

Integrating Services Into the classroom

ADDRESSING THE NEEDS OF STUDENTS, TEACHERS AND RELATED SERVICE PROVIDERS

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Ten Really Good Reasons Why Services Should Be Integrated

1. So that children learn the skills they need in the places they will use them.
2. So that children have increased practice opportunities.
3. So that a child's social relationships are fostered.
4. So that a child does not miss out on any classroom activities.
5. So that teachers can see what therapists do to help kids and expand their skills.
6. So that therapists can see whether or not the strategies they develop are feasible.
7. So that teachers and therapists focus on skills that will be immediately useful for a child.
8. So that therapists can work with teachers to address problems as they arise.
9. So that assessment can be done across a variety of routines.
10. Because it's the right thing to do!



Findings from research:

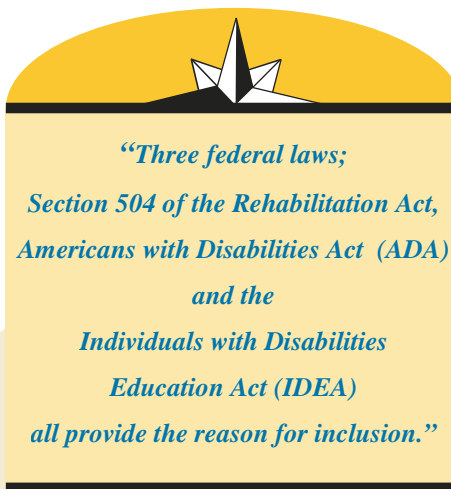
- Over time, families who were given a choice between in-class and out-of-class models of service delivery (therapy) preferred in-class models.
- Across disciplines, therapists believe therapies ideally would be provided in a more integrated manner than they typically are.
- When therapy is provided in the classroom, teachers and specialists consult with each other four times as much as they do when therapy is provided out of class.
- Across disciplines, children generalize more following in-class than out-of-class therapy.

What is inclusion?

Inclusion is often thought of as being specific to a particular student in a particular class or school. Inclusion is really a much broader concept. The philosophical belief that *all children* should have access to *all opportunities* available in their schools is the driving force behind what has now come to be called inclusion. Within inclusion, special education services are provided as supports to assist students who need them to achieve the outcomes expected in general education. This is where specialized and regular services compliment and support each other. Inclusion allows the classroom environment to be adjusted to meet the needs of the child, rather than requiring the child to fit into a preexisting classroom. We must always remember that special education is not a place. Rather, it is the sum of the supports and services brought to a student through an Individualized Education Plan (IEP). Special Education means placing children with disabilities into classes with children without disabilities, as appropriate, and providing them with the necessary services and supports to enable them to benefit from being there. For preschool children a school-based classroom may not be appropriate. Another term, *Natural Environments* describes for them additional places where inclusion can occur. Natural Environments are settings that are natural or normal for the child's age peers who do not have disabilities and may include childcare and preschool settings, or even home.

What is the legal rationale for inclusion?

- **Section 504** of the Rehabilitation Act, prohibits discrimination by programs receiving federal funds, including public schools, against individuals with physical and mental disabilities.
- **ADA** is a civil rights law that extends the requirements of Section 504 to institutions that do not receive federal money. It prohibits discrimination against people, with physical or mental



disabilities in all programs of state and local government, including public and private, non-parochial schools.

- **IDEA** provides that children with disabilities are entitled to receive special education services and that such children are placed, to the extent appropriate, in classes with their typically developing peers. This is what is referred to as placing a child with special needs in the “least restrictive environment” (LRE).

How are services provided in an inclusive setting?

Related services are generally provided within the child's classroom (*“push-in”* services) although some children receive their related services outside of the classroom (*“pull-out”* services). *“Pull-out”* programs can interfere with the child's participation in classes lead to scheduling difficulties, and disrupt the child's activities or peer interactions. Conducting one-to-one related services sessions within the classroom, however, can have the effect of isolating the child within the classroom. Allegany County Public Schools encourages related services providers to collaborate with classroom teachers to integrate services into the natural context of the classroom or preschool setting.

