

Early Childhood Inclusion in the United States

Goals, Current Status, and Future Directions

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The current status and future directions of early childhood inclusion in the United States are discussed from the perspective of 4 key goals: access, accommodations and feasibility, developmental progress, and social integration. Recommendations are put forward to promote inclusion goals emphasizing administrative structures, personnel preparation, licensing and national standards, team processes, and expansion of inclusive practices beyond school settings. These recommendations are discussed within the context of an early childhood systems framework that encompasses all children. **Key words:** *inclusion goals, policy, preschool inclusion, professional training*

THE INCLUSION of children with a range of disabilities in regular educational settings has been a practice in the United States since the 1960s (Guralnick, 1978). The first government funding used to support this

practice was through the Handicapped Children's Early Education Act of 1968 (HCEEP; Pub. L. No. 90-538), which provided discretionary grants to develop model intervention programs for infants and young children with disabilities and their families. This funding also supported the scaling up of exemplary models through hundreds of outreach projects that trained personnel to replicate effective intervention models in additional program sites (Black et al., 1984). The demonstration and outreach projects shared a common goal of facilitating the developmental trajectory of infants and young children who were experiencing delays in development for any of a variety of reasons. The HCEEP focused on developing a national system of effective practices, program models, and competent personnel in early childhood (EC) intervention. Other HCEEP initiatives included research institutes and a national technical assistance project (Hebbeler, Spiker, & Kahn, 2012). Approximately 700 projects were funded in a 30-year period (Bailey, 2000), and a number of the models, outreach, and research programs demonstrated the effectiveness of teaching young children with disabilities in programs with young children without disabilities.

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National legislation for the education of all children with disabilities was enacted by the United States government in 1975 (The Education for All Handicapped Children Act, Pub. L. No. 94-142, EHA). This legislation mandated that all school-aged children with disabilities be provided a free, appropriate public education in their least restrictive environment (LRE) under the direction of an Individualized Education Plan (IEP). The LRE referred to the right of children with disabilities to be educated in classrooms with children who were not disabled. The LRE further mandated that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment could occur only if the severity of their disability prohibited education in regular classes, when using supplementary aids and services.

The LRE was also a requirement for preschool-aged children with disabilities when their educational rights for a free, appropriate public education were mandated by Pub. L. No. 99-457 in 1986 (Education of the Handicapped Act Amendments of 1986). This law was passed as amendments to EHA and mandated that children aged 3–5 years were entitled to all rights under the EHA, including education in the LRE. Early intervention for the infant–toddler age group received entitlement status through amendments to EHA in 1991 (Pub. L. No. 102-119), shortly after the name of the EHA was changed to Individuals with Disabilities Education Act (IDEA). Early intervention was required to be family centered and delivered in natural environments in accordance to an Individual Family Service Plan. Natural environments were defined as the home, or in places in which same-age children who do not have disabilities participate (e.g., child care, community programs).

The last 40 years have witnessed continued state and federal legislative support for the practice of educating children with disabilities with their nondisabled peers (see Lipsky & Gartner, 2001). Legislative support has also expanded beyond education to guarantee the rights of those with disabilities to be included in all aspects of community life in the United

States (e.g., The Americans with Disabilities Act), as well as other countries through international conventions (Brown & Guralnick, 2012). The result has been a reconceptualization and acceptance of the principles of inclusion and participation of individuals with disabilities into all aspects of society, but most especially in educational settings. This has been formalized most recently by the U.S. government through a policy brief that describes EC inclusion as a core value and a prominent feature of the early care and education system for all young children (<http://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>).

INCLUSION GOALS FOR INFANTS AND YOUNG CHILDREN

An anthology published at the turn of this century summarized the remarkable history of EC inclusion through chapters contributed by legal experts, educators, researchers, child development specialists, and program developers (Guralnick, 2001b). The book addressed research accomplishments, as well as program infrastructure and policy initiatives, relevant to inclusive opportunities for infants and young children with disabilities. Most importantly, a framework was provided to further enhance EC inclusion through the operationalization of four key goals of EC inclusion: access, accommodations and feasibility, developmental progress, and social integration (Guralnick, 2001a).

This article revisits each of the four goals using examples of current research and program initiatives. The final section of this article consists of recommendations to further enhance the quality and effectiveness of EC inclusion in the United States.

