

Implicit Assumptions in Special Education Policy: Promoting Full Inclusion for Students with Learning Disabilities

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Abstract

Introduction Everyday millions of students in the United States receive special education services. Special education is an institution shaped by societal norms. Inherent in these norms are implicit assumptions regarding disability and the nature of special education services. The two dominant implicit assumptions evident in the American educational system are the view that disability is deviant and should be eradicated and the assumption that all special services should be delivered in a separate environment.

Methods A review of literature was conducted to reveal trends in special education. In particular, inclusive practices, Response to Intervention (RTI), and student achievement were examined.

Conclusion This paper argues that while federal policy was created in an effort to promote access to general education, the practices of our educational institutions perpetuate isolation. New assumptions must be created to promote access and equality for students with learning disabilities. True inclusion, where students with learning disabilities are fully included in the general education classroom, can help to reinforce new assumptions.

Keywords Special education policy · Learning disabilities · Least restrictive environment · Inclusion

Introduction

Education is a microcosm of society. Historically, oppressed groups have received similar treatment in the classroom as in society. Education has been utilized as an oppressive tool to keep the powerful in a position to control others (Freire 2000, p. 55). Whether it is on the

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basis of race, ethnicity, or language, exclusion from education or participation in an inferior and separate education can reinforce societal barriers. Barriers in society can impede access to public spaces, employment, healthcare, participation in civic opportunities and education. The result of the exclusion is the perpetuation of stereotypes and inequality. For individuals with disabilities, the journey to equity in education has been influenced by the same factors.

There are implicit assumptions surrounding disability in society and those assumptions are reflected in our implicit assumptions of special education. Society's assumptions are based on the medical model of disability. The medical model, which posits that disability is an inherent flaw within a person, is used as a justification for legislative decisions and initially created a public policy that favors placement in special education as a means to remedy a perceived area of weakness. This leads to the implicit assumption that special education is the only place to successfully teach students with learning disabilities. This implicit assumption is reflected in teachers' and parents' views of inclusive education, as an inclusive classroom is an environment where students with disabilities can learn outside of a special education classroom.

When questioned about inclusion, some teachers saw it as a privilege for students with disabilities to be included with their peers in the general education classroom (Lalvani 2013). They saw success in an inclusive classroom as a result of physiological traits of the students (Lalvani 2013). This belief might absolve a teacher from feeling responsible for educating students with disabilities, consequently reinforcing the belief that some students with disabilities can only be educated in a resource room. Additionally, teachers saw inclusion as a compromise between academic and social gains (Lalvani 2013). They thought any social benefits of inclusion was a tradeoff for the skilled expertise of a special education teacher, which would be offered in a resource room (Lalvani 2013). de Boer et al. (2011) reviewed literature focusing on teachers' views of inclusion. They found that a majority of teachers had negative or undecided view of inclusion (de Boer et al. 2011). The review revealed teachers did not feel confident in their ability to teach students with disabilities (de Boer, et. al 2011). Both of these findings support the idea that students with disabilities may be entering a classroom where their teacher does not feel like they can have the most effective education. The alternate to an inclusive classroom is a self-contained special education class.

Parents may also feel like a special education classroom is the best environment to educate their children and reinforce the implicit assumption that special education is the best place for a student with a disability. A literature review discovered parents of children with disabilities "did not show clear positive attitudes. They were undecided in their attitude towards inclusive education and were not in favour when it concerned inclusion for their own child" (de Boer et al. 2010, p. 174).

The experiences and opinions of both teachers and parents reveal the assumption society has about the education of students with disabilities. Nationwide data provide a larger view of the educational environments in which students with disabilities learn. According to the *37th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*, 68.2% of students with learning disabilities spend 80% or more of their school day in the general education classroom, while 24.1% spend 40–79% of the day in the general education classroom (US Department of Education 2015). A majority of students with learning disabilities do spend their day in a general education classroom, however this number highlights that there are still students spending time in a special education classroom and reveals the implicit assumption that the special education classroom is the best place to teach students with disabilities.

In this paper, I will explore the basis for this assumption for students with learning disabilities, its manifestation in special education as well as the implications for students. Finally, I will conclude with suggestions for improvements which can transform experiences for students with learning disabilities.

The Social Construction of Disability and its effect on Public Policy

It is important to begin the discussion of public policy in terms of the prevailing conceptualizations of disabilities. The deficit-based medical model and the contrasting social construct model view disability in different ways (Andrews et al. 2000). Abberley (1987) explains the social construction of disability results in imposed barriers and oppression for individuals with disabilities. This social construction is rooted in historical contexts. As Barnes (1997) discusses, the emergence of capitalism and the rise of individualism has contributed to the manner in which disability is viewed today (Barnes 1997). The resulting oppression is experienced through “social, financial, environmental and psychological” means (Abberley 1987, p. 17).