Schools can arrange classrooms so that services are provided in small group formats, rather than one-on-one. The small group formats emphasize that all the children have a relationship with all the adults who work in the classroom. Studies have found that all children can then benefit from the enhanced learning opportunities provided when related services are offered within the classroom using small group formats.

Supports and services available in the classroom through an IEP include services provided by a special education teacher, speech and language therapy, occupational and physical therapy, assistive technology, counseling and vision services.

Is Inclusion the “Least Restrictive Environment” for all children

The legal requirement for placement in the “least restrictive environment” (LRE) does not mean a “one size fits all” approach is appropriate. Like Special Education, LRE is not a place; it is a set of services designed to meet the needs of individual students and, whenever possible, to ensure education of those students in general education classes and with typically developing peers.

Collaborative discussion between the regular education teacher, special education teacher, and/or the therapist should take place regularly to determine what model (see page 7) is most appropriate for the child. Data should be collected and shared between the regular education teacher, special education, and/or therapist to monitor student progress. When a lack of progress is documented, several factors which may be impacting progress must be reviewed. If after reviewing all determining factors the regular education teacher, special education teacher, and/or the therapist believe a change in LRE may be necessary an IEP meeting should be scheduled. Documentation of lack of progress must be provided.

Some determining factors to be reviewed between the teachers and therapist may include, but are not limited to:

- Student attention
- Distractions to the student receiving services
- Distractions to the students in the classroom
- Physical limitations of the classroom environment
- Amount of time
- Student service time
- Collaboration time between providers
- Severity or type of disability

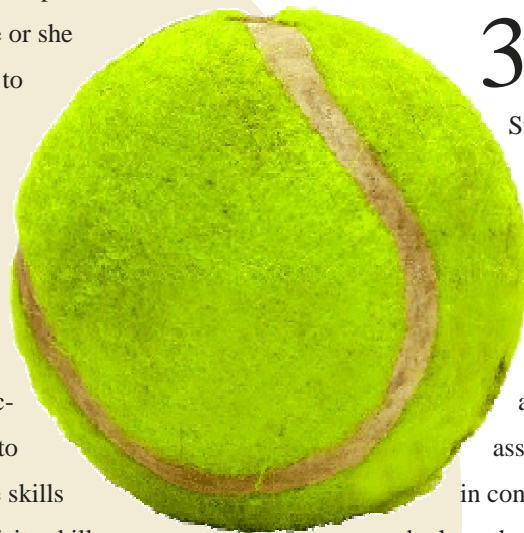
Therapy’s Not Tennis Lessons

It’s funny to think about how therapy has been provided much like tennis lessons in the past— a student works with a professional for an hour each week on specific skills. The hour of instruction is up to the professional, but practice between lessons is the student’s responsibility. Tennis lessons alone will not make someone a better player, it’s the practice between the lessons that makes a difference.

When it comes to therapy, a child with special needs probably will not be able to generalize the skills he works on with a specialist during therapy time to other times and places where he or she needs the skills. Specialists need to plan for a child to have opportunities to practice skills outside of therapy time in order for the child to make efficient progress. Here are 3 things we can do to ensure that children have ample practice opportunities:

1 Use routines-based assessment to identify functional skills. Find out what the child needs to learn to be successful in their daily routines and make those skills the goals. Many times, specialists focus on prerequisite skills, or things that are not directly related to what a child does everyday. That definitely makes it much harder to identify times when the child can practice outside of therapy sessions.

2 Incorporate consultation into therapy time. Talk with other adults who spend time with the child (i.e., teachers and family members) before, while, or after you work with the child. It is important for teachers to know what the specialists are working on with the child so they can address those things outside of therapy time. It is also important for specialists to get feedback from the child’s teachers on their suggestions. If a specialist’s suggestions are not practical or are irrelevant, they are likely to be disregarded.



