INCLUDING PRESCHOOL AGE STUDENTS WITH DISABILITIES:
PERCEPTIONS AND BELIEFS OF COMMUNITY-BASED EARLY CHILDHOOD PROVIDERS

By

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To my family, who have shared this experience
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# TABLE OF CONTENTS

| ACKNOWLEDGMENTS | .......................................................... | 4 |
| LIST OF TABLES | .......................................................... | 7 |
| ABSTRACT | .......................................................... | 8 |

## CHAPTER

### 1 INTRODUCTION .......................................................... 10
- Rationale .......................................................... 14
- Research Questions .......................................................... 16
- Definition of Terms: .......................................................... 16

### 2 PRESCHOOL INCLUSION: A REVIEW OF THE LITERATURE .................................................. 18
- Legislative Mandates and Beyond .......................................................... 18
- Definition of Early Childhood Inclusion .......................................................... 21
- Research on Benefits of Inclusion .......................................................... 22
- Building Inclusive Settings .......................................................... 25
  - Issues of Attitudes and Belief .......................................................... 26
  - Role of the Community Based Childcare Center Administrator .......................................................... 27
- A Review of the Research on Beliefs about Preschool Inclusion .......................................................... 28
- Training and Preschool Teacher Attitudes .......................................................... 33
- The State of Inclusive Practices in Preschool Settings .......................................................... 36
- Preschool and Early Intervention in Florida .......................................................... 38
- Challenges Facing Rural Communities .......................................................... 40

### 3 METHODOLOGY .......................................................... 43
- The Survey Sample .......................................................... 44
- Field Testing .......................................................... 44
- Identification of Study Participants .......................................................... 46
- Participants .......................................................... 46
- Procedure .......................................................... 48
- Instrumentation .......................................................... 49
- Statistical Analysis of the Data .......................................................... 52

### 4 RESULTS .......................................................... 54
- Reported Status of Inclusion .......................................................... 55
- Beliefs about Inclusion .......................................................... 58
- Inclusive Skills .......................................................... 60
- Training Needs Identified .......................................................... 63
5 DISCUSSION ................................................................................................................................. 77

Provider Beliefs about Inclusion .................................................................................................. 78
Current Enrollment Status of Young Children with Disabilities ............................................. 79
Adaptations and Strategies to Include All Children ..................................................................... 82
Perceptions regarding Inclusive Practices and Training Needs .................................................... 85
Assessment and Instruction .......................................................................................................... 86
Collaboration ................................................................................................................................... 88
Behavioral Strategies .................................................................................................................... 90
Individualized Educational Planning ............................................................................................. 91
Working with Children with Significant Disabilities ................................................................. 93
Professional Development and the Rural Administrator .............................................................. 94
Implications ....................................................................................................................................... 95
Limitations ......................................................................................................................................... 98
Recommendations for Future Research ....................................................................................... 100

APPENDIX

A IRB DOCUMENTS ........................................................................................................................ 102

IRB Approval Letter ....................................................................................................................... 102
IRB Approval Letter: Revision of Protocol ................................................................................... 103
VPK Administrator Focus Group Informed Consent ................................................................. 104
VPK Administrator Informed Consent ........................................................................................ 106
VPK Lead Teacher Informed Consent .......................................................................................... 108

B FOCUS GROUP DOCUMENTS ................................................................................................ 110

VPK Focus Group Conference Call Agenda .................................................................................. 110
Focus group Discussion Summary ............................................................................................... 111

C SURVEY PACKET DOCUMENTS ............................................................................................ 113

Informed Consent VPK Administrator: First Notice ................................................................. 113
Informed Consent VPK Lead Teacher: First Notice ................................................................... 114
Second Request: VPK Administrators ....................................................................................... 115
Second Request: VPK Lead Teachers .......................................................................................... 116
VPK Administrator Thank you/Final reminder Postcard ............................................................. 117
VPK Lead Teacher Thank you/Final reminder Postcard ............................................................. 118

D STARS DOCUMENTS ............................................................................................................ 119

LIST OF REFERENCES ................................................................................................................. 130

BIOGRAPHICAL SKETCH ......................................................................................................... 144
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1</td>
<td>Demographics of respondent by numbers, percentages and means</td>
<td>53</td>
</tr>
<tr>
<td>4-1</td>
<td>Provision of services to young children with disabilities</td>
<td>68</td>
</tr>
<tr>
<td>4-2</td>
<td>Inclusive beliefs (VPK administrator N = 16, VPK Lead teacher N = 39) in</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>percentages, ranges, mean score, and standard deviations</td>
<td></td>
</tr>
<tr>
<td>4-3</td>
<td>Training Needs Related to Belief Statements</td>
<td>70</td>
</tr>
<tr>
<td>4-4</td>
<td>Inclusive skills indicated by participants by percentage, means, standard</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>deviation and ranges</td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td>Training needs related to inclusive practice by percentages</td>
<td>74</td>
</tr>
<tr>
<td>4-6</td>
<td>Agreement of training needs identified by VPK teachers and VPK administrators</td>
<td>76</td>
</tr>
</tbody>
</table>
The purpose of this investigation was to examine the beliefs and skills of community early childhood lead teachers and community child care center administrators participating in Florida’s Four Year Old Voluntary Pre-kindergarten (VPK) Program in five rural, north Florida counties hold regarding the inclusion of young children with disabilities within their centers. The training needs that these practitioners identified as critical to successful inclusion were also determined. A specially designed and adapted mailed survey was used to answer the following questions:  

a) What beliefs do community childcare administrators that supervise Florida’s Voluntary Pre-kindergarten (VPK) program and VPK lead teachers hold regarding the inclusion of students with disabilities with their community childcare settings?  
b) What is the perception of community child care VPK administrators and VPK lead teachers regarding their skills to include children with disabilities within their community childcare programs?  
c) What are the training needs identified by VPK administrators and VPK lead teachers as needed to include children with disabilities in their community settings?
The target populations for this study were the 39 administrators who supervise community based centers that provide VPK services to Florida’s four years olds, as well as the 79 lead teachers in the community based VPK classroom within the five counties. Data collected from this survey were compiled and calculated according to frequencies and percentages of perceptions and needs across the participant’s responses. The computerized program, SPSS 14.0, was utilized to sort, code and calculate data results.