Access

The first goal focused on the importance of children having “universal access to inclusive programs” (Guralnick, 2001a, p. 8). During the 15 years between the enactment of preschool LRE under the EHA and the publication of the anthology (Guralnick, 2001b),

there was considerable movement toward developing a process and structure to ensure that each local educational program could provide placements for all preschool-aged children, irrespective of their disability status, and in a manner intended to maximize their full participation in all school activities. This is the most fundamental of all four goals, as it allows, at minimum, physical inclusion between children with and without disabilities through educational proximity with one another. The other three goals are connected to this, as they address issues related to the quality of inclusion, and the developmental, social, and societal benefits that result.

Yet, despite its importance, universal access to educational programs remains an area of considerable concern today (Buysse, 2011). Although extensive progress with access occurred during the 1980s and 1990s, current data clearly indicate that the population of children with disabilities accessing EC inclusive programs is far lower than expected, with a substantial percentage not included in educational programs with typically developing preschool-aged children at all (see Barton & Smith, 2015; U.S. Department of Health and Human Services & U.S. Department of Education, 2015). In 2013, it was reported that 750,131 young children with disabilities were enrolled in preschool special education under IDEA, with an additional 333,982 infants and toddlers also receiving intervention services. It has also been reported that almost a quarter of these children did not have access to any amount of time in classrooms with typical peers, and only 38% were fully included in EC classrooms in which they received their special services. The remainder of children spent varying amounts of time with typical peers in classrooms or educational settings. For children younger than 3 years, the majority received early intervention services at home (86%) and only 5.7% received services in a community-based setting, such as child care (<http://www2.ed.gov/about/reports/annual/osep/2015/parts-b-c/37th-arc-for-idea.pdf>).

Accommodations and feasibility

Fifteen years ago, many model demonstration and community-based EC programs were able to “accommodate to, and meet [the] individualized needs of children with and without disabilities without disrupting the integrity of the program’s model” (Guralnick, 2001a, p. 15). At the time, there were many programmatic examples of modified curricula and other creative adjustments that were responsive to the needs of all children while minimizing stigma for children with disabilities. Process measures such as engagement, program flow, and staff self-evaluation suggested that fully inclusive programs were feasible in the sense that activities within a program’s educational framework could be adapted to accommodate the needs of all children. These findings reflected both quality and feasibility of inclusive EC programs.

Evidence to support this goal has been further refined over the past 15 years. Assessment tools to measure the quality of inclusive practices have been developed (Soukakou, Winton, West, Sideris, & Rucker, 2015), as have been recommended practices to guide instructional practices for children with disabilities in inclusive settings (Buysse, 2011; Division for Early Childhood [DEC], 2014). Differentiated instruction and data-based instructional practices are components of EC curricula and have been increasingly adopted by EC classrooms to facilitate the successful inclusion of diverse learners in the same learning activities (Hemmeter, Hardy, Schnitz, Adams, & Kinder, 2015; Sandall & Schwarz, 2008). Most EC curricula also include accommodations for young children with disabilities, which, when implemented appropriately, allows for the participation of all children across classroom activities.

Nevertheless, the data reported under the prior goal of access also suggest that efforts to ensure the feasibility of inclusive programs have stalled. Among the reasons cited for this lack of progress are the inability of existing EC programs to seamlessly incorporate special education and related services into their

educational curricula and routines and challenges reconciling the differing philosophies of special and general EC educators (see U.S. Department of Health and Human Services & U.S. Department of Education, 2015). This is no surprise, as the qualifications, knowledge, and skills of the teachers who provide services to young children in inclusive settings may vary by title (e.g., special education teacher, head classroom teacher, teacher assistant, paraeducator) and by training, qualifications, and experience (Allen & Kelly, 2015; Gomez, Kagan, & Fox, 2015), thus creating questions about the ability of some to provide inclusive services. This variability in knowledge and skill was identified in a national survey of infant and preschool teachers' perception about their competence (or lack of competence) to teach children in inclusive or natural environments (Dunst & Bruder, 2014).