3 Provide therapy in the classroom. Studies have shown that teachers and specialists consult with one another four times more when specialists work with children in class versus out of class. Teachers are able to see what the specialist does with a child and specialists have the opportunity to assess children in context and to address situations when and where they arise. By identifying functional skills, talking with other caregivers, and being in the classroom, specialists can ensure that meaningful intervention occurs between therapy sessions.

Experience from the Frontlines

Integrating Special Education

By Robin Fochtman, Special Education Teacher

I am often asked the question, "How can these [special needs] children be part of a regular classroom?" And my answer is, "How can they not be?" By including special needs children in a regular classroom, interaction with typical peers helps develop a sense of social awareness, provides models for behavior and communication, and provides many more opportunities to learn and attain goals.

Many of the techniques used to help special needs students achieve a goal (breaking tasks down into smaller parts, giving more time to work, putting students into smaller groups to practice skills, more review, visual cues, manipulatives, and individualized help) would benefit many of the students in the classroom, not just those with IEP's. By adding visuals to the teacher's presentation of concepts, the special needs student becomes more engaged and the entire class benefits. Visuals may be used in the daily schedule, to maintain desired behavior, to introduce new vocabulary, or to help a student with limited communication participate in the lesson.

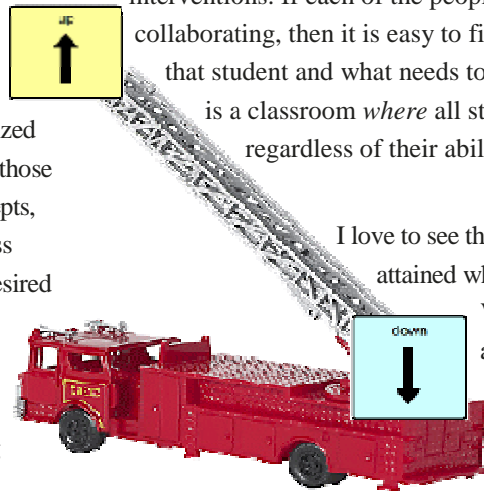
Peers develop an understanding and acceptance of others' learning

differences and learn to work together. Attention and acceptance from peers may help a special needs student achieve progress on a goal.

It also allows the typical student to feel important by being a helper, teacher or cheerleader for someone else.

Integrating special needs students into a regular classroom takes teamwork from classroom and special educators, therapists, and parents. Progress on goals can be increased when everyone that is involved with the special needs student can take part in the same interventions. If each of the people working with the student is collaborating, then it is easy to find out what is working for that student and what needs to be improved. The end result is a classroom *where* all students can fit in and succeed, regardless of their abilities.

I love to see the acceptance and achievements attained when everything blends together. When learning can be made accessible for each child, then special education can be fully integrated.



Integrating Occupational Therapy

By Cindy Erzkus, OTR/L

Integration...the very thought sends fear into the heart of therapist and teacher alike. "How can I deliver services and not disturb the rest of the classroom?" is what a therapist would ask. The teacher may wonder, "How can I teach when there is an adult doing fun stuff with only one student in the back of my classroom?" These are legitimate questions as we enter into this form service delivery

After providing integrated services, I have learned that the task is not simply black and white. Each classroom is different as is the need of each student. Creativity and commu-

nication are key factors in successful inclusion program. I need to plan with the teacher how to use group games and other classroom activities to support our goals. I need to hear their perspectives, comments and questions, offer ideas and strategies, and collaborate about how to implement the strategies we decide to try.

Within the classroom, children who are not receiving special education services, but are challenged by similar tasks, benefit from occupational therapy services. Prevention can be an important part of the inclusion process. As fine and gross motor activities are part of the entire class pro-

gram, children who struggle can be helped concurrently with the child who has an IEP.

We are educating a different child today than a generation ago. Children enter school with limited fine and gross motor experiences due to electronics. The teaching and occupational therapy staff together need to be in partnership to develop needed skills empowering our students with and without an IEP to benefit from their educational experience.