The dichotomy established in social construction of disability is ableism and disablism. Ableism is the favoring of normative abilities and is utilized to justify discrimination against individuals with disabilities (Wolbring 2008). Ableism results in paternalism which:

...enables the dominant elements of a society to express profound and sincere sympathy for the members of a minority group while, at the same time, keeping them in a position of social and economic subordination. It has allowed the nondisabled to act as the protectors, guides, leaders, role models, and intermediates for disabled individuals who, like children, are often assumed to be helpless, dependent, asexual, economically unproductive, physically limited, emotionally immature, and acceptable only when they are unobtrusive (Hahn 1986, p. 130) cited in (Campbell 2008)

The amalgamation of ableism and the medical model is special education practices that perpetuate the oppression experienced by individuals with disabilities. The higher percentage of individuals with disabilities experiencing poverty (DeNavas-Walk and Proctor 2015) as well as increased unemployment (U.S. Congress 2014) is a result of oppression. Of particular importance to the field of special education is the educational policy created at the federal level. It is through the lens of the flawed medical-model that we explore the manner in which contemporary special education is operating; applying the social-construction model will allow us to create solutions.

Re-Framing Disability and Creating a New Model of Special Education

The deficit-based model of disability presumes that a disability is a problem that needs to be fixed within an individual. When public policy, such as IDEA, is created in response to this model, the resulting implementation should change the negative assumptions. In the medical model students are diagnosed and receive services to ameliorate a deficit. Special education is used as the tool that fixes the deficit. When disability is viewed through the social construction paradigm, which is the environment disabling an individual, the resulting services begin to look differently. The question is not, how can we fix a disability, but how can we make our classroom environments a place where all students can learn, regardless of their need. In evaluating current practices that seek to change special education it is imperative to identify the components that promote inclusive practices. The abolishment of labels, effective teacher preparation programs, authentic assessment and evidence-based instruction might help create

truly inclusive settings. These components could improve the way special education services are delivered and change the assumptions underlying the current system. All students, regardless of ability, become students worthy of individualized attention in the general education classroom. New practices might eventually change the assumption that special education is necessary to ameliorate a perceived deficit.

Historical Trends

Before a new structure for special education can be unveiled, it is essential to examine the current and past legislation and litigation to deduce the effectiveness of special education in its current form. Historically, Americans with disabilities have faced exclusion in education (Yell et al. 1998). Beginning with the outright refusal of education to the more nuanced exclusionary practices of special education, public policy and legislation reflects societal perceptions of individuals with disabilities.

An example of this discrimination in litigation is *Beattie v. Board of Education* (1919). The Board of Education petitioned for a student with a disability to be prohibited from attending school with his peers. The courts agreed on the basis of the student's presence being a distraction to his peers and teachers, consequently impeding their education (Yell et al. 1998). *Beattie v. Board of Education* along with other litigation in the early twentieth century focused on the exclusion of students with disabilities. Unfounded justifications such as being a detriment to other students and an inability to benefit from education were used to continually isolate students in separate schools. This particular litigation aligns with the medical model of disability. If the flaw is within the student, then the burden is on the individual. In the case of *Beattie v. Board of Education*, the court concluded that other students should not be adversely affected because of a student with a disability. If these cases were to be examined through a different lens, then the environmental barriers and perceptions of others become apparent as the exclusionary force.

An important advancement in equality for students and a shift in the rational from the early twentieth century was the ruling in *Brown v. Board of Education* in 1954. This landmark legislation marked the beginning of a time of great change in America. The Civil Rights Movement, then in its early stages, created social and legislative transformations. The social change in America in the 1960's is mirrored in policy. The Civil Rights Act and Voter's Rights Act are two examples of the manifestation of social unrest across the country. Legislation serves as the legitimization of organized movements of citizens seeking change and the newly formed Disability Rights Movement would use similar methods to end marginalizing practices.

As the Civil Rights Movement continued to demand equality, individuals with disabilities and advocates pushed for inclusion. *Brown v. Board of Education*, which struck down the clause of "separate but equal," is perhaps most relevant to the formation of the policy regarding special education. The court ruled that "separate" is inherently unequal. Regardless of this ruling, special education, since its inception, has been characterized by separation. The Disability Rights Movement lobbied for access to end separation and successfully influenced the passage of the Architectural Barriers Act of 1968 and Section 504 of the Rehabilitation Act of 1973 (Raffa 1985). Access to education was guaranteed on the federal level in 1975 when Congress passed the Education for All Handicapped Children Act (PL-94-142) (Zettel and Ballard 1979). The law, mandating access to education for school-aged children, was the accumulation of litigation and advocating by grassroots organizations.

