is intended to address the educational needs of all of our citizens. If education serves the purpose of teaching skills as well as behaviors and attitudes necessary to achieve a democratic society, then the education of students with disabilities is a central part of our social and moral conversation.

1. Introduction

Services and supports for people with disabilities and their families have evolved considerably since services first became available in the early 1900s. Each major development in services can be associated with a particular period on an evolutionary timeline and characterized by shifts in the social consciousness of the American people. As we enter the second millennium we can reflect upon and recognize periods of benign neglect, the eugenics movement, the introduction of state training schools and...
residential colonies, hope surrounding new testing procedures, educational intervention, reinsitutionalization, deinstitutionalization, the development of community services, and the most recent movement towards self-advocacy and self-determination. The history of service delivery for children and adults with developmental disabilities has been filled with those who believed that people with disabilities could be educated, but required specialized educational facilities. During the early 1900s, residential facilities, then referred to as “training schools”, rapidly became large residential centers that housed rather than educated people with disabilities. The segregation of these populations into institutions was the direct result of a shift in social perception of people with mental retardation from being “innocents” and “unfortunates” to being social parasites, criminals, prostitutes, and paupers (Scheerenberger, 1983, pp. 116). Unfortunately, the number of institutions or “training schools” grew rapidly because the education the schools claimed to deliver was primarily available to residents. Thus, large numbers of people moved from their homes to supposedly receive the training and support necessary to lead productive lives. The early 1900s left another important mark on the evolution of service delivery. During this time, considerable efforts were spent classifying and labeling people with developmental disabilities. These measures, which included early versions of the Stanford-Binet Intelligence Test, served to create standards for immigration, sterilization, and restrictive marriage, social segregation, and euthanasia.

By 1940, people in human services began to question the appropriateness of the strong emphasis on labeling developmentally disabled individuals and predetermining future learning. This was addressed by the 1940 “White House Conference on Children in a Democracy” which declared the following: “Successive studies have brought out the fact that earlier emphasis upon identifying and labeling mental deficiency, upon setting rigid classifications, upon isolating and institutionalizing persons so classified was being pushed beyond limits that were scientifically sound or socially useful...appropriate education and suitable employment in the community are frequently the best treatment for persons with such limitations,” (Scheerenberger, 1983, pp. 227).

Twenty-one years later, U.S. President John F. Kennedy commissioned the President’s Panel on Mental Retardation. The panel noted the need to correct society’s failure in caring for people with disabilities and made “recommendations regarding prevention of retardation, as well as issues relating to the deinstitutionalization, rights, dignity, and care of individuals who are mentally retarded.” This interest was central to the civil rights movement and the recognized need for a right to education and equal protection under the law.

2. Rights and Responsibilities

Until the 1970s, laws mandating free public education of all children did not exist. Many children with disabilities were denied access to early intervention, preschool, elementary, secondary and higher education. The rationale surrounding exclusion was related to reliance on the medical model and low expectations, which promoted the idea that diagnosis was predictive of learning. Thus students who had labels such as Down Syndrome and multiple disabilities were often sent to institutions to waste their lives and lessen the burden on their families. The exposés of institutions in the 1960s and
’70s, e.g., Willowbrook, forced citizens to recognize the abhorrent conditions and the
dehumanization of people with disabilities. This realization helped to create better
opportunities for children and adults with disabilities because necessary resources began
to flow to communities, schools, government, and universities. In addition, laws such as
Public Law 94-142, the Education of All Handicapped Children’s Act passed in 1975 in
the United States, mandated education for all students and provided additional tools to
aid schools in engaging parents and assuring the right to due process. Public Law 94-
142 specifically required that all children must be provided with a free public education;
all children receiving special education and related services must be fairly and
accurately evaluated; education of a student with disabilities must be appropriate to his
or her individual capacities and needs; children and youth with disabilities must be
educated in the least restrictive or most normal environment feasible; and students’ and
parents’ rights shall be protected at all stages of the special education process.
Consequently, students previously denied opportunities for education because of labels
of “uneducable” rapidly learned new skills when provided the opportunity and
systematic instruction.

New evaluation tools that recognized the influence of the environment on behavior and
learning were developed and the context of assessment shifted the reliance on
standardized testing measures such as the Stanford Binet test to measures such as the
now widely adopted Adaptive Behavioral Scales. As assessment methods changed,
students with disabilities increasingly became recognized as learners and members of
their school communities.

While attitudes regarding individuals with disabilities’ capacity to learn have improved
dramatically over time, the debate concerning the membership students have in their
schools remains. In the 1970s the emphasis was on mainstreaming which promoted the
movement of students from segregated classrooms and schools into regular classrooms.
Soon after mainstreaming was implemented, advocates and educational reformers
rejected the notion that schools could reach goals of equity and excellence for all
students in education while their bureaucratic structures remained the same. The
Regular Education Initiative (REI) was a response to the failure of mainstreaming and
poor student outcomes defined by academic achievement and employment. This
initiative promoted the need to decrease the distinctions between regular and special
education, and the need to individualize instruction in regular classroom environments.
According to Skrtic and Sailor (1996), the Regular Education Initiative and the
Inclusive Education Reform movement are consumer-oriented, interdisciplinary forms
of professionalism in the field of education and a postindustrial or adhocratic structure
for schools, and thus call for institutionalizing in public education the social
constructivist principles of voice, collaboration, and inclusion (p. 5). It is remarkable
that in the year 2003 students with disabilities continue to be excluded from public
schools throughout the world in spite of the initiative towards inclusion that has spanned
several decades. Although some countries have established clear government mandates
in support of inclusion that have led to achieving more inclusive schools, children
continue to be institutionalized and segregated throughout the world. These children are
denied the basic right to education and community support, and have little hope of
actively participating in democratic and economic processes in their societies.
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Biographical Sketches

Jane A. Nisbet was born May 31, 1955. Director, Institute on Disability and Associate Professor, Department of Education, University of New Hampshire, Durham, New Hampshire, September, 1987 to the present.

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Cheryl Jorgensen received her doctorate in Health Education at the Pennsylvania State University in 1982. Currently, Dr. Jorgensen is research assistant professor in the Institute on Disability/UAP at UNH. She recently served as project director on the federally-funded, four-year project entitled, Including Students with Disabilities as a part of Systemic Efforts to Restructure Schools: Souhegan Cooperative School District and co-coordinator for the State-wide Systems Change Project. Dr. Jorgensen currently coordinates the Institute’s Personnel Preparation Task Force. In this capacity, she helped formulate competencies for regular and special education teachers relative to the inclusion of students with severe disabilities in regular classes. She also lectures extensively in courses in the Education and Communication Disorders Departments at UNH. She recently authored a chapter on using natural supports in regular classrooms for students with disabilities and co-authored a book on the role of communication specialists in inclusive classrooms and schools.