"Planning with teachers is important. I need to hear their perspectives, comments and questions, offer ideas and strategies, and collaborate about how to implement the strategies we decide to try. "

Integrating Speech Therapy

By Sandy Walsh, M.A., CCC-SP

The very nature of Speech-Language therapy is to provide a student with multiple opportunities to practice the same skill. For some students, it may be saying a target sound repeatedly, for others it may be answering a question or following directions. During the course classroom activities, the students who need the most practice often get the least opportunities. For example, a teacher reads a story, then asks for a response. The child with a speech and language disorder is far less likely to respond. These children need to have the opportunity to practice the same skill over and over.

All of the teachers I have worked with have welcomed the opportunity to have some one come in to the classroom to help break concepts down for these students.

Working in the classroom provides the opportunity for them to see what I am doing with the students and for me to see what they are doing. Many were willing to incorporate the concept into the day when I was not there, facilitating generalization of the skill into different activities and routines.

There are often other students in the classroom who do not qualify for therapy, but need a bit of extra help. This was my favorite part of working in the in Pre-K and Kindergarten classrooms this past year. The students who didn't have IEP's were more than willing to work with me, and the students who did have the IEP were happy to have some peers come with them.

Scheduling was a problem-it always is no matter where you are doing your therapy. It turned out that math and when the students were doing their small groups for reading were the best. I thought centers

would be the most appropriate time-*Not!* Center time is too noisy to try and do work that is auditory-based.

Classroom-based therapy made me more aware of the curriculum, because all you have to do is look around and you know what letter the classroom teacher is working on, or what the theme is. However, it also made me appreciate the fact that what I have been doing in the past is very applicable towards the curriculum.-especially the math concepts: empty and full, long and short, more and just one.

I think it's important to remember that no matter what the academic goal is, communication is crucial for academic success.

"...in order to really embed a skill, children need intervention around the clock in a variety of daily routines, in a variety of settings, with a variety of people..."

Integrating Physical Therapy

By Stacey Warnick, M.S., PT

As a pediatric physical therapist, I am most concerned with a child's gross motor abilities and his means of mobility. The opportunity to work with children in the classroom is a valuable tool that comes with some challenges and many benefits.

Classroom schedules are stringent and at times very difficult to work around. However, once I look at a schedule, many opportunities for a physical therapist to be a valuable part of the academic team can be found. I often work with children during center and circle time. Children can work on a variety of skills during these times, including stretching, sitting and standing balance, transfers and trunk control. Other settings that are appropriate are on the playground during recess or in the gym during physical education class. In these settings a physical therapist cannot only address physical limitations impacting the child's mobility but also the deficits that are impacting them socially.

A great benefit of integrated physical therapy is the opportunity to work parallel with the teachers. Teachers are very knowledgeable about their students and can often help me plan my treatment ap-

proach according to the child's physical and academic strengths and interests. While I am in the classroom working with the students, the teacher is able to watch my techniques and get ideas that will help her follow through with activities on a daily basis. Because teachers are so influential with their students it is a benefit for the students to see us working as a team and understand the importance of the activities being requested of them.

Another benefit of working in the classroom is the opportunity to assess equipment the child is using on a daily basis. I can check the student's desk and chair for proper fitting and make recommendations for preferential seating in the classroom. I can bring in equipment such as an alternative seating system to help improve sitting posture/balance and hence handwriting and the ability to attend. The same concept can be applied to the gym and playground.

As a physical therapist, I do not consider a skill mastered until the skill is demonstrated in a variety of environments under different conditions. By working with the child in a variety of integrated settings, goals are more easily addressed and I feel we are providing a functional service that is preparing the child for optimal success.

What's Your Consultation Style?

As discussed, a critical component of integrated therapy is consultation, or the communication between adults about a child with whom they work. There are basically two types of consultative styles among professionals: expert and collaborative.

The “expert” style of consultation involves the specialist independently:

- assessing a child to identify needs,
- recommending strategies or solutions to others, and
- evaluating whether needs are met.