Results indicated that community based center administrators and lead teachers who participate in Florida’s VPK program, hold positive beliefs about including children with disabilities in their centers. These early childhood providers also have a high level of confidence in their inclusive practices and skills, such as collaboration with families and service providers, environmental arrangement and using strategies for effective behavior management, to include young children with disabilities in their programs. However, these community based providers were less confident in their skills regarding services to young children with motor disabilities or augmentative communication needs. Finally, VPK administrators and lead teachers identified a need for skill development training in many areas related to including children with disabilities, including the development and implementation of Individualized Educational Plans, and effectively observing young children to assess their development skills and needs. Additionally, specialized areas of supporting young children with disabilities, such as positioning and familiarization with alternative methods of communication, were identified as the greatest need by the majority of the participants.
A set of legal, rational and empirical discourses have evolved over the past two decades to form the foundation for the provision of inclusive educational services for preschool children with disabilities in typical preschool settings (Lieber, et al., 2000). The Individuals with Disabilities Education Act (1986 and subsequent reauthorizations) and the reasonable accommodations mandate of the 1990 Americans with Disabilities Act provide comprehensive mandates for including children with disabilities in the least restrictive environment (Devore & Russell, 2007). According to Bailey, McWilliam, Buysee and Wesley (1998) the least restrictive environment, or inclusion, refers to the full participation by children with disabilities in educational programs alongside their typically developing peers. For young children with disabilities, this means enrollment in programs designed for their chronological age peers such as community-based child care or local Headstart programs (Beckman, Hanson, & Horn, 2002; Buysee & Wesley, 1993; Wolery, et al., 1993.) Empirical data show that inclusive learning opportunities, if done appropriately, can be beneficial for children both with and without disabilities, resulting in academic gains and positive growth in social skills (Buysse & Wesley, 1993; Purcell, Horn, & Palmer, 2007). The quality of services in these community-based inclusive programs depends largely on the effectiveness of the personnel providing those services. A number of factors influence the quality of services, not the least of which is the preparedness of the caregivers. However, often the personnel working in these programs are not certified or appropriately trained teachers (Hammeken, 2000; Killoran, Templeton, Peters, & Udell, 2001). Early childhood personnel working in inclusive settings should be prepared to nurture the development of children with
increasingly diverse and complex needs, and must develop a working repertoire of knowledge, strategies, and unique accommodations (Devore & Russell, 2007; Giangreco, Edelman, Broer, & Doyle, 2001; Howell, 2000). For inclusion to be successfully implemented by community based service providers, training must be provided to these providers to foster and develop these skills (Lieber, et al., 2000; Purcell, et al., 2007) and a sense of competence (Pajares, 1996).

As young children with disabilities are increasingly included in natural learning settings, early childhood providers are asked to adapt their prior practices and make appropriate accommodations to facilitate inclusion within their community programs (Devore & Hanley-Maxwell, 2000; Sandall & Schwartz, 2004). However, the level of training that most program administrators and lead teachers receive includes minimal to no instruction regarding young children with disabilities. Although criteria for employment in community child care, Head Start, and other child care settings varies by locale, many early childhood personnel are considered qualified if they have a high school diploma and a Florida Child Care Professional Credential (FCCPC) formerly the Child Development Associate credential (CDA). According to Florida’s Department of Children and Families (2008), the Florida Child Care Professional Credential currently requires 120 hours of early childhood instruction, 480 contact hours with children ages birth through eight, and a high school diploma or GED. These criteria mirror the minimum requirements for the National Early Childhood Credential program (FDCF, 2008). Therefore, as communities are working to develop inclusive early childhood programs to meet the needs and ensure quality services to young children with disabilities, the planning process must include an examination of the training needs of
those who provide the services (Brotherson, Sheriff, Milburn & Schertz, 2001; NASDSE, 2005).

Current research findings indicate that an “inclusion jetlag, a gap between research supported and legally mandated inclusion practices and the reality of early childhood education inclusion” continues to exist (Brotherson, et al., 2001 p. 35). Therefore, a major national challenge has emerged to meet the need for high quality, well prepared early childhood personnel (Lieber, et al., 2000) and to design and implement appropriate educational programs to serve children with disabilities in inclusive community childcare settings. In accepting the challenge to establish high quality inclusive programs, the early intervention community and special educators have attempted to implement effective, research-based instructional strategies to address local, state and federal standards and programmatic guidelines (Hunt & Goetz, 1997; Hunt, Soto, Maier, Liboiron, & Bae, 2004; Kemple, Hartle, Correa, & Fox, 1994; Lieber, et al., 2000; Wischnowski, Salmon, & Easton, 2004). Efforts are underway at the national, state and local level to improve the quality of child care through the development of professional competencies and preparation of the childcare workforce (Walker, 2002). Research is needed to assist the field in understanding and overcoming the barriers to effectively train community early childhood education staff (Wallace, Shin, Bartholomay, & Stahl, 2001) and ensure that they are supported in developing skills needed to provide high quality inclusive environments (Purcell, Horn, & Palmer, 2007). We need to explore what effect these enhanced trainings of early childhood educators have on student outcomes and which types of training and topics have the greatest impact (Giangreco, Edelman, & Broer, 2001; Lamorey & Leigh, 1996).
Individuals pursue activities and situations in which they feel competent and avoid those in which they do not feel competent. Effective inclusionary settings for young children have a core belief system that all children belong and are members of an educational environment. These settings are structured to be engaging, motivating (Bredekamp & Copple, 1997; Bredekamp & Rosengrant, 1992; Sandall & Schwartz, 2004) and capable of adapting educational activities to promote positive academic and social outcomes (Carter & Hughes, 2006; Downing, 2005; Erickson & Koppenhaver, 1997; Hunt & Goetz, 1997) that maximize opportunities for participation and success for all students (Ryndak, Jackson, & Billingsley, 2000; Sandall, McLean, & Smith, 2000; Waldron & McLeskey, 1998). Adequate and appropriate training is critical to building well prepared and welcoming inclusive preschool settings equipped to provide services for young children with disabilities (French, 1998; Odom, et al., 2001; Odom, et al., 2002).

In an effort to build a knowledge base of early childhood practitioners’ beliefs and training needs related to inclusion, Bruns and Mogharren (2007) developed The Support and Technical Assistance through Relationships and Skillbuilding (STARS) Needs Assessment Tool. They used the STARS Needs Assessment to investigate the inclusive beliefs and corresponding skills of 120 Head Start and public prekindergarten professionals in Illinois. They found that although 80% of the respondents within both groups held a positive attitude regarding inclusion, less than 40% felt they were equipped to implement Individual Educational Plan goals within their existing curriculum. Additionally, 68% of participating Head Start teachers and 63% of the participating public school prekindergarten teachers identified a need for training in the areas of
behavioral strategies, communication, and motor skills to effectively work with students with disabilities. However, this study may not generalize to other early childhood education populations such as rural communities, which experience unique needs in the provision of professional training opportunities (Bruns and Mogharren, 2007; Deardorff, Glasenapp, Schalock & Udell, 2007; Ludlow, Conner, & Schechter, 2005). Considering these findings and the need to understand the needs of a broader range of types of centers, the purpose of this investigation was to: 1) examine the beliefs and skills of community child care center administrators and lead teachers participating in Florida’s Four Year Old Voluntary Prekindergarten (VPK) Program in five rural, north Florida counties regarding the inclusion of young children with disabilities within their centers; and 2) determine the preparation training needs these practitioners identify as critical.

**Rationale**

There continues to be concern that inclusion is still considered within the construct of a placement option. It is imperative that early childhood practitioners move from a discussion focused on the location and “where” services are provided to young children with disabilities and begin developing natural environments that actively engage children with disabilities and allow full participation in typical early childhood settings (NASDSE, 2005). Key to the process of early childhood inclusion are a set of underlying beliefs guided by a conviction that all children belong, all children can learn and are members of the preschool education community and should receive instruction in the same early childhood education settings as their typically developing peers (Bruns & Mogharreban, 2007; DEC, 2000; Odom et al., 2001; Purcall, et al., 2007; Ryndak, et al., 2000; Tschannen-Moran & Hoy, 2001). The perspective of the providers is especially important to this concept (Grisham-Brown & Hallan, 2004). According to
Kowalski, Brown, and Pretti-Frontczak, (2005), teachers’ beliefs influence practice and their interaction with environmental factors. In addition, beliefs are susceptible to modification by things such as training, policy, and social climate (Devore & Hanley-Maxwell, 2000; Kowalski, et al., 2005).