The first catalyst in the creation of PL-94-142, The Education of the Handicapped Act (EHA) was *Pennsylvania Association for Retarded Citizens (PARC) v. Pennsylvania*. This case, which questioned the exclusion of students with intellectual disabilities, was a victory for the Disability Rights Movement (Yell et al. 1998). Not only were students guaranteed an education, but it was also determined their education should be with their peers. Similarly, in *Mills vs. Board of Education of the District of Columbia*, the court mandated that all students, regardless of disability, should be afforded an education (Haring 1975). The similar vein in both cases is equal protection for individuals with disabilities. An important note to emphasize is education was designed to be an inclusive endeavor. Both decisions mandate students with disabilities to be educated within the general education classrooms to the fullest extent possible. This translated in PL-94-142 to the concept of least restrictive environment (LRE). Special education was not designed to be an exclusionary place. The framers of EHA promoted inclusion for students with disabilities. From the inception of contemporary special education, individuals with disabilities, legislators, and advocates encouraged students to receive services within an environment with all of their peers. The implicit assumption was that special education was a service, not a place. If special education would have a place it would be within the general education classroom.

In the forty years since EHA, the legislation has been revised and renamed; however, the aims have not strayed from the original version passed in 1975. More inclusion, including representation in statewide assessments, has been highlighted in the reauthorization in what is now titled the Individuals with Disabilities Improvement Education Act (IDIEA). Emphasizing these inclusive practices for students with learning disabilities is possible through better implementation of the law.

Access to a free, public education is directed by federal and state legislation in the United States. Beginning with the EHA (PL-94-142) in 1975, legislation has dictated eligibility for special education services. Following with reauthorizations in 1990, 1997, and 2004, IDEA has shaped the way special education should be enacted in schools. In its latest reauthorization, Individuals with Disabilities Education Improvement Act (IDEIA) has seven principles (Grigorenko 2008). Of most importance to access to education are the principles of Least Restrictive Environment (LRE) and Free and Appropriate Public Education (FAPE). The goal of LRE is to assure that students with disabilities are educated with their peers. The language of IDEA promotes inclusion and consequently a commitment to the destruction of barriers placed by exclusionary practices. When students are afforded an appropriate education with their peers in the least restrictive environment they are being prepared for a future of inclusion. Both concepts, LRE and FAPE, are the cornerstones for placement in special education. Policy makers saw the importance of including students with learning disabilities in the general education classrooms and crafted policy to promote these practices.

Special education legislation has evolved. There is much to be applauded during this time period and students with learning disabilities have benefited from these advancements. Students with learning disabilities should now be included to the greatest extent possible with their peers. The evolution of public policy has positively affected students, however, there is much work that needs to be completed to move towards the socially-constructed definition of disability and its manifestation in the classroom. Movement away from the medical model may result in a completely inclusive classroom where labels of disabilities are not needed for access to curriculum. A curriculum that does not pathologize disabilities would look at the individual need of students. Teacher recognition of the unique needs of every learner can meet the individualization created by an IEP. The same

attention that is afforded to IEP goals can be redirected towards establishing learning objectives for every student in the classroom, not solely for students with disabilities.

Questioning Implicit Assumptions

Somewhere between drafting and implementation, the idea of special education being inclusive has been blurred for students with learning disabilities. Years of legislation that pathologized disability have created a special education system that responds to disability in a negative manner. Current special education practices are a result of legislation that favored a disability label as a means to access specialized curriculum. Within this system lie implicit assumptions about what works for students with learning disabilities. To remedy some of the systemic issues within special education we must question these implicit assumptions.

For many students with learning disabilities, special education is a place. Whether it is a resource room they visit during reading or math instruction or a fully isolated classroom, the inclusive and least restrictive tenants of the early legislation of the Disability Right Movement have been clouded. Most educators would agree that special education can positively impact students, a closer examination of student outcomes raise questions regarding this assumption. Reduced rates of graduation and deleterious academic and socio-emotional effects for individuals receiving special education services question the efficacy and appropriateness of the structure of special education (Lackaye and Margalit 2006; U.S. Department of Education 2014). Have we lost the inclusive nature of EHA and the early leaders of the Disability Rights Movement and moved even closer to the medical model of disability within schools? In order to answer this question, a review of the literature is necessary to determine trends in special education as it pertains to students with specific learning disabilities. Specifically, graduation trends might reveal the effectiveness of preparing students for post-secondary education and employment. To determine the manifestations of special education in individual students, the stigma of enrolling in services will be reviewed. The resulting conclusions point to a solution which includes special education services that are fully implemented within a general education classroom.

Graduation Rates for Students with Disabilities

Completion of high school is considered the measure of successfully navigating primary and secondary curriculum. A high school diploma is necessary for most employment as well as admission to post-secondary institutions. As students with learning disabilities comprise 35% of students receiving special education services, the largest percentage, an analysis of the graduation rates for all disability categories can reveal trends for students with disabilities (Kena et al. 2015). The following analysis will include information for all students receiving special education services.

