The integration of handicapped and nonhandicapped children at the preschool level: a challenge for the field

Julie Lynn Grimstad

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THE INTEGRATION OF
HANDICAPPED AND NONHANDICAPPED CHILDREN
AT THE PRESCHOOL LEVEL:
A CHALLENGE FOR THE FIELD

by

Julie Lynn Grimstad

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This research paper has been
approved for the Graduate Committee
of Cardinal Stritch College by

Sister Jeanne Marie Kelchow
Adviser

March 1, 1991
Date
A special thank you...

To my husband Paul, for creating a loving and supportive atmosphere at home, making it possible for me to focus on my studies, I thank you.

To Sister Joanne Marie, for advising me along the way and being a positive influence, I thank you, too.
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CHAPTER 1

Introduction

In 1975, The Education of All Handicapped Children Act (Public Law 94-142) was enacted. This law required states to provide a free and appropriate public education to handicapped children between 6 and 17 years of age. Because nonhandicapped preschool age children were not required to attend school, the law could not guarantee programs for handicapped preschoolers. Some states, including Wisconsin, chose to include services for children ages 3 to 5, but many did not.

It is the intent of the Handicapped Act Amendments of 1986 (Public Law 99-457), to mandate preschool special education, thus fulfilling Public Law 94-142's original intent. With this mandate come new challenges. One such challenge is carrying out preschool services in the "least restrictive environment" which is the language of the law. What is the least restrictive environment for a handicapped preschooler?
Nonhandicapped preschool-age children can attend a variety of settings prior to entering kindergarten. Child care centers, home child care, and community preschool programs are common options for families of nonhandicapped children. Children identified as having exceptional educational needs, however, are typically removed from these kinds of settings and placed in early childhood special education programs in order to receive the needed early intervention. With all the benefits early childhood special education preschools can offer young handicapped children and their families, one very important component is often missing; the opportunity and right to play and learn with nonhandicapped children. Logistics between special education preschool programs and regular preschool settings create barriers between handicapped and nonhandicapped children.

**Purpose of the Study**

The purpose of this study was to examine the effects of integrating handicapped children with their nonhandicapped peers and to develop an understanding of the complexity of implementing such a plan. It was not
the intent of this paper to downplay the benefits that early childhood special education programs currently provide to handicapped preschoolers, but rather to explore options for creating integrated opportunities/programs.

**Scope and Limitations**

The present study focused on the integration of handicapped and nonhandicapped children. Research was limited to the preschool child, 3 to 6 years of age. The handicaps of children reported in the research varied, ranging from mild to severe.

**Definitions**

For ease of understanding, the following definitions were included as they apply to this research paper:

**Free-Play**: A play time in which children make their own decisions for what they will do, who they will play with and for how long. Adults do not typically participate unless there is potential danger. Special educators may use some form of structure during a free-play period but this would be considered an
intervention strategy. Free-play, by itself, is a child-directed form of play.

**Integrated Preschool:** Preschool programs that provide an appropriate educational program for handicapped and nonhandicapped children. These programs provide therapeutic services to handicapped children as well as a stimulating program for all children. Ratios of handicapped to nonhandicapped children vary.

**Least Restrictive Environment:** An environment in which the handicapped child can benefit from optimum special education and related services, as stated in their individual education plan, while being in the most normal setting as possible. This means to educate handicapped children with their nonhandicapped peers as much as possible.

**Mainstreamed Preschool:** Preschool programs that primarily serve nonhandicapped children with the addition of handicapped children. There are typically more nonhandicapped children than handicapped. Handicapped children may be partially mainstreamed for
only part of the day, or fully mainstreamed meaning that they remain in the classroom the whole time and are assisted within the classroom.

Mainstreaming/Integrating: In this paper these two terms can be used interchangeably. They both shall refer to the process of facilitating meaningful interactions between handicapped and nonhandicapped children.

Reversed Mainstreaming Programs: Preschool programs that primarily serve handicapped children with the addition of some nonhandicapped children to act as role models. Although the ratio of handicapped to nonhandicapped children may vary, there are typically more handicapped children than nonhandicapped children.

Summary

Early childhood special education is facing new challenges following the enactment of Public Law 99-457. Exploring ways of servicing young handicapped children with their nonhandicapped peers is one of the more challenging and exciting trends for the future. A
review of the inherent benefits and complexities of such a service model was the focus of this research.

Definitions of debatable terms were provided for better communication with the reader. Chapter 2 reviews the research on integration: its ingredients and implementation. Through awareness of these issues, those in decision-making roles will better be able to set up effective intervention programs designed to meet the needs of families and handicapped children in the future.
CHAPTER 2

Philosophical Concepts

In order to appreciate the review of research on the integration of preschool-aged children, the reader must have an understanding of the major philosophical concepts which have emerged in special education. These concepts continue to have a major impact upon special education practices for the children it serves.

Mainstreaming and Integration

Public Law 94-142 mandates that "to the maximum extent appropriate, handicapped children... are educated with children who are not handicapped" (Education for All Handicapped Children, 1975). This is known as the least restrictive environment principle, and its implementation is referred to as mainstreaming (Bailey, Jr, & McWilliam, 1990).

The terms mainstreaming and integration both refer to the combination/coming together of handicapped and nonhandicapped children. McLean & Hanline (1990) refer to mainstreaming as "the placement of children with disabilities in programs where the primary focus is to
serve nonhandicapped children" (p. 63). Kaufman, Gottlieb, Agard, and Kukic (1975) offer a more extensive definition of mainstreaming:

Mainstreaming refers to the temporal, instructional, and social integration of exception children with normal peers based on an ongoing, individually determined, educational planning and programming process and requires clarification of responsibility among regular and special education, administrative, instructional, and supportive personnel (pp. 40-41).

Kaufman et al. (1975) go on to say that "successful" mainstreaming entails more than the mere placement of handicapped children in the regular classroom environment. First, integration of handicapped children must occur. This means that a handicapped child must spend a meaningful amount of time with nonhandicapped peers within the classroom setting, the child must be socially integrated, and must be instructionally integrated. Regarding integration, Kaufman et al. stated:

Social isolation and rejection of a handicapped individual within the regular classroom does not
reflect appropriate mainstreaming. With true integration, handicapped and nonhandicapped peers associate and interact with one another in a manner that suggests social acceptance of the exceptional pupil within that educational environment. (p.335)

A second important factor for successful mainstreaming described by Kaufman et al. is that an ongoing systematic planning process take place. This creates the specifics for the intervention needed by the child in the mainstream environment. Without any specific planning, real mainstreaming does not occur because the child is not being integrated within the setting.