For successful policy or programmatic changes to occur, Grisham-Brown and Hallam (2004) emphasize the importance of gathering information directly from early child care providers. It is also important to get direct feedback from the staff who work in preschool settings that are successfully including children with disabilities in their classrooms (NASDSE, 2005). Preschool teachers and administrators who work with young children with disabilities in inclusive classroom settings who have seen the benefits for children with special needs and recognize that translating research into practice is “possible and desirable” (Soto, Mueller, Hunt & Goetz., 2001, p. 10). Smith and Smith (2000) recommend that: a) where inclusion is working, we should ask teachers what or who is helping them to be successful and b) where it is not working, we need to ask what gets in the way. To impact practice, preschool staff preparation and training opportunities should target the specific and unique needs (Bruns & Mogharreban, 2007; Wallace, et al., 2001) of the child care providers serving young children with disabilities in inclusive community settings (Killoran, et al., 2001; Lamorey & Leigh, 1996; Purcall, et al., 2007).

The purpose of this research study is to gather information on the beliefs and skills of the community childcare administrators and preschool lead teachers whose centers are located in a rural north Florida area and whose centers participate in Florida’s four year old Voluntary Pre-kindergarten (VPK) program. This study will, first,
investigate their beliefs regarding the inclusion of children with disabilities within their community centers; secondly, their perceptions of confidence in caring for and implementing appropriate programming for children with special needs; and third, identify their perceived training needs that they identify for implementing inclusive practices.

Research Questions

1. What beliefs regarding the inclusion of students with disabilities are held by community childcare administrators that supervise Florida’s Voluntary Prekindergarten (VPK) program hold regarding the inclusion of students with disabilities with their community childcare settings?

2. What beliefs do community childcare lead teachers in Florida’s Voluntary Prekindergarten (VPK) program hold regarding the inclusion of students with disabilities with their community childcare settings?

3. What is the perception of community child care VPK administrators regarding their skills to include children with disabilities within their community childcare programs?

4. What is the perception of community child care VPK lead teachers regarding their skills to include children with disabilities within their community childcare programs?

5. What are the training needs identified by VPK administrators as needed to include children with disabilities in their community settings?

6. What are the training needs identified by VPK lead teachers as needed to include children with disabilities in their community classrooms?

Definition of Terms:

1. **Natural Settings**: “Settings that are natural or normal for the child’s age peers who have no disability” (Bricker, 2001).

2. **Non-Certified Preschool Lead Teachers**: Staff in community child care centers that do not hold a four year teaching certificate or a post secondary degree, whose primary responsibility is the daily instruction of the children served within these settings.

3. **Community Child Care Settings**: School readiness and daycare centers that provide early intervention, education and childcare for children ages birth to five
4. SELF-EFFICACY: Beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations (Bandura, 1996); the level, generality, and strength of confidence to accomplish a task or achieve success in a certain situation (Pajares, 1996).

5. CHILDCARE CENTER ADMINISTRATOR: Supervisory and primary decision maker in a community-based child care center who has the responsibility and authority for coordinating and overseeing the care and instruction of the children enrolled in the center and supporting and directing and supervising center personnel responsible for the daily care and instruction of children (Hujala, 2004).

6. RURAL DEFINITION: Chapter 288.0656, Florida Statutes, defines rural within the state as a county with a population of less than 75,000 or a county with a total population of 100,000 adjacent to a county with a population of 75,000 or less (FDOE, 2008).
CHAPTER 2
PRESCHOOL INCLUSION: A REVIEW OF THE LITERATURE

Legislative Mandates and Beyond

The idea of educating students with disabilities in general education classrooms is now more than thirty year old (NASDSE, 2005; Sindelar, Shearer, Yendol-Hoppey, & Lieber, 2006). In 1975, President Gerald Ford signed into law P.L. 94-142, the Education for All Handicapped Children Act (EHA). This legislation conceptualized the underlying philosophy of inclusive settings identified as the “least restrictive environment” (LRE). This concept, now characterized as inclusion, underscored the belief that all children, regardless of disability or difference, should be educated together (Devore & Russell, 2007; Ryndak, Downing, Morrison, & Williams, 1996; Sindelar, et al., 2006; Walsh & Jones, 2004).

In 1986, the EHA was reauthorized as PL 99-457, the Individuals with Disabilities Act, or IDEA. This legislation mandated that natural environments, defined as “settings that are natural or normal for the child’s age peers who have no disability” (Bricker, 2001, p. 2) be considered first when placing a child with disabilities in an educational environment (Devore & Russell, 2007; Odom, et al., 2002). IDEA also expanded the responsibility of states to provide services for preschool children with disabilities, ages 3 to 5, by 1991 (Brotherson, et al., 2001; Honig, 1997). The intent of this legislation is to foster an “equity of opportunity to learn” for students with disabilities, through enhanced instruction and student learning outcomes that are provided in inclusive settings, alongside their typically developing peers (Lieber, et al., 2000; Ryndak, et al., 1996; Walsh & Jones, 2004; Wischnowski, et al., 2004) in the same community based preschool environments available to their non-disabled peers (Guralinick, 1994;
NASDSE, 2005; Odom, et al., 2001; Odom, et al., 2002; Sindelar, et al., 2006; Walsh & Jones, 2004; Worley et al., 1993). A revision, PL 105-17, was made to the original legislation in 1997 and further supports children with disabilities in the general curriculum by requiring a statement on the Individualized Educational Program concerning “how the child’s disability affects involvement and progress in the regular curriculum (IDEA, 1997)” (Brotherson, et al., 2001).

Given these legislative mandates, policy has shifted from serving preschoolers with disabilities in traditional self-contained public school special education class placements to providing services in inclusive natural environments (NASDSE, 2005; Odom, et. al., 2001). According to the United State Department of Education (2008), of the 700,166 children ages three to five, identified as receiving services under IDEA, about 50 percent, or 340,047 receive more than 80 percent of their instruction in regular early childhood settings. In the State of Florida, nearly one third of the 32,819 children, or 11,233 spend more than eighty percent of their day in early childhood education programs (USDOE, 2008). One result of this trend is that the non-certified preschool caregiver or lead teacher has become the backbone of inclusive early childhood education and frequently serves as a child’s primary interventionist in inclusive and community settings.

As early childhood special education services are increasingly provided for preschool children with disabilities in community child care settings, training for the service providers who work within these settings has become critical. Teachers in child care settings need to use appropriate teaching techniques, as well as develop skills in communicating effectively with families and working collaboratively with other related
service providers. Further, they must understand how to advocate for appropriate services for the students with disabilities within their care (Bruns & Mastropieri, 2007; Carroll, 2001).