Developmental progress

The third goal related to EC inclusion was quite specific: "Children will do at least as well developmentally and socially in inclusive programs as they do in specialized programs" (Guralnick, 2001a, p. 20). Virtually all of the research evidence reviewed 15 years ago indicated that this was indeed the case, at least for demonstration and well-designed community programs. From a research perspective, the field was confident that the social and cognitive development of children with special needs would not be adversely affected by being in classrooms with nondisabled peers and that many children (including those without disabilities) would benefit as a result of such educational models. The later findings were partly attributed to developmental expectations and demands common to inclusive settings.

More recent work continues to support these conclusions across a range of disabilities including autism spectrum disorder (ASD). It has been shown that preschool-aged children with ASD can make substantial progress on a wide range of outcomes when participating in inclusive preschool settings guided by a quality curriculum and a number of other qual-

ity indicators (Strain & Bovey, 2011). Such benefits have also been found for children with ASD in inclusive kindergartens (Sainato, Morrison, Jung, Axe, & Nixon, 2015). Focusing on educational skills for a range of children with developmental delays, Phillips and Meloy (2012) used a regression-discontinuity design to demonstrate that advances in literacy for children with delays could occur at a rate similar to that of children without delays, all of whom were enrolled in a fully inclusive preschool. Benefits were also obtained for a diverse group of preschool children with disabilities who participated in an inclusive program emphasizing high-quality language and literacy instruction (Green, Terry, & Gallagher, 2014).

Children's peer relationships have also been shown to improve in quality as a result of participation in inclusive programs. Guralnick, Connor, Neville, and Hammond (2006) used a randomized clinical trial to assess the value of a comprehensive intervention program to improve the quality of peer relationships of children with developmental delays enrolled in community-based inclusive programs. The primary benefits of the intervention included the prevention of negative and atypical interactions during social play with peers. Recent studies have also demonstrated positive effects on the social interaction skills of children in inclusive settings using behaviorally-based interventions with children with ASD (e.g., Camargo et al., 2014) and social communication interventions with children with developmental delays (Stanton-Chapman & Brown, 2015).

Although research studies continue to support the achievement of this goal, expansions of program evaluation models are needed to establish a robust evidence base on the developmental impact of inclusive community-based EC programs and classrooms on the enrolled children and their families. This expansion will require the refinement of experimental designs appropriate for EC programs and diverse groups of children (Rafferty, Piscitelli, & Boettcher, 2003). Nevertheless, process and outcome evidence for

both the accommodations and developmental progress goals indicate “proof of concept” with respect to the feasibility and benefits of quality inclusive environments. This body of knowledge will take on more importance as universal preschool education becomes the norm in the United States and EC programs mandate the use of measures such as state early learning standards to assess the progress of all participating infants and young children (Scott-Little, Kagan, Frelow, & Reid, 2009; Scott-Little, Lesko, Martella, & Milburn, 2007).

Social integration

The fourth and final goal considered in the 2001 volume addressed the importance of social integration. Specifically, it stated that “meaningful participation between children with and without disabilities will be evident in inclusive environments” (Guralnick, 2001a p. 25). Assessing and promoting the quality of social relationships among a highly diverse group of children is a complicated task, and measurement of social outcomes is correspondingly complex. At the time of the book’s publication, evidence had revealed that while social connectedness was common during passive interactions, separation between children with and without disabilities occurred when more demanding forms of interaction, such as friendships, were assessed. Indeed, the complexity of what constitutes friendship and a general sense of belonging adds a dimension of uncertainty when evaluating current research for this goal.

Although it has been shown that friendships occur in a variety of settings among children with diverse developmental and behavioral characteristics (e.g., Buysse, Goldman, & Skinner, 2003), the formation of deep friendships and the ability to maintain relationship stability between children with and without disabilities remains a concern (see Meyer & Ostrosky, 2014; Odom et al., 2006). Of importance, however, are findings that inclusive settings can provide a context for the facilitation and support of social interactions among peers. In particular, evidence suggests that teachers’ involvement in fostering peer

relationships and friendships can have a substantial effect (Buysse et al., 2003; Guralnick, Connor, & Johnson, 2011). Perhaps, further efforts to enhance the peer-related social competence of young children with disabilities will help address this problem (Bruder & Chen, 2007; Guralnick, 2010).

Interestingly, it appears that a sufficient degree of interaction occurs among children at different developmental levels in inclusive settings to promote the language development of children with disabilities (Justice, Logan, Lin, & Kaderavek, 2014). Linguistic input from peers and observational learning may well be mechanisms for transmission of skills, as well as any friendships that may form (Ledford & Wolery, 2015). This is a somewhat different form of interaction between children with and without disabilities and may suggest another pathway to account for the social benefits that occur for children with disabilities in inclusive settings.