Thirdly, effective mainstreaming demands clarification of responsibilities among all staff involved in the child's programming. This includes administration, special education teacher/s, regular education teacher/s, and supportive personnel.

Integration, then, is seen as a broader term referring to any kind of interaction between handicapped and nonhandicapped children. Biklen, Lehr, Searl, and Taylor (1987) refer to integration as "opportunities for the student with a disability to
have access to, inclusion in, and participation in all activities of the total school environment" (p. 12). Integration between the two populations of children can occur in many different physical settings.

Schools that house Head Start programs or other such programs for disadvantaged children can be used as an integration source. Public school kindergarten programs can be used as an integration source for 5 and 6 year old handicapped children. Children with severe handicaps can be integrated with less severely handicapped children instead of separating them due to the degree of their handicapping condition. There are "mainstreamed programs" where some handicapped preschoolers are enrolled in nonhandicapped/regular preschools. In this type of program model, handicapped children are either fully mainstreamed or partially mainstreamed depending on the child's needs and the set up of the program. There is usually a separate early childhood special education classroom available in which the handicapped preschoolers spend some amount of time. While mainstreamed programs represent the natural proportion of handicapped to nonhandicapped children in the general population, these program
options are not as available to handicapped children because public schools do not commonly have regular preschool education in their buildings.

Early childhood special education programs can enroll some nonhandicapped children to serve as "normal models" (often called reversed mainstreaming). These "integrated preschool programs" provide a more normal mix of children and abilities than segregated programs where only handicapped children are served. Integrated program models utilize one classroom as all children's needs are accounted for within its setting. In these programs more attention is focused on teacher/child ratios and other program success indicators as they are more aware of the complexities of handicapped children and their impact within a classroom setting.

**Least Restrictive Environment (LRE)**

Like mainstreaming, the spirit of LRE represents a philosophy about what constitutes an appropriate educational placement for exceptional children (Peterson, 1988). The principle of LRE comes from the legal doctrine of least restrictive alternative (LRA). This protection exists so that when government programs
are created for its citizens they can benefit from the service/s with the least amount of infringement on their individual rights (Taylor, 1988).

McLean & Hanline (1990) explain that for the school-aged population, the concept of LRE involves a continuum of service options from the least restrictive environment (regular education classroom) to the most restrictive environment (institutional or residential placement). Depending on the student's educational needs and how those needs can best be met, placement is specified as falling somewhere along the continuum of restrictiveness. Although the concept of LRE may be clear, its application to children is not. Peterson (1988) wrote, "Confusion surrounds the issue of what constitutes the least restrictive environment for individuals with various types and degrees of disability" (p.336). Smith and Strain (1988) stated that "probably no other concept in the history of special education has been more abused, misused, and confused than providing services in the least restrictive environment" (p.43). Taylor (1988) listed several "pitfalls" of LRE in relation to its
application for preschool services. The following are most noteworthy regarding this young population:

1. LRE focuses its attention to physical settings rather than to the services and supports needed for developing effective integration. Taylor goes on to remind us that the spirit of least restrictive alternative does not specify a place. Since preschool children are found in a variety of settings (i.e., home, child care centers, home child care, preschool, public school programs) it is not possible to line up potential placements as being most to least restrictive. Taylor believes there is more to providing service in a least restrictive environment than a physical placement decision.

2. Taylor believes that LRE confuses segregation and integration with intensity of services. Segregated and integrated environments can both provide intensive service. "Integrated", should not be used synonymously with "less intense".

Taylor, McLean and Hanline (1990) strongly believe that for early intervention policy development the traditional concept of LRE must be replaced with a
commitment, instead, to the concept of integration.
The concept of integration stems from the principle of
normalization which goes hand in hand with the spirit
of LRE (Peterson, 1988).

**Normalization**

The concept of normalization, according to
Wolfensberger (1972) centers on services being as
culturally normal as possible for people with
disabilities. Peterson (1988) said, "What is good for
the nonhandicapped child is of value also to the
handicapped child. Social-educational traditions and
approaches for serving nonhandicapped persons should be
the standard model for designing programs for the
handicapped" (p. 338). Vincent et al. (1981) stated:

Philosophically, integrated programs come closer to
exemplifying the principle of normalization. They
maximize the possibility that young handicapped
children will be recognized to be normal in some
areas of development and that this similarity
between handicapped and typical children will be
highlighted. (p.23)
McDonnell and Hardman (1988) listed guidelines for the provision of normalized early childhood services considered to be "best practice". Their first guideline relates to families. Families of young handicapped children often are asked to assume "nonnormal" roles and participate in activities that are not expected of parents of nonhandicapped children. Participation during individual education plan meetings, implementing therapeutic goals at home, and attending exceptional education parent group meetings are some examples of the expectations placed on parents of handicapped children. Bailey Jr. and McWilliam (1990) suggest two guidelines for enhancing a normalized family focus. First, families should be treated with the same respect given to parents of nonhandicapped children, with an emphasis on promoting family choices. Secondly, the goal of intervention should be to work with the family toward defining their strengths and desired goals; goals felt to be important by the family. Current thinking in family involvement sees the family as a unique system. The emphasis is placed on integrating the young handicapped child into the family structure.
Another guideline for the provision of normalized early childhood services relates to teaching method/strategies. Intervention should move away from teaching isolated "splinter skills" and instead teach functional, age-appropriate skills in natural environments. Age-appropriate placement and developmentally appropriate practice/instruction go along with this guideline. Good teaching uses the most natural and least intrusive techniques in order to be normalized. Avoidance of artificial reinforcers whenever possible is recommended as it is felt to create dependency. Teachers should utilize naturally occurring routines and events in the classroom and use them to teach functional skills.

Bailey Jr. and McWilliam caution the reader not to assume that mainstreaming provides a normalized setting in and of itself. They wrote, "Mainstreaming in the absence of other aspects of normalization, could be a restrictive early intervention program" (p. 35). For example, a puzzle area located in a loft would prevent children with motor impairments from participating. In this case, the physical layout of the regular preschool classroom is restrictive for handicapped children.
Although a teacher could intervene by bringing a puzzle to the physically handicapped child, a more normalized environmental modification or intervention would be to locate all toys in areas accessible to everyone.