As previously mentioned, the typical credential of these community childcare providers is the Florida Child Care Professional Credential (FPCCPC). Requirements for this credential are minimal, including a high school diploma or GED, 120 hours of training, and a course on early childhood development. The federal counterpart of the FCCPC, the National Childcare Credential requires only the minimum educational level of a high school diploma or GED as well. For a Community Child Care Director credential, the State of Florida licensing board requires some additional training hours, including an eight hour overview of children with special needs. This same course is available as an elective opportunity for the non-certified preschool teacher working in the community childcare setting during the initial certification or renewal process. However, NASDSE warns that training and technical assistance regarding students with disabilities for the early childhood education (ECE) workforce “should not be a layer of other professional development” (p, 11), but rather should be part of the common core of preparation of ECE providers to develop a workforce prepared to successfully implement inclusive practices. Since it is clear that the non-certified preschool lead teacher is a key element in providing services to children with disabilities within inclusive general education settings, the need for better training models for those lead teachers to be effective in working with young children with disabilities is critical (Bruns & Mogharren, 2007; Devore & Russell, 2007; Giangreco, et al., 2001; Hammaken, 1996; Killoren, et al., 2001).
Definition of Early Childhood Inclusion

The Division of Early Childhood (DEC) Position Statement on Inclusion (2000), defines inclusion as “…a value (that) supports the right of all children regardless of their diverse abilities to participate in natural settings in their community…(that is) those in which children would spend time had he or she not had a disability.” Additionally, the NAEYC universal standards state, “All children means all; it includes children with developmental delays and disabilities…it recognizes the individual learning styles, strengths, and needs.” (Bruns & Mastropieri, 2007, p. 229)

To further develop an understanding of the complex construct and implementation of inclusion, Ryndak, et al., (2000) examined how experts within the field of special education define the term inclusion with respect to its use with students who have moderate to severe disabilities. Through the analysis of survey results from 147 respondents, two major themes related to inclusion as a systematic concept or philosophy were identified: 1) inclusion is a philosophy or belief system that pervades an educational system, and 2) inclusion is a process of meshing general and special education into one unified classroom delivery system. For children of preschool age, an inclusive natural setting is the same preschool environment available to their non-disabled, typically developing, peers, whether in a Head Start program, community based child care center or public school readiness program. Although different learning environments and program models have emerged, an early childhood education environment that “meets the physical needs of the students, provides a nurturing and secure atmosphere, organizes the environment for accessibility and provides materials that foster individual children’s development meets the needs of both typically developing children and young children with disabilities,” (McLean & Odom, 1993, p. 7-8).
Given these two primary indicators, it can be inferred that inclusion is not a set of strategies, nor is it about a place. Rather, inclusion is children with disabilities belonging to a community of their typically developing peers; children who are active participants welcomed and accepted by a group of friends, the school community, and the neighborhood in which they live (Cross, Traub, Hutter-Pishgahi & Shelton, 2004; Mulvill & Van Horn, 2002; NASDSE, 2005; Odom, et al., 2001). Successful inclusion occurs in environments in which the educators of young children believe in the benefits of inclusive settings for all children and provide developmentally appropriate settings which meet the unique needs of diverse learners (Carta, 1995; Guralinick, 1994; Odom, et al., 2001; Odom, et al., 2002; Sindelar, et al., 2006; Walsh & Jones, 2004; Worley et al., 1993).

**Research on Benefits of Inclusion**

Empirically based research has reported on the following benefits of inclusion for children with disabilities: (a) inclusion provides a more challenging learning environment by exposing students with disabilities to the educational expectations of their typically developing peers; (b) inclusion offers opportunities for students with disabilities to observe and learn from their typically developing peers; (c) inclusion occurs in “real life contexts” for learning skills; and (d) inclusion can provide a more socially responsive and integrated environment (Bricker, 2000; Bailey, et al., 1998; Killoran, et al., 2001; Ryndak, et al., 2002; Winston, McCallum & Catlett, 1997).

Serving children with disabilities in settings with their typically developing peers promotes both optimal cognitive developmental gains and positive social experiences (Buysse, Skinner & Grant, 2001; Hanline & Daley, 2002). Additionally, researchers have found that being served in an inclusive setting also provides a positive social experience.
for the typically developing children who are the classmates of children with disabilities (Bruns & Mogharreban, 2007; Fisher, Roach & Frey, 2002).

Researchers have also found that using strategically planned and specifically designed academic and social supports for children with disabilities increases interpersonal social interactions, classroom interactions, and levels of student engagement. Hunt, Soto, Maier, Muller, and Goetz (2002) evaluated the effectiveness of unified plans of support in increasing the academic and social participation of students using Assistive and Augmentative Communication (AAC) devices. The following results were indicted for the targeted children: 1) social interaction levels increased from an average low of 2% to a high of 37%; 2) one on one interactions with classmates also increased to a high of 29.5% for one student; and 3) levels of non-engagement decreased to levels consistent with typically developing classmates.

In their study of student outcomes, Wischnowski, et al., (2004) examined students with disabilities who were served in rural community inclusive settings. These researchers analyzed data gathered from multiple assessment sources, including the Piers-Harris Children’s Self Concept Scale, school behavior referral data, and parent and teacher surveys. Findings from this research showed that “most students with disabilities were able to follow the rules given to them and displayed appropriate behaviors most the time” (Wischnowski, et al., 2004, p. 7). Students with disabilities in the study also reported that they felt welcomed at the school and accepted by their peers. In a similar study of social outcomes and benefits, Welch (2000) interviewed teachers serving students with disabilities in inclusive settings in Chicago suburbs.
These teachers reported an overall sense of improved student behavior and a decrease in discipline problems for the students who were identified within this study.

A two year comparison research study of both social and academic outcomes of 40 students with disabilities was conducted by Fisher and Meyer (2001). Data were collected on 20 students who were enrolled in inclusive settings and 20 students served in self contained programs. Using the Scales of Independent Behavior (SIBS), researchers first found that the mean social gain for the inclusive group was 17.7 points and for the comparison, self contained group, only 3.3 points. Within the inclusive group, 15 students made gains that exceeded the mean score of the SIBS, four students demonstrated no change, and one student indicted a loss. In the self contained group, ten students made gains, five students showed no change, and five students indicated a loss.

Fisher and Meyer (2002) found that 75% of the students in the inclusive sample made progress compared to 50% in the self contained group. Additionally, on the measure of social competence, participants made significant gains with respect to initiating some kind of contacts and coping with negative situations. Further, it has been found that inclusion classroom settings benefited typically developing students by (a) helping them learn about differences in the way non typically developing children grow and develop; (b) nurturing the development of more accepting attitudes towards persons with disabilities; and (c) helping children become more accepting of their own strengths and weaknesses (McWilliam, Buysse, & Wesley, 1998; Denham & Lahm, 2001).
Denham and Lahm (2001) studied four school-age students with moderate to severe cognitive disabilities who used assistive and augmentative devices. Data collected through student interviews and observations indicated that peers enjoyed the process of working with students with disabilities and being peer tutors. Typically developing peers also reported that working with a student with special needs helped them to get to know the student, primarily as a result of spending more time together. Ongoing observations by the researchers also showed that social relationships between children with and without disabilities developed and were sustained throughout the study.

Taken collectively these data support the findings of prior researchers and program experts that appropriately designed, high quality inclusive classroom practices have a positive impact on social and academic development of students with disabilities when their unique needs are addressed in supportive environments within the context of regular education classrooms. Additionally, researchers have found that both students with disabilities and their typical peers benefit from this experience (Bricker, 2000; Bailey, et al., 1998; Fisher, Roach, & Frey, 2002; Freeman & King, 2006; Hammeken, 2000; Killoran, et al., 2001; Ryndak, et al., 2002).