Data from 2012–2013, reveal labor force participation of high school graduates to be 74.2%, while individuals who did not finish high school had a labor force participation of 42.9% (Bureau of Labor Statistics 2014). Additionally, students who do not finish high school have diminished employment outcomes and lowered wages (Campolieti et al. 2010). For students completing school and immediately seeking employment it is imperative to possess a diploma to be competitive in the job market. Other students may choose

to attend a post-secondary institution, where a sound educational foundation from high school is essential. The importance of a high school diploma is evident and it is necessary for students with disabilities to attain this degree.

One way to measure the success of individualized, special education programs would be examining the graduation rates. If special education services are designed to provide efficacious instruction then the graduation rates of students with services and those without services should be similar. During the 2011–2012 school year, the national graduation rate was 81% (Kena et al. 2014). The graduation rate for students receiving special education services was lower with a rate of 63.9% (U.S. Department of Education 2014). Of these 63.9 only 39.6% graduated with a standard high school diploma (U.S. Department of Education 2014). A review of the National Longitudinal Transition Study–2 (NLTS2) data revealed that 75% of students with learning disabilities are completing high school, still lower than the national rate (National Center for Special Education Research 2005). While students receiving special education services are graduating at lower rates, they are leaving school before completion at higher rates than their peers in general education. In the 2011–2012 school year 20.5% of students with disabilities left high school before finishing (U.S. Department of Education 2014). The same year, the rate for students not receiving special education leaving high school early was 7% (Kena et al. 2014).

It is important to note that some of the causes of lower graduation rates for students with disabilities may be a result of a student's disability and its impact on academic performance. However, assuming that disability is the sole cause of the discrepancy between graduation rates for individuals with disabilities and their peers without disabilities may be ignoring the complexities of navigating school as a student with a disability. Stigma felt by students receiving special education services and their teachers' perception of their abilities may all contribute to the lower graduation rates (Lackaye and Margalit 2006; Shifrer 2013). Additionally, without questioning other factors contributing to lower graduation rates the field may become complacent in its current functioning.

When examining students who did not complete high school, students with learning disabilities had diminished outcomes. Those students had higher rates of arrests, lower social skills, and had more problems with teachers compared with students who had completed high school (Doren et al. 2014). While students who did not complete were enrolled in high school, they were less likely to be included in general education classes and had parents who were not involved in IEP meetings than students who completed high school (Doren et al. 2014).

Academic difficulties also can contribute to leaving school early for students with disabilities (Zablocki and Krezmien 2013). When asked for the reasons for leaving school, students with learning disabilities attributed academic difficulties, caused by their disability as problematic and the cause of early departure (Scanlon and Mellard 2002). A review of the characteristics of students with disabilities leaving school before completion found many risk factors. Student engagement, grade retention, and suspension were all predictors of leaving school before completion (Zablocki and Krezmien 2013). The sum of the determined risk factors and student reported reasons for leaving school before completion can be divided between two categories: environmental impact and academic achievement. Both categories affect students with disabilities disproportionately and affect a student's ability to complete high school.

Again, the efficacy of special education must be examined. Does an individualized education plan enable students to learn to their fullest potential? When held to the same standards as their peers without disabilities, students with disabilities are not performing at the same rate and this is manifested in a lower graduation rates for students with

disabilities. The environment in which students are learning has an impact on their probability of graduation. The stigma of being excluded and labeled could impact a student's perception of their ability (Lackaye and Margalit 2006) and this could effect their completion of the necessary coursework to graduate on time with a standard diploma.

Students with disabilities who are successful in completing high school encounter greater challenges in their post-secondary experiences. A longitudinal review of the transition of students with disabilities in the late twentieth century disclosed troubling trends. When students with disabilities graduate from high school their rate of employment was lower than their peers (Blackorby and Wagner 1996). After 2 years, 14% of students with disabilities had enrolled in post-secondary education institutions whereas 53% of students in general education classrooms were attending universities and colleges (Blackorby and Wagner 1996). Additionally, students with disabilities were less likely to have residential independence (Blackorby and Wagner 1996). Nearly twenty years later, many of the same troublesome trends remain for students with disabilities. Data revealed the same gap in employment, post-secondary enrollment, and functional skills between students with disabilities and students without disabilities (Wagner et al. 2006). Researchers also found a difference in achievement in language arts, math, science, and social studies (Wagner et al. 2006). All of these outcomes highlight the fact that special education is not fully educating or preparing students for post-secondary life.

