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Identifying Young Children with Disabilities

by Francis Wardle

As the result of several lawsuits brought against state departments of education by parents of children with disabilities, the first federal law to require public schools in the United States to serve children with disabilities was passed in 1975. In 1990, this law became the Individuals with Disabilities Education Act (IDEA). Over the years, the law has been reauthorized and changed many times. Today the law covers children from birth to 21 years. While its focus is still on children in public schools and

early childhood programs, the law may also apply to children in private schools under certain conditions (U.S. Department of Education, Office of Innovation and Improvement, 2012). Historically the application of the law focused on K–12 schools; today, however, early childhood programs are increasingly expected to serve children with a variety of abilities.

A major reason for this new direction is the increased understanding that the earlier the intervention associated with many conditions, such as autism, the greater the chance for success (Dawson et al, 2012). Many believe these positive results of early intervention apply to any disability that can negatively impact a child's school success (Allen & Cowdery, 2015). Thus, the sooner the intervention is initiated, the better chances for success.

One challenge for early childhood programs that serve infants through preschoolers, when implementing approaches to serve children with disabilities, is that these programs are covered by two distinctly different parts of the IDEA law—part C (birth to age three) and part B (age three and above). Each is usually operated under a different community agency, and has different requirements.

Another challenge is that in working with children over age three, early childhood programs must collaborate closely with Child Find, which is a function of the local public school.

Private early childhood programs are also trying to determine the extent to which they are legally and ethically required to serve children with disabilities, and how best to do so. One reason for this is that IDEA requires students to be educated if possible within their natural environment, which in many cases means they should receive services within their existing program—even if that program is private and/or for profit. Private early childhood programs include single community programs, large national chains, and early childhood programs attached to private and religious K-12 schools (U.S. Department of Education, Office of Innovation and Improvement, 2012).

But maybe the most difficult challenge for early childhood programs is the one of identification.

Identifying Children with Disabilities

IDEA is a categorical system, which means a child cannot receive services



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until it is shown that the child meets certain federal criteria. For children under age three, these are fairly broad; for those over age three, they must meet one or more of 13 federal categories.

However, many states allow young children to be categorized under the general developmental delay category (Gargiulo & Bouck, 2018).

To meet these qualifications, children must be assessed. However, the challenge for indentifying young children is there are many factors that make assessment difficult. Clearly this is not the case for children with genetic or chromosomal abnormalities that can be determined by DNA, or obvious physical impairments, such as sight and hearing impairments.

But most young children who are diagnosed with a disability require a variety of assessments and observations that involve human judgments, and/or are subject to forms of human bias. These include ADHD, specific learning disabilities, and emotional disturbance (Gargiulo & Bouck, 2018).

When discussing assessments and research, a critically important construct to understand is validity. This simply means that any assessment, instrument used to assess a child, research results, and so on, must be accurate—they must measure what they claim to measure, and nothing else. For example, a weight scale must be accurate; an IQ test must be given under controlled conditions that do not influence the child's score. It is obvious that an assessment instrument, test, or observation needs to accurately measure what it is intended to record, and not provide false data. Otherwise, the child will be misidentified. Clearly it is not appropriate to misidentify children with disabilities, yet this is a huge problem, especially with young children (Gargiulo & Bouck, 2018; Harry & Klingner, 2006).

And this is where the problem lies—there are many areas of possible invalidity when assessing young children, include the following:

- **Young children themselves.** I remember when my six-year-old granddaughter was assessed for a gifted and talented program. After taking the assessment, her mother asked her how she did. She replied, "Not well, I decided to act shy." Often assessments do not catch young children at their best. Further, the natural variability of growth, maturation, and learning of young children poses a real problem in determining whether the child is growing "according to the developmental norm."
- **Instruments.** Most formal assessments used on young children are designed for the K-12 population, and do not work well with younger children. This is particularly true of those instruments that require certain verbal skills and emotional maturity.
- **Language and culture.** Many assessments are not translated into the native language of non-English-speaking students and may include built-in cultural bias; further, many young children are not comfortable with strangers assessing them in an artificial environment.
- **Tester bias.** Because many assessments require judgment on the part of the person doing the assessment, cultural and personal bias often invalidate the results. This is one reason why more African American and Hispanic children are identified for special education, as opposed to Asian and White children, and why more boys are diagnosed with ADHD and specific learning disabilities than girls (Gargiulo & Bouck, 2018; Harry & Klingner, 2006). Further, because Child Find is operated by the local public school, some of the staff conducting

the assessments may not have experience working with young children.