Clearly, peers can influence one another through various social interactions, and research has made us aware of the factors that contribute to peer relationships and true friendships among children with and without disabilities as a result of inclusion. Nevertheless, we have more to learn about social interaction among peers and its effects on the formation and outcomes of true friendships before we can fully achieve this fourth goal of inclusion. Recent work (e.g., Yu, Ostrosky, & Fowler, 2015) continues to suggest that fundamental changes in broader societal attitudes will be needed before more meaningful relationships among diverse groups of children become commonplace. Conceptual and definitional clarity will further illuminate the complex issues surrounding social inclusion (Guralnick, 1999).

FUTURE RECOMMENDATIONS

As a result of the rich history of program demonstrations, research, and legislation, EC inclusion for young children with disabilities is an accepted educational practice and a quality indicator of EC intervention services in the

United States (Bruder, 2010). More recently, EC programs and classrooms have expanded into the public educational system and have also targeted populations of children who are at risk for school failure because of biological and/or environmental risk factors that impact development (Shonkoff, 2010). One result has been an emphasis on programs that are less focused on one population versus another (e.g., disability vs. nondisability) and, instead, offer a continuum of service intensity to meet the individual needs and developmental status of each child. This EC service model requires a shift in paradigm from the historical concept of inclusion focused on the placement of children with disabilities into EC programs and classrooms to the implementation of comprehensive EC programs and classrooms that promote the goals of access, accommodation, developmental progress, and social integration for all children, regardless of disability status. Recommendations to facilitate the continued progress of all four of these goals follow and are listed in Table 1.

Access to preschool for all young children

Access to inclusive programs and classrooms remains the most challenging of the four goals to achieve. The realization of effective and inclusive EC programs remains elusive in many localities in the United States. Yet, this country is currently experiencing an era of unprecedented growth in EC programs, emanating, in part, from research emphasizing the importance of early brain de-

velopment (Sameroff, 2010). This growth has facilitated the enrollment of approximately 2,231,802 three- and four-year-old children in state pre-K, Head Start, or preschool special education programs across the country (Barnett, Carolan, Squires, Brown, & Horowitz, 2015).

Unfortunately, this rapid growth has also resulted in a national EC system that varies across a number of program dimensions depending on funding, eligibility criteria, philosophy, curricular emphasis, staffing patterns, and program outcomes. It has become apparent that state and local EC programs are trying to build and expand at a pace that sometimes precludes systemic planning for all children, the results being programs operating on traditional boundaries dictated by some children’s perceived needs for specialized placements staffed by specialized or therapeutic staff.

To address this reluctance to include children with specialized needs in EC programs, we propose that state leaders examine their existing EC and EC intervention service system and combine the two (Bruder, 2010). This national vision has been put forth most recently in a policy statement by the federal government (<http://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>), which also contains implementation recommendations for state and local EC programs to reach this vision. This recommendation is not new (Bruder, 2000), and it is predicated on the adoption of a conceptual model and a common vision for all young children being able to access

Table 1. Recommendations to Actualize Inclusion Goals

<p>State administrative structures for all EC programs</p> <p>The adoption of standards for all higher education personnel preparation programs for those who will provide services in EC settings</p> <p>The alignment of state EC personnel certifications of licenses to national standards</p> <p>The use of team process and collaboration consultation for all children attending inclusive EC programs and settings</p> <p>The expansion of inclusive practices to home and community activities</p>

Note. EC = early childhood.

universal preschool programs that operate across funding streams, eligibility criteria, and outcome measures.

One strategy that lends itself to such program redesign is the development of a state office of EC to combine and seamlessly administer all federal and state EC, EC intervention, and other specialized programs such as Head Start, Preschool Development Grants, Home Visiting Programs, pre-K programs, McKinney Programs for the Homeless, and IDEA infant and preschool programs. A handful of states have instituted such an office and are beginning to move away from categorical program implementation to EC models that embrace and educate children across eligibility requirements and developmental status. The inherent synergy that is fostered in such administrative structures can lead to programmatic reform across state and federal EC initiatives. Moreover, universal access to EC programs for children with disabilities, delays, risk factors, and typical development leads to programmatic reform and access to EC programs for all. A state office for EC will then be positioned to advocate and develop preschool policies and programs predicated on the values and vision of inclusion as the means to quality outcomes for all, rather than the end result of administrative and placement structures for some.