**Building Inclusive Settings**

Many factors shape effective, high quality service delivery models for children with disabilities in inclusive environments (Sodak, et al., 2002). Among these key factors are teacher beliefs and a school climate in which educational and social participation by every child becomes the ultimate goal through modeled leadership (Devore & Hanley-Maxwell, 2000; Hunt, et al., 2004).
Issues of Attitudes and Belief

A primary issue that appears to limit successful inclusion is teacher attitudes and beliefs. Of concern to many teachers is their sense of efficacy to implement inclusion. Tschannen-Moran and Hoy (2001) define teacher efficacy as a simple idea with significant implications and outcomes; it is a teacher’s belief or personal judgment of her abilities to bring about a desired outcome. Teacher beliefs have been linked to student outcomes such as achievement, motivation, and a student’s own sense of efficacy (Bondy, Ross, Sindelar, & Griffin, 1995; Pajares, 1996; Scruggs & Mastropieri, 1996; Tschannen-Moran & Hoy, 2001). For inclusion to be successfully implemented by community service providers, training must be provided to foster and develop a repertoire of skills (Lieber, et al., 2000) and develop a sense of competence (Pajares, 1996).

According to Pajares (1996), people engage in tasks in which they feel competent and confident and avoid those in which they do not. This perception of competence is embedded in self-efficacy, defined by Bandura (1996) as beliefs in one’s capabilities to organize and execute the courses of action required to manage prospective situations. These efficacy beliefs will determine how much effort will be put forth into an activity, how long people will persevere when confronting barriers, and how resilient they will prove in the face of those barriers; the higher the sense of efficacy, the greater the effort that will be put forth (Pajares, 1996).

Furthermore, Tschannen-Moran and Hoy (2001) found that teachers with higher levels of self-efficacy are more open to new ideas, exhibit greater planning skills, have more resilience to setbacks, are less critical of students, and work longer with struggling student. According to Kowalski, et al., (2005) it is teachers’ beliefs that influence their
practice, their interaction with environmental factors, and that are susceptible to modification and change by training, policy, and social climate.

**Role of the Community Based Childcare Center Administrator**

Research on educational change and effectiveness has consistently found that the site administrator is a primary factor in inclusive practice, as they determine key program policies and procedures (Fullan, 2001; McClesky & Waldron, 2002). It is the administrator who supports and affirms the learning needs of all students and sets the tone for the educational process by establishing a supportive environment where teachers and students feel comfortable (Carter & Hughes, 2006; Idol, 2006; Odom, et al., 2002; Praisner, 2003;). In order for inclusive educational programs to be well received by teachers, school administrators and principals must demonstrate positive attitudes towards the inclusion of children with special needs in typical settings.

Hunt and Goetz, (1998), identified multiple themes within the research regarding the characteristics of programs which have successfully placed students with disabilities, including children with significant disabilities, in general education classrooms. They are:

(a) A vision based decision process by teachers and administrators for educational reform and (b) consensus on a set of values that included a belief that inclusive education means that all members of the school and neighborhood community were connected (Hunt & Goetz, 1998, p. 2).

Empirical research also has identified that administrative support from community childcare administrator is a crucial component in the development and success of including children with disabilities in community based early childhood programs (Bruns & Mogharreban, 2007; NASDSE, 2005). In their qualitative study of five preschool inclusion programs in a Midwestern state, Purcall, et al., (2007) found that a shared
vision and administrative leaders “who made it happen” (p. 4) were a prominent factor in initiating and supporting preschool inclusion in their communities. It is the early childhood care administrator who sets the vision for the care and quality of services offered for all children within their community based preschools. The attitudes that community childcare administrators hold regarding the reallocation of resources, providing adaptive instruction and the coordination, facilitation and monitoring of support services are critical to effective planning and implementing strategies for the successful inclusion of children with disabilities in typical preschool settings and are key factors in developing high quality inclusive environments (Brownell, Adams, Sindelar, Waldron and Vanhover, 2005; Howell, 2000; Keefe, Moore & Duff, 2004; Odom, et al., 2001; Purcall, et al., 2007; Sandler, 1997; Sindelar, et al., 2006).

**A Review of the Research on Beliefs about Preschool Inclusion**

Many researchers have provided insight into the connection between teacher attitudes and beliefs and the successful inclusion of children with disabilities in settings alongside their typically developing peers. In their seminal 1996 literature review regarding the perceptions of general education teachers toward teaching students with disabilities in their classrooms, Scruggs and Mastropieri found that conceptually teachers supported the mainstreaming (inclusion) of students with disabilities in general education classes for students with mild to moderate physical, sensory, medical, or cognitive disabilities. However, only 12 to 29% of teachers supported including students with severe sensory, intellectual, social/emotional or behavioral disabilities. As with support of the concept of mainstreaming or inclusion, teacher willingness to teach students with disabilities was influenced by the severity of the disability and the
amount of additional teacher time that was required to plan and prepare to include these students. Additionally, Scruggs and Mastropieri (1996) found that most teachers reported that time, training, or material/personnel resources to implement mainstreaming/inclusion were lacking. Of the teachers asked about the benefits of inclusion, a majority of the respondents, 54.4%, agreed that students with and without disabilities had derived some positive social or academic benefit from inclusive practices, however, secondary teachers were less positive overall regarding mainstreaming issues than elementary level teachers (Scruggs & Mastopieri, 1996).

Building on the research regarding including children with disabilities in general education classroom, researchers have further focused on the inclusion of young children with disabilities in early childhood settings and preschool programs. Odom, et al. (2002) found the following themes related to successful preschool settings offering inclusive programs based on the beliefs of classroom staff: (a) beliefs and actions that adapted to the needs of inclusive programs, and (b) ownership and commitment by administrators. Other research suggests that the most important component of successful inclusive practice is the attitude of the educators who serve children within inclusive settings (Buyssee, et al., 1996; Wesley, Buysee & Keyes, 2000).

Soto, et al., (2001) investigated educational team members’ perceptions of the critical issues regarding the inclusive education of students with Alternative and Augmentative Communication (ACC) needs in inclusive settings. These researchers worked with focus groups of 30 core members of educational teams comprised of inclusion support teachers, general education teachers, parents, instructional assistants, and speech language pathologists within the San Francisco Bay area.
Several key indicators for successful inclusive preschool programs again emerged: (a) ownership by general education teachers, (b) appropriate training and (c) an atmosphere of all membership and belonging for all students. Sub-themes identified included natural supports from classmates, collaborative teaming, as well as philosophical support of the inclusive education at district level. Group members also identified a specific set of teacher attitudes and behaviors that facilitate successful inclusion, including: an interest in learning, a willingness to take risks and suspend judgment, and a strong commitment to inclusion. Finally, focus groups members reported that philosophical support at the district leadership level as critical to including children with disabilities.

Notwithstanding concerns related to the technology involved in including students with AAC devices in preschool programs, overall positive outcomes for both students and teachers were reported within the research as well (Hunt, et al., 2004). Students demonstrated an increase in independence and assertiveness and an enhanced development of peer relationships. Teachers reported setting higher expectations for academic achievement, and both teachers and peers perceived the students with disabilities as more capable.

Bruns and Mogharreban (2007) utilized a comprehensive survey to examine inclusive beliefs and corresponding practices of Head Start and public Pre-K early childhood professionals in Illinois. Within their study, Bruns and Mogharreban (2007) found that overwhelmingly, 85% of Head Start and 70% Pre-K professionals believed that all children can learn, and that children with and without disabilities should learn alongside one another. Additionally, within both groups 80% reported that they had the
skills to appropriately arrange the classroom environment and could effectively assess children with and without disabilities; 60% of Pre-K and 72% of Head Start teachers reported knowledge of developing individual educational plan (IEP) goals and objectives and implementing those goals into their existing curriculum. Percentages were lower across both groups, at less than 68%, for knowledge specific to specialized interventions and strategies in inclusive settings.