- **Institutional pressure.** Administrators may want certain children to be removed from their program, or at least placed into a special program for a variety of reasons, among them to satisfy a teacher or respond to a parent's request. While this may or may not be good for the individual child, it can prevent the program from making important needed changes to their curriculum and best practices.

Many disabilities exhibit similar characteristics, and therefore overlap. For example, some children who are diagnosed with ADHD actually have a specific learning disability and not ADHD; many Gifted/Talented children are diagnosed with ADHD because they become bored with the traditional program they attend (Gargiulo & Bouck, 2018).

Screening

The process to determine whether a child qualifies for special education services begins with a screening based on a recommendation that the child be assessed for a special need (Allen & Cowdery, 2015). However, before recommending a child for screening, the program should complete a detailed checklist.

- Is there a language or cultural barrier that interferes with the child's learning and/or behavior?
- Has there been a discussion with the child's parents? What is their view of the issue?
- Has the child recently experienced a traumatic event in his or her life?
- Has the classroom environment been adapted to try to address the issue?

- Has the activity/learning experience been adjusted (i.e. made easier or more difficult, or by using different learning styles)?
- Is there a conflict between the teacher and the child, or the teacher and the child's parents?
- Is the child's negative behavior somehow being reinforced—by the teacher, other students, at home?
- Has there been a recent change at home or at school that can account for the behavior?

It is important to review the checklist before recommending a child for screening, because once a child is recommended, there is the tendency for future assessments to confirm the results of the screening—what is called a self-fulfilling prophecy—whether valid or not (Gargiulo & Bouck, 2018).

Assessments

According to Gargiulo & Bouck, “assessment is the process of gathering infor-

mation and identifying a student's strengths and needs through a variety of instruments and products: data used in making decisions” (p. 599). These include formal tests, developmental and behavioral checklists, parent and teacher interviews, and various observational approaches. IDEA requires more than one source of data to make decisions about a child; the use of a single test result to determine a child's delay or disability is illegal (Allen & Cowdery, 2015). According to Hyson (2002), assessments must be ongoing, developmentally appropriate, and supportive. Additionally, they also need to be linguistically and culturally sensitive.

Whoever administers the assessment to determine whether a child qualifies for IDEA services needs to follow these important guidelines.

- Assessments must be conducted in the child's native language.
- Simply translating a test that was written in English and standardized on English-speaking students is never appropriate.

- Assessments should be conducted and interpreted by a “culture-language mediator”—a person who is fluent in both the child's native language and majority language and culture.
- Multiple forms of information should be collected, including work samples and child observations.
- Test items and procedures should be designed to measure a child's known strengths, as well as document any perceived weaknesses (Allen & Cowdery, 2015, p. 253).
- Programs should collaborate with families in the assessment process, making sure that they understand the assessments used and the purpose of the process.
- Accommodations must be made so that the results are not influenced by other factors, such as a child's sight or hearing impairments negatively impacting IQ test results.

Additionally, any assessment must be normed on children the same age as the children who it will be used to evaluate. Reliability and validity information for each assessment needs to be provided. Further, any assessment must be conducted in an environment consistent with the child's age, experience, and cultural background. In some cultures children are not used to being with strangers; in others, separating them from the group can cause anxiety.

Assessments are not a test; children should be given every possible opportunity to succeed. We want to know how they perform at their best (Harry & Klingner, 2007).

Conclusion

Many young children can benefit greatly from special education services. Because early intervention can have a lasting, positive effect, early diag-



nosis and treatment are critical. Fully implementing IDEA in early childhood programs is something that needs to be done to make sure all young children have access to programs and services that will maximize their development and learning. This impacts children in all programs, including public, private, religious, and for-profit programs.

Because IDEA is a categorical program, identification is required before children can receive services. For many early childhood programs, this poses a series of challenges. Early childhood programs must be very careful in how children are identified, to make sure the results are valid so that children are not misidentified and inappropriately placed in special education programs. Unfortunately, there are many ways that assessment can result in inaccurate information. This article has provided some information to assist early childhood programs as they attempt to meet the needs of their children with potential disabilities, and to make sure these children are accurately assessed so that they receive special education services.

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