

*See also* Constructivism; Curiosity; Integrated Curriculum; Outdoor Play Spaces; Project Approach

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## EARLY CHILDHOOD SPECIAL EDUCATION

Early childhood special education, often referred to as ECSE, is a broad term used to define programs and services for children 3 to 5 years old who have a diagnosed disability or a developmental delay. The Education for All Handicapped Children Act of 1975, which was amended in 1986 to add preschool children, evolved into the Individuals with Disabilities Education Act (IDEA) of 2004 and now has two parts to ensure that very young children receive services and interventions as do their school-age peers. Part B of IDEA refers to services and programs that support children between the ages of 3 to 21 years old and are referred to as school-age programs. Programs specifically for children 3 to 5 years of age under Part B (Subpart H) are classified as early childhood special education, or ECSE. Part C of IDEA was added later in 1996 and is for educational programs for infants and toddlers, birth to age 3, and is classified as early intervention, or EI. Table 1 compares Part B services and Part C services for IDEA. ECSE, Part B, commonly referred to as preschool services, is a blend of early childhood education best practices, child development, and special education services.

There are many ways to qualify for ECSE services. First, if a child has received early intervention services he or she will be transitioned to ECSE when he or she turns 3 years of age. If transitioning from EI, the individual family service plan (IFSP), a family-centered and state-run program created for EI, will no longer be in place. The school district will now be responsible, and an individualized education program (IEP) will be written.

Although some children receive a firm diagnosis for conditions such as deafness and Down syndrome between birth and age 3 because of newborn hearing screenings and genetic testing, other children receive early intervention services because of developmental delays or being at risk for developmental delays. However, a child will no longer qualify for ECSE services without a specific

**Table 1** IDEA Part B and Part C Comparison\*

	<i>IDEA Part B—Early Childhood Special Education (ECSE)</i>	<i>IDEA Part C—Early Intervention (EI)</i>
Age range	Part B is for those 3 to 21 years of age; ECSE is specifically for children 3 to 5 years old	Birth to age 3 years
Financially responsible for services and coordination	School districts	States
Environments	Preschool, prekindergarten, special education classrooms, child care centers, and kindergartens	Natural setting for the child: home or child care
Central focus	The child	The family and child
Binding document created	Individualized education program (IEP)	Individualized family service plan (IFSP)
Document and plan reviewed	Once a year	Every 6 months

\* Comparison of services for young children with a special need or developmental delay (Individuals with Disabilities Education Improvement Act of 2004 Public Law 108-446).

diagnosis, confirmed health impairment, or documented delay. If a child did not receive EI services, he or she may still qualify for ECSE. There are multiple pathways that allow children to be eligible for services including to be referred for ECSE through school staff, physicians, and child find agencies as well as through the tiered system of response to intervention (RTI).

Once a child qualifies for ECSE, an IEP will be written to include services, interventions, and environments and it must be reviewed each year. Typically for children 3 to 5 years of age, the educational environments include preschools for typically developing children, special education preschools, prekindergartens, and kindergartens in both public and private settings, as well as child care centers and other community-based settings. Service providers include speech and language therapists, occupational therapists, physical therapists, teachers of the deaf, teachers of the visually impaired, mobility specialists, special education teachers, advocates, social workers, behavior specialists, psychologists, and nutrition

counselors. The coordination of services for Part B is maintained through the child's local school district. Additionally, the early childhood education teacher and classroom aides become part of the IEP team for ECSE. Part B ECSE services are often met in inclusive settings or the least restrictive environment (LRE), with interventions embedded in play, caregiving, and daily routines.

According to a 2009 position statement from the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), there are three main areas to consider for early childhood special education: access, participation, and supports. Barriers to learning are to be avoided so that children with and without delays are educated together. This involves giving children equal access not only to toys and the classroom environment but also to content, language, peers, and assessments. This access is more than allowing a child with a special need into a general education preschool and more than just attending or being present in the classroom. The child with a special need must also have access

to and be a fully participating member of the classroom community to gain the most benefit from the early childhood classroom. To have access and ensure participation, supports, scaffolds, and other interventions are provided to allow the child with a special need to fully benefit in an early childhood special education setting.

To ensure that all children have access, the concept of universal design for learning (UDL) is commonly used. In classrooms designed according to UDL principles, content is shared or represented in various ways to meet the needs of all learners. The child has multiple ways to be engaged with content and peers. Finally, the child, regardless of his or her disability, must be able to express his or her understanding and knowledge without barriers. Understanding by Design (UbD) as well as differentiated instruction (DI) play important roles as classrooms, activities, and curricula are designed to ensure success for all learners. UbD ensures goals and outcomes are created to best meet each individual child's needs while ensuring progress. Modifications, adaptations, and differentiation are provided to meet each child's unique pathway to those goals. This includes the environment as well as the curriculum, teaching strategies, interventions, assessment, and instructional practices used.

Collaboration among early childhood professionals, special education teachers, specialists, therapists, and families is essential and a necessary part of a successful ECSE program. Families remain an important partner in ECSE, just as they are in early childhood education and early intervention. Families are included in IEP development and are considered a main resource for providing information regarding their child.

As professionals across specialty areas (i.e., special education, speech, physical therapy, early childhood) work together, there are often different philosophies represented. Each professional, based on his or her expertise, tries to best meet the needs of the child with a disability. There can be conflicts with what is seen as developmentally appropriate practice (DAP) for early childhood education when providing services that include therapy, hand-over-hand guidance in helping a child with

tasks, and other one-on-one adult-led sessions. However, DAP and special education frameworks have many common overlaps including individualization, family and cultural focus, following the child's interests and strengths, and scaffolding children's learning to document growth. DAP can be the basis or foundation of the ECSE classroom and does not require any aspect of special education services to be changed or adjusted. However, this can only happen if all professionals involved in ECSE programs, regardless of area of specialization, are familiar with child development and early childhood best practices and agree to build therapy and interventions in developmentally appropriate ways. Continued professional development for all involved as well as time for consultation and collaboration is essential for ECSE services to be successful.

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*See also* Developmentally Appropriate Practice; Differentiation; Early Childhood Inclusion; Early Intervention; Individualized Family Service Plan and Individualized Education Program

### Further Readings

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