Integration Research

Efficacy Research

Research on the educational practice of integrating handicapped and nonhandicapped preschoolers has only been conducted within the past two decades. Peck et al. (1989) describe the majority of research as being focused in two areas. A large number of studies have focused on the effects of integration on the social interactions between handicapped and nonhandicapped children. These "social" studies were concerned with social processes that may have implications for outcomes or for specific intervention strategies aimed at improving outcomes. A number of other research studies have focused on comparing the outcomes of integrated versus segregated preschool programs.

According to Guralnick (1981), research on the efficacy of integrated preschool programs has had similar methodological limitations as those experienced
with early childhood efficacy research. "The complex problems surrounding the identification of outcome criteria, establishing proper controls, adequately selecting and assigning subjects in an unbiased manner and, in general, staving off the threats to both internal and external validity often seem insurmountable" (p. 57).

In efforts to answer questions related to efficacy, Guralnick said most studies have observed and compared children's interactions and progress in mainstreamed versus segregated classrooms. Methodological limitations of these studies occurred due to the difficulty of obtaining sufficient control over the many possible variables: curriculum, teacher training, staffing patterns, subject selection and assignment, as well as others. All of these variables affect the researcher's ability to establish equal groups of children for comparison. Guralnick goes on to say, "Even though most statements regarding the efficacy of mainstreaming at the early education level must be followed by extensive qualifying comments, considerable progress has in fact been made" (p. 67). Peck et al. believe the research on integrating handicapped and
nonhandicapped has been invaluable in describing program factors/components that effect behavioral change.

**Social Interactions**

Peer relationships are important contributors to a child's social and cognitive development. Johnson et al. (1988) discussed the significance of peer relationships. They said children learn attitudes, values, skills, and information from each other. Positive interactions with peers provide support, opportunities, and models for prosocial behavior. Children learn to control their impulses from aggressive playfulness and the reactions from their peers. Through the interaction with peers, children and adolescents learn to view situations and problems from perspectives other than their own. As children get older their educational motivation may be more influenced by peers than by any other source. The most frightening finding from Johnson et al. is the following:

The ability to maintain interdependent, cooperative relationships is a prime manifestation of
psychological health. Poor peer relationships in elementary school predict psychological disturbance and delinquency in high school, and poor peer relationships in high school predict adult pathology. The absence of any friendships during childhood and adolescence seems to increase the risk of mental disorder. (p. 3:7)

As the reader can see, socialization and the development of friendships are extremely important for all children. Establishing friendships, according to Vincent (1988) requires proximity, frequent opportunity for interaction, and inclusion as an equal. She goes on to say that handicapped children who get put in regular education for play time and then leave for the whole rest of the day are not going to have the same opportunity to establish friendships as all the other children who are together all session long.

Social patterns between handicapped and nonhandicapped children who were placed together have been studied by several researchers (Peterson & Haralick, 1977; Porter, Ramsey, Tremblay, Iaccobo, & Crawley, 1978; Guralnick, 1980; Cavallaro & Porter, 1980). Peterson and Haralick (1977) found that
nonhandicapped children in an integrated preschool setting interacted with their handicapped classmates in over half of their total interactions. This finding was considered highly frequent. However, results also indicated that when playmate preferences were sought, nonhandicapped children selected other nonhandicapped children as their sole playmates. Their play was observed as being more complex than when handicapped children were part of the play group.

Porter et al. (1978) examined the free-play activities of 12 retarded and 15 nonhandicapped children in an integrated preschool. Their interest was in the frequency of interactions and peer preferences observed during free-play periods. Nonhandicapped children were found to maintain the closest proximity to other nonhandicapped peers. They also were observed in more conversations, physical movement, and object manipulation with each other than with their handicapped classmates.

Guralnick (1980) studied the social interactions among preschool children of different developmental levels; nonhandicapped, mildly, moderately, and severely handicapped children. Thirty-seven preschool-
aged children enrolled in an integrated preschool program were the subjects in this study. Of these children, 12 were nonhandicapped, nine were mildly handicapped, five moderately handicapped, and 11 severely handicapped. The frequency and nature of communicative interactions of each child was collected during free-play periods. Results indicated that nonhandicapped and mildly handicapped children interacted more often with each other and less frequently with moderately and severely handicapped classmates. Similar findings were revealed in Cavallaro & Porter's (1980) study that described peer preferences among preschoolers in a mainstreamed program. Nonhandicapped children interacted with other nonhandicapped children most often and at-risk children engaged in parallel play more often with other at-risk children. In this study, children preferred associating with others at a similar developmental level.

Because social interaction plays a critical role in peer acceptance/establishing friendships, a number of studies have focused on the social behavior of handicapped children (Field, 1980; Novak, Olley, &
Kearney, 1980; White, 1980). The findings of these studies indicated that handicapped children more frequently engaged in isolated, self- and toy-directed play. Social interactions with people was seen less frequently, and when it occurred there was more teacher contact than peer contact. Field et al. (1982) questioned "whether handicapped children show less sophisticated social play and interact less because they are handicapped or because they are developmentally delayed" (p.29). The typical child's first social interactions are with the parents, then with toys, and then with peers. Field et al. studied 36 preschoolers who had varying degrees of sensorimotor handicaps to see if they followed this same interactive developmental sequence. Handicaps consisted of cerebral palsy, Down's syndrome, mental retardation, and speech and hearing deficits. Handicapped children were placed in three homogeneous groupings according to the degree of their delay; minimal, moderate, and severe. Behaviors were recorded for each child as being directed toward a teacher, a toy, or a peer. Nondirected or self-directed behaviors (e.g. body rocking, twirling, nondirected smiling, hand flapping)
were also recorded. Results indicated that the minimally handicapped and nonhandicapped children demonstrated less self-directed or self-stimulating behavior and more peer-directed behavior. These children also demonstrated more toy-directed behavior than the more delayed children. The less delayed children showed close to the same amount of toy-directed behavior as the nonhandicapped children, but showed less peer-directed behavior than the nonhandicapped children. Field et al.'s hypothesis was supported by their findings. They concluded by saying:

Interaction does develop in a particular sequence, from self- to adult- to toy- to peer-related behavior. This sequence and the sensorimotor developmental sequence are similar for normal and handicapped children. However, there does not appear to be any behavior that is specific to a developmental age (p. 34).