The graduation rates and post school outcomes for students receiving special education services prove that the current implicit assumptions, created from a manifestation of the medical model, are not benefiting students with disabilities. To improve the educational experiences for students with disabilities they must be educated in the least restrictive environment with their peers. Currently 68.2% of students with learning disabilities are educated 80% or more of their day in the general education classroom (Department of Education 2015). When the benefits of inclusion are considered (Tremblay 2013; Cosier et al. 2013), it is worth considering increasing this percentage.

Stigma

The academic outcomes of special education are manifested in graduation rates as well as the number of students leaving school before completion. There are additional effects of enrollment in special education for individuals. The stigma felt by students with disabilities has been examined (Lackaye et al. 2006; Lackaye and Margalit 2006); however, the extent to which the process of being labeled affects each individual student may never be known.

Lackaye and Margalit (2006) explored the stigma of disability by comparing disability classification and student achievement. An interesting phenomenon occurred when students were grouped and compared by both disability and academic achievement. Students were divided in two groups: those with disabilities and those without disabilities. They were then grouped by academic achievement. Students with learning disabilities with high achievement had similar socio-emotional profiles as students without disabilities who achieved in the low–low average range (Lackaye and Margalit 2006). The “students with LD had lower grades in all the reported subjects, invested less effort in their studies, and conveyed decreased academic self-efficacy, lower sense of coherence, less positive mood, and reduced hope” (Lackaye and Margalit 2006, p. 140–141). Students with learning disabilities also had lower levels of social self-efficacy (Lackaye et al. 2006). Low levels of hope and a negative mood were also reported from students with learning disabilities (Lackaye et al. 2006). These results suggest that the experiences of the students with disabilities within special education may have shaped their view of their ability. Even

when academic achievement was measured as high, students with disabilities felt as if they did not reach appropriate milestones. Their profiles matched those students who had low academic achievement. Students with disabilities with high achievement had perceptions regarding their competency in school that translated to their general well-being as their mood and levels of hope were negatively affected. The stigma may have effects beyond the classroom and beyond adolescence and could have an impact on the student's life beyond the educational institution.

In addition to feeling stigmatized by a label and subsequent placement in special education, students with disabilities can also encounter bias from their teachers. It is important for students to be perceived in a positive manner by their teachers (Hamre and Pianta 2001). Students with disabilities do not always have this experience with their teachers. Compared with similarly achieving peers without disabilities, teachers have reduced expectations for students with disabilities (Shifrer 2013). Specifically, teachers and parents both held lower expectations for students with disabilities obtaining a bachelor's degree (Shifrer 2013). A label of a disability also affects the way teachers view behavior. The disability label alone can produce a lower rating of a student's behavior (Allday et al. 2010). For example, students receiving services due to an ADHD diagnosis can reduce a teacher's confidence and can produce a negative reaction from a teacher (Ohan et al. 2011). Woodcock and Vialle (2011) found that even at the preservice level the institutional biases against students with disabilities are already present. They discovered a diagnosis of a learning disability predicted teachers would have lower expectations of the student's ability (Woodcock and Vialle 2011). The amalgamation of teachers' perceptions and a student's self-efficacy can have negative effects on education, leaving feelings of inadequacy.

It is necessary to question the logic of an education system where teachers hold lower expectations for students with disabilities. The education system should be decreasing the impact of disability on a student's academic performance, not exacerbating it. A student could associate a failure to complete assignments or preform on an assessment to their own disability thus frustrating the student and leaving them with a feeling of hopelessness. A teacher should be counteracting that feeling of frustration and raising students' confidence in their ability. If that teacher has lowered expectations because of a disability label then they are not working to de-stigmatize special education, they are contributing to the stigma.

Creating New Assumptions

When questioning the implicit assumptions in special education placement for students with learning disabilities there is evidence and many perspectives to examine. The assumption is that separate curriculum in a separate environment would allow for individualized instruction from a specially trained educator and this individualized instruction would help ameliorate learning impediments. As logical as this model appears, the framers of the Disability Rights Movement petitioned for *access* not exclusion. The current special education model could promote more access to the general education classroom and consequently change the implicit assumption that students with learning disabilities should be educated in an environment separated from their peers.

In order to address lingering considerations surrounding the redefinition of special education we must address some fundamental issues. First, we posit how can special educators provide access to the general education classroom without sacrificing the

evidenced-based practices utilized to teach their students? How can we move away from the decreased outcomes present in special education? Two already implemented solutions are inclusion and Response to Intervention (RTI), however, another more abstract solution is the reframing of disability and special education within schools. In moving away from the medical model of disability, educators can examine barriers that are present when educating students with disabilities in the general education classroom.