The “collaborative” model of consultation

involves the specialist and teacher identifying needs, developing solutions, and evaluating progress together. As you probably guessed, collaborative consultation lends itself to integrated therapy and is our goal as a school system. As you collaborate, consider the following format:

Small talk

Spending a few minutes at the beginning of each meeting talking about how things are going for the teachers/specialists in general, not necessarily related to work. This helps build relationships and understanding among team members.

Begin by asking the teachers about how things are going in the classroom, not just in relation to the focal child.

Ask the teachers how things are going for the child being worked with.

By giving the teacher an opportunity to talk we gain a better understanding of the child as a whole person and routines or activities that have been difficult for the child

Review progress on goals being addressed.

By having specialists focus on a few goals at a time, efforts are maximized. This contrasts with members of different disciplines addressing specific goals individually (e.g., PT addresses only gross motor goals, SL/P addresses only language goals) which can result in gaps in services, inconsistency, and lack of cohesive service.

It is important to discuss the following, in relation to each goal

- *When (routines) and how (strategies) the goal was addressed;*
- *How successful the intervention was (child success);*
- *Are new strategies needed to address the goal; and,*
- *Has the goal been met, should it continue to be a focus, or should it be addressed in the context of classroom routines but not necessarily as a focus?*

Determine which goals will become the focus for the upcoming weeks.

Some goals may be continued or new goals may be identified. New goals may come from concerns expressed by the teacher, upcoming activities the teacher has planned, or may be determined by priority order from the IEP.

Develop strategies to address goals during classroom routines.

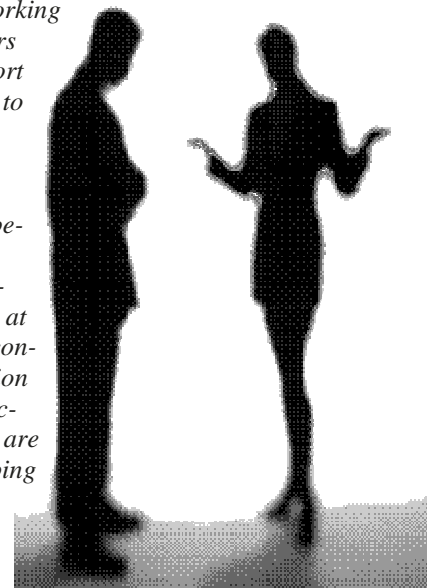
Specialists can suggest new strategies for addressing goals while getting input from the teacher about feasibility. Also, specialists and teachers can determine what types of support would be helpful for the teacher to have in implementing interventions, e.g., having a specialist come in a demonstrate the intervention technique; materials, adapted equipment, or other materials that are needed.

Determine roles and responsibilities of each team member.

If informational support is all the teacher needs to implement interventions, who will provide the teacher with the information and when? When will specialists be in the classroom? Will they provide direct services to the child? If so, when, where, and how? Making expectations clear is important for preventing misunderstandings and lack of progress.

Determine when the next team meeting will occur and how members will keep in touch until then.

If strategies aren't working out or if team members need additional support when can they expect to meet with other members again? How can members be reached until then? This is especially important for teams who have members that are working at multiple sites or are contracted. Communication notebooks, data collection forms, and email are some options for keeping other team members abreast of what happens between team meetings.



The Continuum of Service Delivery Models

Although therapy that is provided in the classroom may be considered integrated, location is just one of several factors that determines the “integratedness” of therapy. Other dimensions of therapy include:

- presence of peers,
- context of intervention,

- initiation,
- functionality of skills, and
- consultation.

Manipulation of these variables determines how segregated or integrated the therapy is. The following continuum serves as a tool for professionals who want to provide more integrated services to children.

A therapist can identify the model typically used with a child and move up the continuum. The “*Individual During Routine*” model is our school system goal for professionals. It enables assessment in context, skills being taught in context, opportunities for demonstration and trying out new strategies, and peer involvement.