Esposito & Koerland (1989) studied the free-play behavior of two preschool-aged hearing impaired children in both integrated and segregated settings. Hearing impaired children tend to engage in less complex and less social play than do children without
hearing impairments; communication deficits interfere with normal play development. The purpose of this study was to determine if classroom settings were linked to differing levels of social play exhibited during free-play. Social play was categorized as one of the following: solitary play, parallel play, associative play, cooperative play, or nonplay. The study also addressed the question of whether or not a relationship existed between settings and levels of cognitive play. Cognitive play was categorized as: functional, constructive, or dramatic. Two preschool-aged hearing impaired children were the subjects of this study. Both children were enrolled in a self-contained program for hearing impaired children, and were also enrolled in local day-care centers each day following their intervention program.

The children were observed for two 10-minute sessions in both the segregated and integrated programs during ongoing free-play periods. The researchers found that in the segregated setting the children's play was primarily on the parallel level whereas in the integrated setting the play was on the associate level; a higher level of play. One of the two children was
observed engaging in more play behavior and less nonplay activity when in the integrated setting. The other child's amount of nonplay behavior remained the same in both settings. The researchers found it interesting that although these findings were obtained, children who are hearing impaired frequently spend most or all of their school day in segregated settings with other hearing impaired children. The researchers commented on the fact that these children appeared to receive intense intervention in the segregated setting for their hearing needs; having both settings was seen as a benefit especially after seeing the higher level of social play demonstrated in the integrated setting.

In 1982, Peterson examined the classroom and playground as two different free-play environments. The social interactions and playmate preferences between handicapped and nonhandicapped preschoolers were of continued interest. Results indicated that the playground environment produced higher rates of interaction among both populations of children than did the classroom. On the playground, both groups of children tended to seek out someone to play with rather than play alone, whereas in the classroom both groups
demonstrated more isolate play. Peterson wrote of the importance of teachers in finding ways to encourage positive forms of "mutual association" in both environments. In summary Peterson said:

Social integration of handicapped and normally developing children is not an inherent outcome of a mainstreamed or integrated preschool program. Social integration may be affected by a variety of physical and social conditions that promote or hamper chances that these two groups of youngsters will seek out each other for play. (p. 69)

Developmental Outcomes

Several studies have shown that in integrated settings, nonhandicapped children develop at the expected rate, and children with disabilities make progress. Odom, DeKlyen, & Jenkins (1984) studied the effects of integrated preschools on the nonhandicapped child. Sixteen nonhandicapped preschoolers were randomly placed in four integrated classrooms and 16 children were matched for age and sex and enrolled in a community regular education preschool program. In each integrated program there were eight mildly to
moderately handicapped children and four nonhandicapped children to serve as models. Results indicated that the nonhandicapped children's acquisition of developmental skills was not affected by being integrated with handicapped classmates. Their level of skill acquisition was comparable to those in the regular education preschool. Odom et al. stated that if inappropriate behaviors were imitated, they would only be maintained if the child received attention from the teacher, parents, or other peers. This observation was also made by Apolloni and Cooke (1978). They stated that the nonhandicapped children in their classes did not imitate their handicapped peers unless rewarded for doing so.

Jenkins, Speltz, and Odom (1985) studied the effects of integrated special education preschool programs on child development with comparable groups of handicapped children in nonintegrated special education preschools. They anticipated that by placing handicapped and nonhandicapped children together, handicapped children would show greater developmental gains than handicapped children in segregated programs.
Thirty-six mildly handicapped children and seven nonhandicapped children were the subjects of this study. A proximity model was used in which nonhandicapped children were simply placed together with handicapped children without any systematic plan or curriculum for integration. The reasons this model was chosen for the study were because the researchers believed it was the most commonly used form of preschool integration in the public schools, it was simple to implement, and it provided them with a baseline for evaluating more complex forms of interventions.

The control group was a segregated classroom consisting only of handicapped children. Classroom and teacher characteristics were closely matched to create equivalent settings. Teachers were told that the purpose of the study was to determine the effects of simply "having nonhandicapped children enrolled" in their preschool classrooms. The nonhandicapped children were not to be used as tutors, or in cooperative learning activities.

Overall findings revealed that by using a proximity model of integration, developmental changes in
handicapped children were identical in both the integrated and segregated settings. The integrated setting did not produce any greater developmental changes than those produced in the segregated setting as they had anticipated. They added that although this was true, it could also be said that educating the handicapped children with nonhandicapped children was not detrimental in any way either. The researchers concluded by saying:

the anticipated acceleration of delayed development by way of integration will require more than proximity... perhaps integrated preschools can have the positive effects that have been suggested by some researchers if the schools use a planned and systematic curriculum which structures cooperative goals for handicapped and nonhandicapped youngsters, uses nonhandicapped children as models to demonstrate specific target behaviors or trains them as confederates. (p. 16)

Guralnick and Groom (1988) compared peer interactions and cognitive levels of play of mildly handicapped preschoolers as they participated in mainstreamed and specialized classroom settings. The
mainstreamed program was a specially designed playgroup containing mainly same-age and younger-age nonhandicapped peers. The settings were similar in terms of number of children, teacher/child ratio, and classroom setting. To avoid differences in teacher behavior patterns, the children were observed during free-play periods. Results revealed that the handicapped children participated in a much higher rate of peer-related social interactions when in the mainstreamed playgroups than in the specialized classroom. Even though the handicapped children were not chosen by the nonhandicapped children as frequently to be playmates, social interactions were observed as common occurrences. It was found that when the mildly handicapped children played in group play in the mainstreamed setting, their playmate was a nonhandicapped child of similar chronological age in 60% of the play groups. Previous studies included nonhandicapped children who were one year younger than their handicapped classmates because it was thought that this would balance out the developmental levels (Cavallaro & Porter, 1980). McDonnell and Hardman
(1988) recognize "chronological age-appropriate placement" as "best educational practice" (p. 332).