In another earlier survey of 400 metropolitan Midwestern community based childcare personnel, Dinnebeil, McInerney, Fox, and Juchartz-Pendry (1998), analyzed the perceptions and characteristics of childcare personnel regarding their attitudes toward the inclusion of young children with special needs in their community-based programs. Of the 62% of early childhood professionals who reported ever caring for a students with disabilities, 69% reported being confident or very confident in their abilities. Although 85% of the caregivers surveyed reported high levels of experience, interest, and/or confidence in caring for students with disabilities, the majority of respondents identified a lack of knowledge as a barrier to providing inclusive childcare. Only 29% identified a lack of confidence as a barrier.

Buysee, Wesley, Keyes & Bailey (1996) addressed this lack of confidence barrier in their study of general early childhood teachers from community child care programs in North Carolina. Researchers used the ABILITIES Index and a Benefits and Drawbacks rating scales to gather information regarding comfort levels and global attitudes towards inclusion of fifty-two early childhood teachers. Teachers completed the ABILITIES, which describes children’s functional abilities on a scale of one for normal functioning to six for profound disability, and assesses a teacher's comfort level
in working with children across the range of ability. Respondents within this study were comfortable with the children with disabilities reporting a median comfort rating of 4 to 5 for the students that they were serving in their community based programs. However as the severity of the child’s disability increased, the level of comfort in each domain decreased. Teachers rated the highest level of comfort with students with significant cognitive disabilities, but comfort levels were lower for students with significant inappropriate behaviors or limited limb functioning. Researchers also reported a correlation between the teachers’ general attitudes toward inclusion and their comfort level in serving individual children. That is, teachers who expressed the greatest concern about potential drawbacks of inclusion for children with disabilities on the Benefits and Drawbacks Likert Scale, had the lowest comfort levels in working with students with special needs. Thirty-four percent of the teachers in the study cited a lack of specialized training in serving children with special needs as the greatest drawback of inclusion. Thirty-one percent of teachers selected the ability of children with special needs to learn more as the greatest benefit of inclusion.

Wesley, Buysse, and Keyes (2000) designed a similar study that examined the comfort and confidence of 84 early intervention professionals in providing consultation to 84 teachers and child care providers in North Carolina who served children with varying types, severity levels, and combinations of disabilities. Although this study assessed comfort levels, and not attitudes about inclusion, this is another methodology to gather information from providers based on self reflection and personal perceptions. Findings by Wesley, et al., (2000) indicate that the early intervention consultants had greater comfort in the area of cognitive disabilities and audition and that discomfort was
greatest in the areas of behavior and communication. Similarly, participants reported a high level of discomfort in working with children with multiple disabilities, particularly in those children whose disability included significant behavioral, sensory, or orthopedic dysfunction.

This body of research further highlights a positive teacher attitude as critical to the successful inclusion of students with disabilities in natural settings, including students with disabilities in community child care settings (NASDSE, 2005; Odom & McEvoy, 1990). In their qualitative study on childcare providers’ perceptions regarding inclusion, researchers Mulvill, Shearer, Vanhorn (2007) found that negative attitudes held by child care providers present a significant barrier to the ability of the childcare program to serve children with a disability. By changing the attitudes or beliefs of child care providers to regard inclusion as “feasible and doable” (Soto, et al., 2001) more opportunities for children with special needs will evolve (Heston, Raschke, Kliwer, Fitzgerald & Edmaiston, 1998; Jackson, Ryndak, & Billingsley, 2000).

**Training and Preschool Teacher Attitudes**

Additionally, researchers have found that along with the positive beliefs of early childhood professionals regarding inclusion, training in specific intervention strategies are critical to successful inclusionary practice in early childhood settings (Bruns & Mogharreban, 2007). DeVore and Russell (2007) utilized a two-year cooperative inquiry process in a rural community in the Midwest, to discover which actions lead to the successful inclusion of young children with disabilities, ages 3-5, who attended a community based program. Several key themes emerged within the study including: (a) training in the design of child-focused instructional activities embedded in daily routines and activities, (b) teaching children specific social and organizational skills to students
with disabilities to develop more competence to enter their learning environments, (c) careful planning for instruction and (d) a belief that all children, including children with disabilities, were members of the learning community. According to a childcare director in the project, “taking steps towards inclusion was hard, because we didn’t always know whether what we were doing was right” (Devore & Russell, 2007, p. 5). However, this research further found that a sense of competence was developed through the implementation of an appropriately designed training initiative.

Mulvill, Shearer, and Van Horn (2002) in an earlier study found that specific training is correlated to increased skills and confidence among educators in inclusive settings. Participants in this study, primarily directors or owners of community-based child care programs (excluding Head Start) in Alabama, perceived that familiarity with children with disabilities and disability specific training increased teachers’ comfort level with serving children with disabilities. Specifically, survey results indicated that participation in disability related training is positively related to child care provider’s perceptions of needs, attitudinal barriers, and structural barriers to inclusion. Results of this study also indicated that the administrators of the larger center based programs with previous disability specific training perceived fewer needs and barriers to including children with disabilities in their programs and were more likely to currently serve children with disabilities.

Horn, Lieber, Li, Sandall, and Schwartz (2000) conducted a set of multiple case studies to assess the feasibility of teaching students with disabilities in early childhood education programs through embedded learning opportunities (ELO). All three targeted preschoolers in the study made learning gains during the intervention, and the teachers
of these children reported a sense of pride in the children’s accomplishments.

Consequently, the teachers’ beliefs about their role as providers of individualized supports through embedded learning opportunities impacted the student achievement and learning outcomes.

Taken collectively, these research studies are strongly suggestive that positive inclusive beliefs are a necessary for early childhood education professionals to provide services to students with disabilities within inclusive settings and reinforces the belief that the instructional decisions educators make in their classrooms and in their schools are high influenced by the core beliefs, attitudes and perceptions that these teachers and administrators hold. Given that these core teachers’ beliefs influence their practice and are susceptible to modification by appropriate training and leadership (Kowalski, et al., 2005), the research also highlights the need for specialized training in serving children with special needs for community based early childhood education providers to build early childhood educator’s confidence in serving young children with disabilities (Bruns & Mogharren, 2007) and the skills to provide quality educational settings for all children (Block & Friedman, 2008). To assist in developing these positive attitudes and welcoming environments, we must ask the early childhood administrators and lead teachers in community childhood settings what training they need and what those trainings should look like (Bruns & Mogharren, 2007; NASDSE, 2005; Purcall, et al., 2007; Rheams & Bain, 2005; Smith & Smith, 2000) and develop staff development opportunities that meets those needs (Killoran, et al., 2001; Wallace, et al., 2001).

Dinnebell, et al., (1998) summarize the research surrounding the inclusion of young children with disabilities as a challenge to early childhood educators to: 1)
increase the number and range of childcare and early intervention opportunities for young children with disabilities, and 2) improve the quality of care for all children, particularly those students with disabilities. During the past four decades, researchers have found that teacher attitude is a crucial consideration in creating successful preschool programs that included children with disabilities (Scruggs & Mastropieri, 1996). Given the current educational environment focusing on high quality instruction and accountability, coupled with the legislative emphasis on natural settings for young children with disabilities, it is important to continue to carefully examine trends and issues regarding the attitudes and beliefs of early childcare personnel toward the inclusion of children with special needs in community based settings. By continuing to focus research on the development and continuation of high quality environments that utilize evidenced based practices, implemented by appropriately trained personnel, this challenge may be met.