Model	Location	Therapy Focus	Peers	Teacher’s Role
<i>Individual Pull-Out</i>	Anywhere apart from the regular class. Context is different than the rest of the class.	Directly on child functioning	Not present	Provide information before therapy and receive information after therapy
<i>Small Group Pull-Out</i>	Anywhere apart from the regular class. Context is different than the rest of the class.	Directly on functioning by child(ren) with special needs	One to six peers present	Provide and receive information before & after therapy, decide schedule with therapist & which peers will participate
<i>One-on-one in classroom</i>	Classroom, often apart from other children. Context is different than the rest of the class.	Directly on child functioning,	Present, but not involved in therapy	Conduct activities, play with other children, keep children from disrupting therapy; rarely, watch therapy session, provide and receive information after therapy
<i>Group activity</i>	Classroom; small or large group. Context is the same as the rest of the class.	On all children in group and on peer interactions, emphasis on meeting special needs of children	All or some children in group have special needs	When small group, conduct activities & play with other children; if possible, watch or participate in therapist’s group. When large group, watch or participate in group activity & participate in planning large- and possibly small-group activity
<i>Individual During Routine</i>	Classroom, wherever focal child is. Context is the same as the rest of the class.	Directly but not exclusively on the focal child	Usually present	Plan and conduct activity including focal child, observe therapist’s interactions with child, provide information before therapy, exchange information with therapist after routine
<i>Consultation</i>	In or out of classroom. May occur within or outside of the context of the class.	Teacher, as related to the needs of the child; can vary from expert to collegial model	Present if occurring in class; not present if occurring out of class	Exchange information and expertise with therapist, help plan future therapy sessions, give and receive feedback, foster partnership with therapist

From McWilliam, R.A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. *Infants and Young Children*, 7(4), 29-38; reprinted by permission.

Talking with Families About Integrated Therapy



Tell the family that when therapy is integrated their child has the opportunity to learn skills when and where the skills are needed.

Back to the previous example, the parents might say that communication is especially a problem for Anne at mealtimes because she can't tell them what she wants. The best time to work on communication then would be at mealtimes, not in a therapy room. When children learn a task in one situation or setting (therapy room) the child has the extra task of transferring that skill to other situations (home and classroom). Therapy is most effective when provided in context.

“Do the math” with the family.

By integrating therapy into the classroom, Anne's teacher can see how the therapist works with Anne and implement those same strategies into the rest of the week when the therapist is not present. If Anne receives 60 minutes of speech therapy a week and the teacher is able to work with Anne on communicating for 10 minutes out of every other hour, and Anne is in school for 31 hours a week, then Anne is actually getting an additional 150 minutes each week of intervention.

Inform the family about the models of service delivery.

Use the continuum (page 7) to show the family the range of options they have. Discuss the pros and cons of each model so that parents can make an informed decision about how services are provided. Whatever decision the family makes, it is important for professionals to honor that decision: this is their child.

Ask the family about previous experiences.

When talking with families about how therapies will be provided, it is important for professionals to first understand the families past experiences and concerns with the provision of therapy. Families who are used to therapy being provided in an isolated manner are likely to be skeptical of integrated approaches.

Ask the family what they want their child to get from therapy.

Sometimes families are caught up in the mindset that more therapy is better and don't really focus on a specific goal or purpose for the therapy, or how the therapy is going to improve daily life. By asking this question, professionals can help the family focus on the goal, not the therapy. For example, a family may want their child, Anne, to receive regular speech therapy so that she child can communicate better. The next question the professional asks is, “When is communication a problem for Anne?” This ties the concern to daily routines or specific times of the day when the child needs the skill.

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Allegany County Public Schools provides this Technical Assistance Series of documents to share information and vision about best practices for delivering a “free and appropriate public education”, FAPE. Other topics in this series include:

- *Identifying and Using Classroom Routines*
- *Is It Working? Documenting What We Do*
- *Action Planning for Intense Needs Students*

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