The desired ratio of handicapped to nonhandicapped children is inconsistently reported in the literature. Guralnick (1981) believes that in an integrated setting no more than 33 percent of the children should be handicapped, and in a mainstreamed setting no less than 33 percent should be handicapped. Guralnick believes that placing one or two children with handicaps into a regular education setting can cause isolation; three to six children would be a better ratio. Field et al. (1982) decided to study what the effects would be of mixing approximately equal numbers of handicapped and nonhandicapped children in a preschool setting. The children were observed during a free-play time on a large playground. Children were observed in a nonintegrated group play and in an integrated group play. Results indicated that the nonhandicapped children spent more time looking at, talking with, and being physically close to other children in both integrated and nonintegrated settings as compared to the handicapped children. When in the nonintegrated settings, however, the nonhandicapped children spent
more time looking at the toys and talking to themselves rather than playing with other children. Handicapped children were observed more interested in making contact with other children in the integrated settings. In the nonintegrated settings, handicapped preschoolers spent less time looking at other children and being close to them but spent more time being touched by teachers and looking at their teachers or talking to toys. The researchers concluded by saying, "Normal preschool children continue to play as if undisturbed by the addition of less developed children and that the handicapped children appear to make the greater effort to assimilate themselves into the ongoing stream of activity" (p.37).

Attitudinal Studies

Past studies of nonhandicapped children's attitudes toward contact with handicapped children revealed mixed findings. Some studies suggested that contact improves attitudes toward the handicapped (Ballard, Corman, Gottlieb, & Kaufman, 1977; Esposito & Peach, 1983; Handlers & Austin 1980; Rapier, Adelson, Carey, & Croke, 1972). Other studies found no changes in
attitudes following contact with handicapped children (McHale & Simeonsson, 1980; Sandberg, 1982). These studies focused on a "contact model" which hypothesized that contact between handicapped and nonhandicapped children will, by itself, produce more positive attitudes on the part of the nonhandicapped child.

According to Johnson, Johnson, and Maruyama (1983), research on both racial integration and mainstreaming indicates that proximity in and of itself does not produce positive attitudes among racial groups or across handicapped/nonhandicapped populations. If only unstructured contact is created for handicapped and nonhandicapped children, then integration will not positively affect development any more than it has affected attitudes (Jenkins, Speltz, & Odom, 1985).

Esposito and Peach (1983) hypothesized that by planning direct and structured contact with handicapped peers results would show positive gains in attitudes. In their study, nine nonhandicapped preschoolers in a private preschool center were integrated with four severely handicapped children for 21 sessions in which they participated in activities designed to promote social interactions. At the end of the study, positive
gains in attitude were found to be significant. This study created an interest in long-term effects of contact on attitudes of children.

Esposito and Reed II (1986) conducted a follow-up study to see what the attitudinal effects were two years after the original study. They hypothesized that structured intervention programs would produce more positive effects on attitudes than unstructured contact, and that children who had present, ongoing contact with a handicapped person would have more positive attitudes toward handicapped children than similar children who had similar contact in the past or those who had no contact at all. Results indicated that "contact in and of itself, regardless of type or timing, is related to more favorable attitudes among young children than an absence of such contact" (p. 228). Results did not support the belief that structured versus unstructured contact would create more positive gains.

Voeltz (1980) demonstrated that nonhandicapped children who were given opportunities to interact with handicapped children within their school buildings not only showed improved attitudes toward the handicapped
children but also developed a more accurate view of the capabilities they had. As Vincent et al. pointed out (1981), most young handicapped children do not have delays in all areas of development, in fact many are normal or above normal in some areas of development. Nonhandicapped children involved in peer tutoring with severely handicapped children reportedly discussed their involvement with their parents frequently; parents saw this as a positive self-concept experience for their children (Roddy, 1980).

Parent Perspectives

In Green and Stoneman's (1989) research on the attitudes of nonhandicapped parents toward preschool mainstreaming, they hypothesized that the quality of past and present interactions with handicapped people would determine how supportive the parents would be toward preschool mainstreaming. Another purpose of the study was to determine what impact, if any, income, parent education, age, and gender of parent might have on attitudes toward preschool mainstreaming. The sample of parents participating in this study were primarily white and middle-class.
Results indicated that the quality of previous experiences with handicapped people affected mothers' attitudes regarding preschool mainstreaming more than the quantity of past experiences. Past mainstreaming experiences that were viewed by parents as unsuccessful typically resulted in the parent having a negative attitude to the global notion of mainstreaming.

In considering the mainstreaming/integration of children, particular disabilities were found more alarming to parents of nonhandicapped children than other disabilities. Mainstreaming children with physical and sensory handicaps were viewed as less of a concern than mainstreaming children who were mentally retarded, emotionally disturbed, and behavior disordered. The researchers found, as expected, that the more severely impaired children caused the nonhandicapped children's parents the most amount of concern. This did not mean that parents did not want mainstreaming to be implemented; these were stated concerns/fears.

Green and Stoneman (1989) found there was a developmental progression in parents' beliefs about involving their nonhandicapped children in a
mainstreamed program. Mothers of older preschoolers felt more positively regarding the benefits their children could get from being in a mainstreamed setting; believing that as older children they would have the cognitive abilities to understand and be sensitive to the differences among children. Fathers, on the other hand, were more concerned about disruptive behavior and the impact that could have on their children. Age and income of parent was seen as making a difference in attitudes. Younger mothers had more positive attitudes toward mainstreaming than older mothers. Mothers coming from higher incomes were found to be less positive about preschool mainstreaming than those who were considered less affluent.

Bailey, Jr., and Winton (1987) listed potential "benefits" for families of handicapped children in fully mainstreamed settings. Parents may develop more positive attitudes toward their handicapped child if the child is functioning successfully in a normalized environment. Parents are viewing their child's successes and failures in a "real world" setting and this may also make parents feel less different from other parents as a result of this normal type of school
program. Another potential benefit is that parents may become more likely to encourage their child to engage in chronologically age-appropriate activities given the observations of normally developing classmates. Parents may improve their knowledge of normal child development within the integrated environment.

Potential "costs" for families of handicapped children in mainstreamed settings were also listed by Bailey, Jr. and Winton. Parents have the daily reminder of their child's delays when observing the normally developing children. There is the potential for stigmatization or rejection by families of nonhandicapped children. Families may feel they have little in common with families of nonhandicapped children as their problems are so different. Cansler and Winton (1983) found that some parents feel isolated and uncomfortable around parents of nonhandicapped children in mainstreamed settings and that they rely almost exclusively on other parents of handicapped children for support and help. Parents may be concerned about whether or not their children are receiving their specialized services as much as they
might be in a more self-contained or specialized program.