**The State of Inclusive Practices in Preschool Settings**

In 1998, the United States Department of Education (USDOE) reported that only half of all preschool children, ages 3-5, who receive special education, participate in an inclusive educational or care giving setting of any kind, whether Head Start, part time preschools, and child care programs. Additionally, only 34% receive early childhood special education (ECSE) services in these settings. According to the U. S. DOE, Office of Special Education Programs (OSEP), the numbers of young children identified with disabilities have steadily increased over the decade. In 2004, the USDOE reported that the number of children ages 3 through 5 who received special education and related services grew by 38.3% from 1993 to 2003. Although there has been an increase in the total number of children identified and who receive special education and related
services, the percentage of children who are served in early childhood inclusive environments remains nearly constant at about 1/3 or 34% (USDOE, 2004).

These data provides some insight into an earlier study conducted by Wolery et al., (1993) that surveyed early childhood educators employed in Head Start, public and private school early childhood programs, and community childcare centers to determine the extent to which they were or had been engaged in preschool “mainstreaming” (p.222). Results indicated that nearly 75% reported enrolling a child with a diagnosed disability. Speech and language deficits were the most frequently reported at 57.5%. Although their research indicated a growing trend towards more early childhood programs enrolling at least one child with a disability, the survey did not include information regarding the nature of the environment or the duration or extent of the enrollment, such as part day or intermittent enrollment.

More recently, the National Institute for Early Education Research (NIEER), produced the 2007 State of Preschool Yearbook, which tracks trends in preschool services, enrollment and spending. According to NIEER, state funded preschool programs represent a significant component of the early childhood education programs in the United States. In their 2007 Yearbook, they identify a national trend of increasing enrollment of children ages three and four in state funded prekindergarten programs in 30 of the 38 states, up by 20% over the last year. Included in these data are young children with disabilities. According to the NIEER report, at the national level, state funded preschool programs enrollment rates for children with disabilities are 6% for four year olds and 4% for three year olds. Additionally, this report indicated that young children with disabilities made up 6% of the students enrolled in Florida’s VPK program.
This is consistent with the numbers reported by the Office of Early Learning for the 2006-2007 school year (FDOE, 2008), the state oversight agency for the Florida VPK program. However, information regarding which types of centers were including students with disabilities or the specific disability categories being included was not provided.

**Preschool and Early Intervention in Florida**

On June 15, 1999, Florida’s Governor Jeb Bush signed into law the School Readiness Act. This legislation recognized that school readiness programs increase children’s chances of achieving future educational success and becoming productive members of the society. This act created the Florida Partnership for School Readiness as well as charged the Florida Department of Education (FDOE) to develop a set of School Readiness Performance Standards. These actions represent a vision at the state leadership level to develop high quality programs for young children and extend the statewide educational accountability system into programs for young children by developing standards of best practices and setting expected outcome measures (FDOE, 2007).

In 2002, Florida voters approved a constitutional amendment to the Florida State Constitution, Florida State Constitution Section 1(b), Article IX, which established the Florida Four Year Old Voluntary Prekindergarten Program. The intent of this legislation was to provide all four year old children in the State of Florida access to a free, voluntary, and high quality learning opportunity through developmentally appropriate and standard driven educational programs. On March 15, 2005, the Florida Voluntary Prekindergarten (VPK) Education Standards were formally adopted by the State Board of Education. These standards focused on the development of language and cognitive
capabilities, as well as emotional, social, self regulatory and moral capacities. Through the development of these two documents, the Florida School Readiness and VPK Education Standards, Florida has developed a set of conceptually linked early learning guidelines.

These standards create a common framework and language to ensure a high quality prekindergarten learning opportunity and provides guidance on classroom instruction and the classroom environment that promote learning, to ensure that all children are intellectually, emotionally, physically and socially ready to enter kindergarten ready and eager to learn (FDOE, 2005).

According to the Office of Early Learning, Florida Department of Education, (2007), 93,574 or 42% of the estimated 220,857 four-year-olds in the state of Florida, were served by public school districts and private providers in VPK during the 2005-06 school year. Of the approximately 3,988 Florida early childhood service providers who participated in the VPK program school year program, 82% were private community based child care centers, 15% were public schools, 3% were Family Child Care Providers, and less than 1%b were private schools. Additionally, the Florida legislature determined that the minimum requirement to be a qualified instructor for the VPK program is the Child Development Associate, now referred to as the Birth to Five Florida Child Care Professional Credential (State of Florida, 2008). Early childhood lead teachers are eligible for this credential with a high school diploma or GED and the completion of a 120 hour training program.

Although, the VPK program is not designed to provide special education services, the VPK standards focus on building a foundation for all children through high quality
educational programming with an early literacy emphasis. Given the federal and state mandates that school districts serve students with disabilities in the least restrictive environment, and this new option available to the families of young children in Florida, community based VPK classrooms present an opportunity to meet the unique needs of individual children through the development of collaborative special education delivery systems and supports with these classrooms. However, the beliefs and training of the early childhood educators providing these services will impact the quality of these programs (NASDSE, 2005).

If a primary goal of early childhood education is to develop a classroom community in which every child feels appreciated, understood, welcomed and successful (Bricker, 2000) positive provider perspectives are essential to enhancing childcare quality and building inclusive settings that welcome all students. Educators who work with young children with disabilities in inclusive classroom settings have seen the benefits for children with special needs and recognize the need to translate research into practice. Successfully including preschool students with disabilities in natural settings is dependent on positive expectations, access to appropriate supports, the provision of instruction driven by careful and ongoing assessment and opportunities to interact in an environment that is creative, persistent and committed to inclusion.

**Challenges Facing Rural Communities**

Most people have a visual image of rural America as a small agricultural community, with cows, crops, or cattle, situated miles from larger urban centers. However, placing a working definition on the construct of a rural community with the United States is a complex process. What is considered a rural community in a low density state, such as Montana, may not resemble what is considered rural in more
population dense states, such as Florida (Rural Assistance Center, 2008). Depending on the definition used, the range of communities identified as rural may range from 17-49% with the borders of the United States (Cromartie & Bucholtz, 2008). Population thresholds distinguishing rural from urban communities may range from 2500 to 50,000 (USDA, 2007). However, the State of Florida has established a statutory definition of rural communities. Chapter 288.0656, Florida Statutes, defines rural within the state as a county with a population of 75,000 or less or a county with a total population of 100,000 adjacent to a county with a population of 75,000 or less. The Florida Department of Education, through the development of the Institute for Small and Rural Districts, has further defined rural communities in Florida as those that serve a population of 10,000 students or less (FDOE, 2008).

Non-certified early childhood teachers continue to take an increasingly prominent role in providing instruction to young children with disabilities within our community settings (Deardorff, Glasenapp, Schalock, & Udell, 2007; Giangreco, Edelman & Boer, 2001). When these teachers are properly trained, they provide a viable and cost effective workforce, particularly in rural communities (Deardorff, et al., 2007). Although one fifth of the American population is defined as rural, few researchers have made distinctions as to the specific training needs of rural preschool lead teachers (French, 1998; French, 1999; Monk, 2007) or the unique challenges faced by rural communities in providing relevant and cost effective trainings (Ludlow, Connor and Schechtter, 2005; Rosenkoetter, Irwin, & Saceda, 2004; Weiss & Correa, 1996). Deardorff, et al., (2007) identify geographic isolation, higher travel costs, limited access to professional
conferences and staffing ratios that impact release time as factors confounding effective training of early childhood educators in rural communities.