Competent EC and EC intervention teachers and staff to accommodate all children

It has been suggested that attitudes may be one barrier that impacts access and the feasibility of inclusive EC settings for children (Barton & Smith, 2015). Although we agree that attitudes can be a major factor that inhibits the implementation of inclusive programs for all, we feel that the EC field has moved beyond negative attitudes about the rights of young children with disabilities to be educated with children without disabilities. Rather, we believe there are attitudinal barriers driven by policy makers, program staff, and families who question the ability and capacity of the EC system to address the specialized and perceived burdensome needs of children with disabilities.

There are approximately half a million EC and EC intervention teachers employed in public preschool programs (U.S. Department of Education Office of Special Education and Rehabilitative Services Office of Special Education Programs, 2014); and 1,312,700 child care teachers are providing care to children from birth to 5 years of age (U.S. Bureau of Labor Statistics, n.d.). The ability of each teacher to meet the needs of all children in inclusive classrooms relies on a variety of factors, not the least of which are the knowledge and skills they learn in their preservice preparation program, and the requirements they must meet to be granted a teaching credential that allows them to teach young children. We feel that both EC intervention programs and EC teachers and other EC staff must be competent in pedagogy that includes the philosophy, knowledge, and skills to implement a developmentally appropriate curriculum with adaptations, modifications, and instructional practices for heterogeneous groups of children, some of whom may be identified as having disabilities.

The content of preservice training programs is generated and endorsed by discipline-specific national organizations. Referred to as personnel standards, they guide and accredit higher education programs of study that prepare students in a professional discipline. Of most relevance for lead special education or EC teachers who are preparing to teach infants and young children with disabilities in inclusive settings are the Professional Preparation Standards from the National Association for the Education of Young Children (NAEYC, 2011), the Initial and Advanced Standards from the Council for Exceptional Children (CEC) and Specialty Standards from the DEC of the CEC (CEC, 2012). These EC and EC intervention standards have been aligned with one another, and evidence exists as to their effectiveness (Stayton, 2015). At this time, however, they are not universally required by all EC and EC intervention teacher preparation programs.

After completing a preservice preparation program, the graduate must apply for a state licensure or certification to practice. The

assumption being the acquisition of a state credential provides further evidence of a candidate's teaching competence. Unfortunately, many states do not align their state EC and EC intervention teacher certification requirements to the national evidence-based personnel standards; the result being a lack of congruence between national standards and state certification requirements, particularly with regard to the competencies needed to teach young children with disabilities in inclusive settings (Stayton, Smith, Dietrich, & Bruder, 2012). In addition, a recent review of credentialing requirements across the 50 states found that in comparison with all other disciplines, the EC and EC intervention certification processes presented the most variability across states as there were 23 different age levels addressed by EC and EC Special Education teacher certifications (Chen & Mickelson, 2015). This has resulted in an undue level of complexity and confusion about what EC and EC intervention teachers need to know and do in order to teach young children with and without disabilities in the same learning environment.

Our recommendation to ensure the quality and effectiveness of inclusive EC programs is twofold. All higher education EC and EC intervention teacher training programs should utilize the evidence-based personnel standards of the NAEYC and the CEC/DEC when preparing teachers for EC settings. Likewise, states must align and operationalize their certification requirements to these national standards and to each other. Only then will the United States be able to demonstrate the availability of a quality workforce that is able to effectively and collaboratively implement curricular and instructional modifications, adaptations, and instructional practices to benefit all children in EC classrooms, regardless of ability or needs.

Promoting and measuring developmental progress

All publicly funded EC programs are accountable for the developmental progress of the children being served within them. The

measurement of child development as a function of receiving services, interventions, and access to early learning opportunities is dependent on sensitive assessment and progress monitoring tools that are able to isolate and identify developmental progress beyond what would be expected in the absence of those programs. This goal, in particular, is dependent on the implementation of EC and EC intervention evidence-based practices (EBPs) to guide the learning opportunities for all enrolled children (see DEC, 2014). The competence of personnel to deliver and measure targeted EPBs for individual children is critical to the outcome of developmental progress of children in inclusive programs.