Inclusion

One of the tenets of the Disability Rights Movement that was reflected in the PARC and Mills decisions was inclusion. When lobbying for access to education, inclusion was defined as learning with peers. In the United States today, 68.2% of students with learning disabilities are receiving special education spend 80% or more of their day in the general education classroom (U.S. Department of Education 2015). More than half of students with learning disabilities are spending a majority of their day in general education. To date, there has yet to be a randomly-assigned research design with a control group to measure the effects of inclusion on students with learning disabilities. The following studies, while not definitive and not compliant with all of the rigors of a randomized study, highlight some benefits of inclusion.

There are educational and social gains when students are included in the general education classroom (Cosier et al. 2013). When elementary students with learning disabilities were educated in an inclusive classroom they had higher reading and writing scores than students educated in a self-contained classroom (Tremblay 2013). These trends continue to middle school; 8th grade students with learning disabilities in inclusive settings had significantly higher scores in math academic achievement tasks and self-concept (Fontana 2005). Rea et al. (2002) compared the academic performance of eighth grade students with learning disabilities in resource classrooms with their peers in inclusive settings. Students in inclusive settings earned higher grades in math, science, social studies, and language arts (Rea et al. 2002). Additionally, students in the inclusive classroom had fewer absences than their peers in the resource room (Rea et al. 2002). Another study explored students with disabilities and their performance in the resource room compared with their scores after they had transitioned to an inclusive setting. Students scored higher in reading and math when they were educated in an inclusive classroom (Hang and Rabren 2009).

The concept of inclusion extends beyond the physical placement in a classroom with students without disabilities. Inclusion encompasses the entire educational experience, including opportunities to choose courses. The courses completed in high school can have a direct impact on an individual's future. College preparatory classes establish the fundamental skills necessary in post-secondary institutions. Exclusion from college preparatory classes can limit post-graduation plans. Students with learning disabilities complete less course work in math, science, and social studies than their peers without a learning disability classification (Shifrer et al. 2013). Further, "only 4% of students labeled with an LD completed all college preparatory courses, compared to 38% of their peers" (Shifrer et al. 2013, p. 675). Students with learning disabilities completed fewer foreign language credits than students without disabilities. Seventy-nine percent of students without disabilities completed foreign language courses, however 26% of students with learning disabilities completed foreign language courses (Shifrer et al. 2013). A truly inclusive education would not only include students with disabilities but would also offer those students the same opportunities as their peers. Promoting full inclusion in educational settings could help to change the medical model where difference is viewed as a deficit.

Response to Intervention

It may be helpful to reflect upon a current example of an intervention in the general education classroom to serve as a guide for full inclusion. The implementation of Response to Intervention (RTI) is a contemporary example universal screening for all students in the general education classroom.

RTI was proposed as a measure to determine a student's eligibility for special education services. When a student is not meeting the same educational milestones as their peers and possible causes are ruled out using research-based interventions, the following assumption is that the cause of the perceived impairment is a disability. If a student is suspected of having a learning disability, other influences like economic or environmental factors cannot be the cause of the student's progress (Individuals with Disabilities Act). This language, added in the 2004 revision of IDEA, was prompted by the overrepresentation of African American students in high incidence disability categories, as well as an increase in the number of students receiving services under the learning disabilities category (Ciolfi 2011; Shifrer et al. 2011). Systemic biases in schools can be one of the reasons for the disproportionality in high incidence disabilities and RTI can be a remedy to this problem (O'Connor and Fernandez 2006).

In addition to serving as a mechanism to decrease inappropriate referrals, RTI is also a means to serve the greater student population. RTI was, as Ryan in his article *Poverty as Disability and the Future of Special Education Law*, to be an expand-to-reduce approach (Ryan 2013). The proactive nature of RTI is a stark contrast to the wait to fail model of special education referral. Instead of waiting for an individual to fall behind, RTI offers scientifically- based interventions. The traditional evaluation process can take a long time; between referral, cognitive testing, and obtaining self and parent evaluations, the time between referral and commencement of services can be a lengthy time during a crucial window in academic development. Reconceptualization of eligibility processes can lead to a reconceptualization of service delivery.

RTI is comprised of three tiers. In tier one universal screening is implemented. Also included within tier one is school-wide positive supports and quality instruction (Reschly 2014). In tier two, students would receive specialized, data driven instruction within the general education classroom. This instruction can be delivered in small groups or individually. Approximately 10–15% of students will need support in tier two (Reschly 2014). After an established period of time, decisions must be made regarding a student's progress in tier two. In some models of RTI tier three does not include special education classification. In these models, tier three can be added resources or services that are offered for a greater duration (Reschly 2014). Other models of RTI assign tier three as a special education referral (Reschly 2014). However it is important to note that, "information from tiers I and II is essential, but not sufficient, to meet the legal requirements both to determine special education eligibility and to diagnoses SLD" (Reschly 2014, p. 48). The important consideration in RTI is to ensure the aforementioned sufficient conditions are met; otherwise RTI can be a continuation of the discrepancy-based model. One method to reduce inappropriate referrals is to use culturally responsive interventions. In an effort to curtail the past disproportionality of the learning disability category, educators must be cognizant that they are implementing applicable interventions (Klingner and Edwards 2006). As stated in the LRE clause, students should be educated with their peers to the most possible extent. RTI begins the process in the least restrictive environment.