Families of nonhandicapped children, according to Bailey Jr. and Winton, also experience potential benefits and costs in mainstreamed settings. Mainstreamed environments can create a greater understanding of handicapped children and sensitivity to the impact the child has on the family. On the other hand, parents may be concerned that the handicapped children will consume all the teacher's time; leaving the nonhandicapped children unattended to. Parents may worry that their children will learn inappropriate behaviors from handicapped children. Mainstreaming may also facilitate the development of inappropriate interaction patterns between populations of parents (e.g., being sympathetic, showing pity, or being condescending).

Reichart et al. (1989) believe in the involvement of parents in the planning for integration at the overall program level as well as at the individual level as a way of gaining support for the integration process. In their study, parents of both handicapped and nonhandicapped children were surveyed regarding
philosophical aspects of integration, social-emotional impacts of integration on their child, teacher skills, and organizational skills. Parents from both groups agreed on the following points: (1) that behavior problems would not increase in an integrated setting; (2) children's needs could be met in the structure and organization of an integrated setting; (3) more structure is needed when nonhandicapped and handicapped children are present; and (4) teachers who work with handicapped and nonhandicapped children should have some training in both early childhood and early childhood special education. Reichart et al. stated, "Parental involvement early in the process of planning is a variable that may facilitate the desired positive outcomes of integration of young children with and without handicaps" (p. 12).

Implementation Issues

Instructional and Environmental Factors

Once handicapped and nonhandicapped children are placed together in the same classroom, the task of implementing educational intervention strategies for the handicapped child while at the same time
integrating them into the social and instructional mainstream is a complex process (Peterson, 1982). Kaufman et al. (1975) stated that successful mainstreaming depends on two interrelated variables: 1) social proximity of handicapped children with their nonhandicapped classmates and 2) a meaningful level of interaction between the two populations of children. Because the mere placement of handicapped preschool children in regular preschool programs does not guarantee integration, Burnstein (1986) studied the effects of classroom organization on mainstreamed preschool children. Nine handicapped and nine nonhandicapped children were the subjects of the study. Six of the handicapped children were considered minimally handicapped, and three were considered moderately to severely handicapped. Approximately eighteen children were in each classroom; two or three of which were handicapped. The adult/child ratio averaged one to four.

The children were observed while they participated in rug time, center time and outdoor play. These three settings varied in type of organization: groupings, supervision, and teacher direction. Rug time was the
most structured of the three; children were expected to stay with the group and participate according to teacher direction. Center time was more informal than rug time. Children could choose their interest area and decide how long they would stay at a given task. Adults often supervised play but their primary role was to "guide" play rather than "direct" it. Outdoor play was the most informal setting of all. In this activity there was less teacher involvement than in center time.

Results of this study indicated that classroom settings affect the physical, instructional, and social integration of handicapped children. In the formal rug time, handicapped children were physically integrated since they were all gathered together. Social interaction didn't take place for any children as the expectation was to listen to the teacher. Children's experiences differed in amount of time on-task. The handicapped children demonstrated less time on-task during rug time than during center time, while the nonhandicapped children's time on-task was high in both settings.

During center time, the nonhandicapped children demonstrated more time on-task, and were engaged in
more peer interactions than their handicapped classmates. Although handicapped children were more involved with activities during center time than rug time, they were usually only engaged in activities when adults were present. When adults were not present, they tended to be off-task and alone. Handicapped children interacted with adults more than nonhandicapped children did in all settings, and it was most apparent during center time. Burnstein's findings indicate that teacher direction greatly influences the integration of handicapped children. In her study it not only maintained their involvement in activities, but also encouraged social interactions. Burnstein concluded by stating, "While an informal setting may provide an opportunity for integration of handicapped children, activities must be structured to facilitate integration" (p. 434).

Kugelmass (1989) reported on the structural changes in an integrated preschool environment that were essential for the development of positive social interactions between handicapped and nonhandicapped preschool-aged children. In the study, 12 children were enrolled in a "shared classroom" staffed with two
team teachers: an early childhood special educator and
sign language interpreter and an early childhood
teacher with no previous experience in special
education. The classroom team also included an
assistant teacher with extensive special education
training, a speech therapist, occupational therapist,
physical therapist, social worker, Head Start parent
worker, Head Start supervisor, and Special Children's
Center supervisor. Six of the children were
handicapped and six were nonhandicapped. Four of the
handicapped children were nonverbal (hearing impaired),
one boy had specific brain damage, and one girl was
multiply handicapped. All the nonhandicapped children
came from low income, rural families. They all had
average cognitive ability, although five of the six had
language skills in the low average range. These
children had not been in a preschool setting and had
limited social contacts outside their immediate
families. Once a month, the interactions of children
and staff were recorded on videotape during a 1-hour
free-play period. Every other week staff met to
analyze the videotape and discuss program needs.
Initial review of the videotaping revealed that the nonhandicapped children tended to play with each other and in some cases actively avoided contact with the handicapped children. Facial expressions of the nonhandicapped children showed their level of discomfort with the other children. The handicapped children's lack of verbal skills greatly interfered with their ability to participate in the imaginative play interactions. Team teachers realized that proximity between children was not enough to assure active interactive and cooperative play. Conflict arose, however, when discussing how to intervene. The Head Start staff was less inclined to structure children's play during the free-play period than the special educators. To the regular early childhood teachers, free-play was seen as an almost sacred time for children to explore their environments without interruptions from adults. They compromised by creating a structured morning free-play activity as one of the children's choices. The following semistructured interventions were implemented: (1) play stations were created that required cooperative involvement, (2) staff participated as playmates, (3)
staff assisted children through mediation of conflict and (4) staff interpreted language and behaviors of children to each other. A few basic signs in American Sign Language assisted the children in initiating independent cooperative play among each other.

Final videotape observations at the end of the year showed clear differences in the social interactions among all the children in the shared classroom from the interactions seen at the beginning of the year. The staff’s interventions during free-play were seen as facilitating cooperative and parallel play. The degree of staff intervention changed during the year from its initial noninvolvement to active involvement to facilitation and interpretation of behaviors. Although parallel play increased during the first three months without structured interventions, active rejection continued until the structured activity and adult involvement was in place.