In addition to EC and EC intervention teachers, preschool-aged children with disabilities may receive services from approximately 16 other professional staff members representing a range of other disciplines such as rehabilitation therapists, psychologists, social workers, and so forth, as well as others under the discretion of each state EC intervention system including service coordinators, board-certified behavior analysts, mental health specialists, and EC intervention paraeducators. Furthermore, the qualifications for these professionals vary by state, as do the content and philosophy of the higher education programs that prepare them (Bruder, in press). There is also evidence that suggests that most do not receive any preparation to provide services that result in developmental progress in inclusive environments (Dunst & Bruder, 2005a, 2005b; Dunst, Raab, Trivette, & Swanson, 2010).

Our recommendation to improve and facilitate the progress of all children in inclusive programs is to reframe the responsibilities of all professionals with regard to the implementation of EBPs across children and developmental domains. While some personnel will have obvious competence in specialized areas (e.g., speech and language pathologists), all should be able to collaborate in the design of EBPs across learning domains and to deliver targeted interventions within classroom activities as prescribed for individual children. For children with disabilities, this will require a

commitment to team planning outside of the required IEP meeting that occurs yearly.

Teaming is a concept that was identified as a characteristic of effective EC service delivery in inclusive preschool settings (Bruder, 1993). Unfortunately, the time available for this process has diminished as the demands of larger caseloads for teachers and other staff members in EC and EC intervention have increased. Collaborative consultation among professionals who serve the same children has also decreased, which means that time for productive communication about the needs and interventions for individual children is nonexistent. If we expect to promote developmental progress in children in inclusive programs and classrooms, a critical programmatic component will have to be the allocation of time for both EC and specialized staff members to jointly plan interventions that cross disciplines and developmental domains and, most importantly, are implemented in inclusive learning activities.

Social integration expanded through families and communities

The attitudes and beliefs of families of both children with and without disabilities have been identified as contributing to the success of inclusion (Guralnick, 2001a). These are as important to the success of the social outcomes of inclusion as is any social skill or friendship training. Families establish expectations for their children and promote their participation in activities to meet these expectations. If a service system does not provide quality inclusive programs and classrooms for infants and young children with disabilities, parents may well believe that this is the best option for their child's learning.

Children's initial experiences with the EC education system determine the degree to which they and their families feel connected to their natural community. This framework is perhaps best captured by the term "degree of belongingness." A child's degree of belongingness during this period establishes expectations about social relationships of all forms that will last well beyond the EC years. When

families experience a high degree of belongingness with their children during the early years, it positively shapes their expectations for the future. And, inclusion during the early years benefits society as children grow up. Those who attend inclusive EC programs are better equipped to learn, live, and work in inclusive communities. If we reorient our pursuit of inclusion to begin with families, we may be able to clarify and enhance our understanding of effective, sustainable inclusion.

Families participate in different home and community activity settings as the context for family life (Bruder & Dunst, 2011). Activity settings are those settings in which families place value, and they provide child development and learning opportunities, such as library story times, swimming lessons, and the neighborhood playground, as examples. If we are committed to the inclusion of children with disabilities into programs and classrooms with their nondisabled peers, it would seem that our efforts should focus on promoting families' ability to orchestrate learning experiences in the everyday activities they value (Dunst & Raab, 2012; Swanson, Raab, & Dunst, 2011). Although formal, planned learning opportunities have been the foundation of EC intervention, a broadened view of inclusion acknowledges the benefits of learning in a variety of real-world settings as determined by families (Dunst et al., 2010). To promote the social inclusion of young children with disabilities, we recommend partnering with families to identify and utilize home and community settings in which their child can participate in activities with children without disabilities.

CONCLUSION

The United States has been very fortunate to have a history that supports EC inclusion through research, legislation, and funding. Although we have made progress on the four goals initially identified by Guralnick (2001a), we still have much to accomplish. We hope this article will provide the impetus to our country to move into a systems approach

that promotes continued research, education, policy, and practice initiatives that result in the availability and feasibility of EC programs for all that promote development and social relationships (Guralnick, 2005). Early child-

hood inclusion is integral to quality EC programs and classrooms. This relationship is recognized and accepted. Now we need to work on making this a reality for all young children.

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