There is some evidence that RTI can be effective for improving outcomes for students (Spencer et al. 2015). In particular, a tier 2 intervention was found to improve language skills of preschoolers and has demonstrated success in remediating reading scores for at-risk students when compared to a control group (Fuchs et al. 2008; Spencer et al. 2015). Researchers reviewed the use of RTI and found that the number of evaluations and consequently cost of evaluations for the district decreased (Van Der Heyden et al. 2007).

RTI has initiated a conversation about student achievement, its link to instruction, and the construct of disability. RTI has a unique opportunity to change the deficit-based process of special education classification. The primary assumption in RTI is not a student's deficit, but rather a concern with ineffective instruction. As students move through tiers they receive evidence-based interventions. The underlying premise is not in a student's inability to learn, but the instructional tool not producing the desired effects. This is a powerful change in thinking for the teacher, student, and parent. Teachers may feel empowered to help students grow instead of viewing the disability as an insurmountable obstacle. The general education teacher could retain responsibility for the student's learning instead of waiting for a consensus from the child study team. Parents and students might view RTI as a natural progression in a student's educational plan instead of a departure from the projected design.

While RTI has started the conversation around the delivery of special education services, it still can perpetuate the implicit assumptions that special education has created over the past fifty years. The implicit assumption is that at some point in the spectrum of special education services, students with disabilities should be separated from their peers. Within academia, there are different perspectives of the construction and role of RTI. While one group sees special education as an integral part of RTI, often referred to as Tier 3, another believes that "special education should no longer "own" a separate tier within...[special education] should not be permitted stand alone status" (Fuchs et al. 2010, p. 306). It is necessary to remove the stand-alone status in RTI. If tier 3 remains as a placement in special education, especially a placement outside of the general education classroom, the current stigmatizing effects of special education could remain. RTI may be the first step in the move away from special education and towards a fully inclusive educational environment for students with learning disabilities.

Conclusion: Redefining Special Education

If the current state of special education is not sufficiently serving students with learning disabilities, a change within the system needs to be implemented. A radical but necessary transformation to special education services for students with learning disabilities is the *full* inclusion of special education and general education classrooms. To some extent, the inclusion of students with learning disabilities in the general education classroom began in the late twentieth century; however, the inclusion that is needed to induce permanent change is yet to be present in schools. The current system, "in fact, the actual existence of special education programs that serve children with a variety of labels...is predicated on the inability of regular schooling to control effectively the disruptive interruptions of these bodies that appear impervious to the rigid demands for conformity and rationality in schools" (Erevelles, 2000, p. 34). In changing special education, we are changing the message we send to students with learning disabilities about their position in schools. The new message is one of acceptance and acknowledgement of disability as a natural part of

our society. Including students with learning disabilities fully in general education classrooms can be part of the remedy. To create true inclusion there needs to be a change in the way students are identified as eligible for services as well as a transformation within the classroom.

True inclusion in general education could begin with the termination of labels as a means to access services. As previously reviewed, labels create a stigma for individuals with disabilities. Labels also affect the standards educators hold for students as well as their perception of the student's behavior. In order for students with learning disabilities to enter into the classroom and have the same opportunities as their peers they would need to learn without the burden of a label. Without a label, a student with a learning disability is another student who can benefit from curriculum and enrichment from their teacher. The once associated stigma is reduced when students perceive their academic status in the classroom as equivalent to their peers.

There are many practical arguments to be considered when discussing the termination of labels and there is certainly some anxiety surrounding the protection a label affords. Primarily, a diagnosis of a learning disability provides students with services unavailable to the greater student population. During instances when students are not being given the appropriate educational supports, the label and support of IDEA is very powerful; some students and parents may feel reluctant to change the current special education system. To assuage anxiety we must address the necessary changes in the classroom and within public policy that would protect all students. The questions remain, how does a school ensure the same specialized, data-driven instruction for students with learning disabilities in a general education classroom? How does the student receive attention from a trained special education teacher in a setting with an increased number of students?