Kugelmass stated critical components that made this program effective in integrating the children with each other. Regularly scheduled team meetings were vital for consistency in programming. Because the team teachers came from different educational
backgrounds/training, it was essential that they share their perspectives and work toward a level of compromise. Time was built into their work day for this communication to occur.

A planned and systematic structure and curriculum aided in the success of the program as it promoted positive social interactions. The curriculum is a key ingredient of a quality early childhood program of any kind. Programs that use "developmentally appropriate practices", as defined by the National Association for the Education of Young Children (NAEYC, 1986), are viewed as "best educational practice". Kugelmass concluded the case study by saying, "With unobtrusive interventions in children's play and environmental restructuring, the social interactions desired were achieved while simultaneously providing the opportunity for sensorimotor play and choice necessary in the development of all young children" (p. 43).

Cooke et al. (1981) stated, "Since positive outcomes of integrated preschools do not simply occur, but rather must be engineered, data-based accountability is indicated" (p. 81). Teachers must systematically and consistently build handicapped
children into the patterns of a class. They also have an important role in modeling the willingness to help or to accommodate handicapped children in the classroom. In mainstream settings, special educators need to provide their regular educator with frequent, sensitive, and clear feedback. This, according to Cooke et al., is a first step toward successful mainstreaming.

Integration Barriers

While integrating handicapped children with nonhandicapped children may be the most appropriate educational option for many children with disabilities, professional and bureaucratic obstacles to implementing such programs continue to exist. Odom and McEvoy (1990) listed several "potential barriers" to integrating young handicapped children and offered possible solutions as well.

One potential barrier is created by the differences in curricular priorities and professional training backgrounds between early childhood educators (ECE) and early childhood special educators (ECSE). Early childhood education is often more child-directed,
following the philosophies of theorists such as Piaget, Erikson, and others. Training does not typically include specific procedures for evaluating and teaching children with special needs. Early childhood special educators are often more teacher-directed, focusing on the development of specific and individualized goals and objectives for each child. Background training often follows the behavioral theorists such as Skinner, Pavlov, and others. ECSE training often uses a general special education orientation with little focus on normal child development. ECE and ECSE teacher training programs are primarily segregated as a field, yet as professionals there is a strong need to work together.

According to Odom and McEvoy, the task for the field of education is to effectively blend ECE and ECSE by creating training programs that will integrate training in ECE and ECSE at the preservice level. ECE teachers should be provided with information about the social and learning characteristics of young handicapped children, instructional strategies and environmental modifications for use in the classroom, and techniques for promoting social integration. ECSE
teachers should receive information on instructional models in ECE, consulting strategies, and organizing interdisciplinary and transdisciplinary teams. Two training programs would exist but they would include more information on child development; typical and atypical.

Another potential barrier to integration is staff attitudes. Conflicts among teachers from different professions, concerns over a lack of preparation time or other resources, and/or conflicting personalities can create major program problems. The task for the field is to create "joint" ownership among staff members. At the national level, Odom and McEvoy suggested that professional organizations (DEC, NAEYC) support the development of integration through their publications and policy statements. At the local level, ECE administrators could promote ownership by developing a program philosophy which supports integration, hiring staff who are committed to working together, and officially recognizing teachers who are currently working together in integrated or mainstreaming programs. Inservice programs should be created. Odom and McEvoy stated, "... and most
importantly, administrators should ensure an adult/child ratio that would make mainstreaming a realistic possibility" (p. 55). Administrators have much to do with the attitudes of the staff. Support from the top filters down; lack of support creates barriers.

Many handicapped preschoolers require ancillary or related services such as speech/language therapy, occupational and/or physical therapy, and adaptations for visual and/or hearing impairments. A potential barrier that exists is that the Public Schools often have these professionals housed in school buildings servicing other regular and school-aged special education students. Mainstreamed preschool programs may be located within the community; away from the Public School. The task for the field, according to Odom and McEvoy, is to provide related services in mainstreamed settings through transdisciplinary services. The therapist would be the program designer and consultant to the special educator who would carry out the therapy. There are many advantages to transdisciplinary services. It promotes more awareness on the part of the classroom teacher/s regarding the
child's physical or sensory needs. It encourages more functional or classroom-based therapy versus the traditional "pull out" therapy performed by a therapist. This type of related service delivery requires great communication, cooperation, and training in transdisciplinary service delivery. Without these skills, another barrier is created.

Best Educational Practice

McDonnell and Hardman (1988) provided a synthesis of "best practices" for defining exemplary early childhood special education services. Based on the available literature, three guidelines for the provision of integrated early childhood services were proposed. First, the researchers advocate for the use of daycare centers, community preschool programs, and family daycare as possible options or sites for "fully integrated/mainstreamed early childhood services. By utilizing these sites, handicapped children would receive maximum contact with nonhandicapped peers, and their families would have access to daycare arrangements while they work as families of nonhandicapped children have. The children would be
fully integrated within the mainstream rather than only being included in the mainstream for certain times during the day.

Advantages of being "fully mainstreamed or integrated" were documented as producing greater gains in young handicapped children than traditional mainstreamed programs. Falvey (1980) compared the social, developmental, and academic gains of two matched groups of kindergarten-aged handicapped children. One group was in a traditional mainstreamed situation where they were assigned to an early childhood special education program and were integrated into a normal kindergarten for specific activities such as art, music, and opening activities. The second group of children was in a classroom that was team taught by a special and regular education teacher. The Boehm test of concepts was given to both groups of children. The children in the team-taught classroom performed significantly higher on this tool than those participating in the traditional mainstream program. Equal gains were demonstrated in developmental and social skills. In the team-taught setting, the handicapped children demonstrated higher levels of
appropriate observing behavior and lower levels of inappropriate manipulation of materials.

A second guideline for early childhood programs is that systematic contact with nonhandicapped peers must be built into the program. Stainback and Stainback (1985) identified three methods for promoting positive interactions: (1) facilitative arrangement of the classroom structure, organization, and materials; (2) the implementation of teacher strategies designed to teach nonhandicapped children to interact with handicapped children through special friends, peer partners, peer modeling, social bids, peer reinforcement, and peer tutoring; and (3) teaching handicapped children to be more competent in social situations/interactions.

Thirdly, according to McDonnell and Hardman, integration must be planned at all levels. Smith and Strain (1988) said, "Attempting innovations like integrated service delivery with less than the best prepared staff will likely yield poor services, poor outcomes, and ultimately less integration for children with handicaps" (p. 72). The commitment of staff, parents, and administrators are all needed to lend to
the quality of program outcome and to its stability (Guralnick, 1990).

Programs that are created without careful planning and involvement of all the key people should raise skepticism. Gottlieb's (1990) concern that the push to integrate children with special needs might be based on economic concerns rather than educational concerns may apply in situations that are carelessly or hurriedly put together. Educational quality and purpose must be documented in all stages of planning. Administrative responsibilities continue following the determination of service delivery. According to McLean and Hanline (1990) the specific intervention and integration needs that exist must be addressed. Staff training must be organized and carried out. A system for monitoring child progress as well as parent satisfaction should be developed to ensure that the intervention and integration goals are being met.

In determining the integrated nature of services to be provided to an individual child and family, the needs of the child must be the first consideration. The National Early Childhood Technical Assistance System (NEC*TAS) expert task force on LRE for young
handicapped children has suggested "the Individualized Education Plan must first address the unique needs of the child...only after the goals are agreed upon should consideration be given to how those goals will be met" (NEC*TAS, 1989, p.11). Programs for nonhandicapped children in the community will affect decisions made for handicapped children to some degree depending on the programs' particular characteristics. Careful consideration must be taken when selecting a community preschool to work with toward integration. Hobbs (1975) made the following comments:

In schools that are most responsive to individual differences in abilities, interests, and learning styles of children, the mainstream is actually many streams, sometimes as many streams as there are individual children, sometimes several streams as groups are formed for special purposes, sometimes one stream only as concerns of all converge. We see no advantage in dumping exceptional children into an undifferentiated mainstream; but we see great advantages to all children, exceptional children included, in an educational program modulated to the needs of individual children,
singly, in small groups, or all together. Such a flexible arrangement may well result in functional separations of exceptional children from time to time, but the governing principle would apply to all children: school programs should be responsive to the learning requirements of individual children, and groupings should serve this end. (p. 197)

Functional separation at times may well be in the best interest of some handicapped children even in fully mainstreamed programs, according to Guralnick (1990), but he stated, "The fundamental principles of access, belongingness, equity, opportunity, and inclusion are not abridged within this framework" (p. 5). Providing families of young handicapped children options is the challenge that lies ahead. That is the spirit of Public Law 99-457.
CHAPTER 3

Summary and Conclusions

The purpose of this study was twofold. First, the writer investigated the effects of integrating handicapped and nonhandicapped preschool age children; answering the "why" to integrate question. Secondly, the writer addressed the following implementation issues: instructional and environmental strategies, potential barriers to integration, and "best practice" in early childhood special education. The writer's intent was to reveal the complexity of providing/developing integrated services for children and their families.

After reviewing the literature, several conclusions can be drawn regarding the integration of young children with and without disabilities. The most consistently reported finding in the literature was that proximity alone, is not enough to facilitate interactions between handicapped and nonhandicapped children. It is a necessary component for obvious reasons, but for integration to occur, teachers must be highly skilled in using a variety of instructional/intervention strategies. Some of the instructional/
intervention strategies used successfully in Kugelmass' (1989) study were:

1. Create play stations as "options" for children to play in during free-play times;
2. Adults participate in the play stations as playmates in order to assist in developing positive/appropriate interactions;
3. Adults design and structure the materials and classroom furniture in ways that will best foster interactions between the present group of children;
4. Plan the amount of teacher-directed versus child-directed activities to occur during the day according to what works best with the current children.
5. Adults intervene during conflict or to prevent inappropriate behaviors from destroying play; provide mediation and assistance.
6. Adults model the willingness to help others at all times.

In order for integration to be successful, there has to be a personal and professional commitment to the idea that it is in children's best interest.
Interested parties need to understand the potential benefits that can be achieved if children are "successfully" integrated. Handicapped children experience a more "normal" environment and have the potential to form friendships with nonhandicapped peers. Handicapped children have the opportunity to observe and imitate normal social, emotional, language, and cognitive behaviors demonstrated by their nonhandicapped peers. If successful, we as a profession are beginning to prepare children to live/function in an integrated society. Research demonstrated that nonhandicapped children continue to develop as expected when in integrated settings. No detrimental effects were noted.

Administrative support is essential, for it is at this level where a majority of the preplanning must occur. Administrators can assist in developing philosophies and policies that support and advocate for integration. They can select teachers who have the skills necessary to work with various professionals, parents, and children. Administrators can allocate the necessary preparation/planning time required by the staff. Staff development programs can be implemented
with topics of particular interest/need. Commitment and a willingness on the part of the administration to work with parents and educators will greatly add to the success of any newly created program.

Educators working in teams must make a commitment to developing an understanding and respect for each other's input, opinions, and levels of expertise. This should never be viewed as an easy task. In an integrated setting, there will be professionals with backgrounds in early childhood special education, early childhood education, physical therapy, communicative disorders... Differences in beliefs about children's needs, the amount of intervention warranted, parent involvement, and more, will continue to be issues for the staff to work through. The ability to provide support, to compromise, and think creatively become essential personal traits when involved in team partnerships.

The literature was also clear on the importance of involving parents in the preplanning and ongoing planning stages of integration implementation. Parents need and have the right to be comfortable with their child's educational program/progress. The literature
has documented that parents are more positive toward the idea of integration if they have been included to some degree in the planning stages and if they previously had positive experiences with handicapped people. Some researchers stated that program success depends heavily on parent support.

Parents of handicapped children have fought long and hard in the legislature in order to ensure their children's educational rights. Addressing how the individually designed services will be delivered within the integrated program will be necessary in order to gain parent support and understanding. This writer believes that most parents of handicapped children would prefer their children to be educated with nonhandicapped peers as much as possible, but not at the expense of early intervention services. Quality in service can not be given up in the name of integration. In ideal communities, the quality of educational services and the right to be educated within the preschool mainstream will go hand in hand. Families will not have to choose one or the other; they will be provided with both.
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