The obvious, yet complicated, answer to these questions is to provide individualized instruction for *all* students regardless of a learning disability. One way to achieve this is to utilize evidence-based practices in the classroom. The initial push for implementing evidenced-based practices in classrooms originated in both IDEA and No Child Left Behind (Detrich and Lewis 2013). Evidence-based practices serve as a mechanism to steer teachers in their instructional decision-making. With resources like *What Works Clearinghouse*, teachers have access to scientifically based instructional methods. These resources empower teachers and those who develop curriculum to choose interventions that meet the needs of their students. When all students are included in the general education classroom the instructional decision-making will need to be differentiated for each learner. By utilizing universal design for learning (UDL), teachers can reach each student in a manner that will help them to be successful. UDL “expands content accessibility by meeting the unique needs of students with varying backgrounds, styles, and abilities. Alternative instructional methods are used to remove the barriers to student learning inherent in the typical high school classroom” (Kortering et al. 2008, p. 353). The tenets of UDL, expression, representation, and engagement (Spencer 2011) can be achieved through technology. Students with learning disabilities can use technology in the classroom to improve their written expression and reading (Cullen et al. 2013; Silio and Barbetta 2010). A general education classroom that removes barriers and encourages academic development for all students is strengthened by the tenets of UDL.

Another important component in creating a general education classroom where students with disabilities are successful is meaningful and authentic assessment. Students with disabilities are not performing at the same rate as their peers without disabilities on standardized assessments (Albus et al. 2015). Constant progress monitoring can give teachers valuable information regarding their instruction and student learning. In schools,

progress monitoring examines student learning or social skills (Hughes and Dexter 2011). Educators may choose to use curriculum-based measures when they are monitoring student progress. When implemented with fidelity, progress monitoring can help in educational decision-making (Christ et al. 2012). Additionally progress monitoring can be helpful during standardized testing as it can predict performance on state assessments (Espin et al. 2010). Since modifying and reviewing curriculum based on student assessment is vital to evaluating student learning, conducting progress monitoring for students with learning disabilities can be beneficial for teachers in the general education classroom. In addition to progress monitoring, the inclusion of students with disabilities in summative assessments promotes equity. Congress saw the importance of this inclusion when “the Department’s Blueprint for reform additionally promised to include SWDs [students with disabilities] in new interim and summative assessments that more accurately and appropriately measure academic proficiency through incorporation of UDL principles” (Weigert 2012, p. 26). When SWDs, students with disabilities, are included in assessment, the implicit assumptions may start to shift.

An additional necessary component in the true inclusion for students with learning disabilities is teacher preparation. For teachers to feel confident in their ability to teach all students, a change in teacher preparation programs should be implemented. The categorical nature of teacher certification, as it pertains to the special education and general education dichotomy, could be deconstructed. All teachers should be knowledgeable in differentiating instruction and prepared effectively by their university program. A change in university curriculum for pre-service teachers could be the first step in changing the current structure of special education. By preparing knowledgeable teachers, universities can begin to change the way the teachers perceive special education. Instead of sending students with disabilities to special education classrooms, general education teachers may feel confident in applying their methodology to help their students learn. If there is an inherent shift in the thinking of general education teachers, students with disabilities may be thought of as their students, their responsibility. Preparing the general education teacher not only makes them better practitioners but also better collaborators. In an inclusive environment the more efficacious general education teacher becomes a partner with the special education teacher in differentiating and delivering quality instruction.

Abolishment of labels, evidence-based practice, authentic assessment, and teacher preparation may contribute to a new, truly inclusive educational environment. The importance of implementing a new place for special education in creating new assumptions is twofold. Primarily, the fully inclusive general education classroom can create a practice that the framers of the Disability Rights Movement had envisioned. Services begin within the general education classroom; students do not feel stigmatized by an evaluation process that occurs outside of the context of their classroom. From the onset, students will be receiving services with their peers. Furthermore, a fully inclusive classroom questions the basic assumption that special education is a place where children must go to be educated. Special education should be fluid support.

The implicit assumptions in the current special education system are that disability is pathologized and should be eradicated and that process should unfold in a separate environment. By questioning these implicit assumptions we uncovered some of the unintended effects of the current system. Lagging graduation rates, increased drop-out rates, and stigma felt by students with disabilities all highlight the need for change. This change may be guided by new implicit assumptions: the acceptance of disability through the recognition of societal imposed barriers and an end to separation within educational environments. One method to reinforce these new assumptions is to implement a policy of true

inclusion in our schools. Beginning with the termination of labels, every student will benefit from evidence-based practices. When students need differentiation to successfully apply a concept, their teachers will recognize their needs. Teachers will be better prepared to adapt to student need from a renewed focus in their teacher preparation programs. The path to true inclusion will be arduous, but the expected benefits for individuals with disabilities may be worth the discomfort of change.

The ideal of creating environments where students' needs can be met seems utopic. Practical considerations, including funding for interventions, professionals, and other resources, have to be made. Revisions to teacher certification programs would need to be implemented along with modifications in professional standards. Proper communication to students and their families would be necessary to alleviate the stress of adjusting to a new educational environment. The institute of special education has operated in the same manner for many years and changing the structures would be radical transformation. The result of the utopic plan might be empowering a group of individuals who have been historically marginalized.

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