In 1996, Weiss and Correa utilized a Delphi study to examine the key educational issues facing early childhood special educators and administrators in rural school districts in Florida. They looked specifically at barriers to providing services to preschool children (ages 3-5 years) and how to improve services. These researchers found that the participants recognized the need to expand the inclusion of children with disabilities within regular classroom settings but were concerned about the knowledge and skills of the staff and felt that personnel were often not adequately prepared to meet the education, physical, and cultural needs of their rural students. Sixty-eight percent of participants identified the lack of qualified teachers to meet the broad range of disabilities in the same classroom as a significant issue; ninety-two percent identified the provision of more training and staff development opportunities to update skills and knowledge, including training for non-certified early childhood educators, as an appropriate solution to these problems.

This research will further explore the issue of the delivery of services to students with young children with disabilities in rural communities, by focusing this study on the current perceptions of early childhood administrators and preschool lead teachers in community based child care centers within five rural north Florida counties. This study will examine their perceptions regarding their inclusive practices and their perceptions regarding their skills and the training that they need to include young children with disabilities within their VPK programs.
CHAPTER 3  
METHODOLOGY

A review of the conceptual theory and research shows us that there is no one definitive model for including young children with disabilities in community based setting, but rather a variety of unique structures and environments that provide positive outcomes for all children within inclusive settings (Odom, et al., 2002). As young children with disabilities increasingly receive services within natural learning settings, the community based administrators and lead teachers working in these programs, are being asked to adapt their practices and make appropriate accommodations to facilitate the successful inclusion of children with special needs within their preschool programs (Devore & Hanley-Maxwell, 2000). It is the perceptions of these early childhood educators regarding their responsibilities, skills, and new roles that directly influence both what they do and how well they do it (Appl, 2003; Sodak, et al., 2002; Winton, McCollum, & Collett, 1997).

Given that high quality educational settings that include children with disabilities is the goal (Downing, 2005), researchers must analyze the perceptions of early childhood program administrators and lead teachers regarding including children within their programs, as well as their perceptions about their skills to effectively serve children with disabilities (Mastropieri, et al., 2005). This information must be gathered directly from the early childhood providers and used to develop appropriate training initiatives and supports to facilitate the development of high quality inclusionary settings (Grisham-Brown, 2004; NASDSE, 2005).

For this study, a specifically designed survey was utilized to investigate the beliefs and perceptions of community based Voluntary Prekindergarten (VPK) program
administrators and preschool lead teachers regarding their beliefs, skills and training needs in order to include children with disabilities within their rural, community based preschool programs. This section provides a description of the targeted population sample, the identification and recruitment process, as well as the research methods, procedures and instruments utilized to complete this study. Finally, an analysis of the data will be provided.

The Survey Sample

In 2002, Florida voters approved a constitutional amendment which established the Florida Four Year Old Voluntary Prekindergarten (VPK) Program. The intent of this legislation is to provide access to a free, voluntary, and high quality educational program to all four year old children in the State of Florida. This school readiness initiative presents an opportunity for young children with disabilities to receive services in the community based preschool centers that participate in the statewide VPK program. The intent of this study was to gather information about the beliefs and perceived skill levels of the VPK administrators and lead teachers working in community based centers directly from the VPK administrators and lead teachers regarding the inclusion of young children with disabilities.

Field Testing

The Support and Technical Assistance through Relationship and Skill Building (STARS) Survey (Bruns & Mogharreban, 2007) was selected to survey the VPK administrators and lead teachers. In keeping with the principles of survey research (Dillman, 2000), this survey was first field tested with a focus group of early childhood providers outside of the sample area. The focus group consisted of three childcare administrators currently supervising community based childcare centers that participate
in the Florida VPK program in a rural county adjacent to the targeted counties. These administrators were nominated by the Coordinator of Early Childhood Education Programs of a regional community college located within one of the targeted counties in north Florida. Nominees were contacted initially by phone and invited to participate in the focus group and review the protocol. All three nominees agreed to participate. Prior to the review process, each focus group member signed an approved IRB consent to participate. All focus group documents are included in Appendix B.

Upon receipt of written consent, focus group members were provided copies of the survey tools, the Support and Technical Assistance through Relationships and Skills Building Survey (STARS) Administrator and Educator Editions (Appendix D), to preview for clarity of language, format, and ease of completion (Gall et al., 2003). Focus group members were faxed a meeting agenda to review. Group discussion was conducted via a pre-arranged conference call. Following the conference call discussion, an outline of the recommended changes was compiled and forwarded to the focus group members for review. Discussion outcomes were verified via a follow-up phone call with each focus group member. Following this confirmation, the survey was updated to reflect the recommended changes. In keeping with the tailored design method (Dillman, 2000), each focus group member received a set of three children’s books for their center library was included with a mailed thank you letter for their participation. A copy of the recommended changes and updated versions were also forwarded to the IRB office prior to the initial survey mail-out. Appendix B contains a summary of the recommended changes.
Identification of Study Participants

Upon completion of the focus group field test, a sample of VPK administrators and lead teachers was determined. Data from the multi-county Early Learning Coalition (ELC), the oversight agency for the community childcare services within the five targeted rural counties, indicated that there were 104 VPK classrooms serving a total of 1136 students (Early Learning Coalition Annual Report, 2009) in the 2008-2009 school year. Twenty-nine of those classrooms were managed and located in local school districts. However, 37 north Florida community childcare centers provided VPK services in 75 preschool classrooms within the five targeted counties. The ELC Regional VPK coordinator provided this researcher with a roster consisting of the community based centers names, center addresses, the names of the program administrators, as well as the names of the lead teachers who provided VPK services within these centers, within the five targeted counties. The survey sample for this study were the 37 VPK program administrators and 75 VPK lead teachers identified as providing VPK services within these classrooms.

Survey packets were sent to each of the 37 VPK program administrators and 75 VPK lead teachers in the five targeted counties. Sixteen of the 37 VPK program administrators, or 43%, returned the surveys. Thirty-nine of the 75 VPK lead teachers’ surveys, or 52%, were returned.

Participants

All (100%) of the VPK administrators were female with an average mean age of 38 (range = 23-50). The ethnic/racial breakdown for the administrator participants in this study who indicated their ethnicity is as follows: 68.6% Anglo-Americans (n=11); 6.3% African- American (n=1); and 18.8% indicated that they were Native American (n=3).
One respondent did not report her ethnicity. All sixteen administrators indicated a history of working with young children with a mean of 13.6 years (range = 4-30). Although 31% of the community based administrators (n=5) indicated their highest level of education as a Bachelors degree or higher, another 31% (n=5) indicated a high school diploma as their highest degree. One participant did not indicate her education level. A complete summary of the demographics information regarding the participants is provided in Table 3.1.

Of the 39 VPK lead teachers who returned the surveys, all were female, and had been working with children for a mean average of twelve years (range = 1.5-27). The mean age of the VPK teacher respondents was 38 years old (range= 20-63). Ethnicity of the VPK lead teachers was as follows: 51.3% (n=20) indicated that they were Anglo-American; 25.6% (n=10) reported that they were African-American; and 10.3% (n=4) reported themselves as Native American. Five participants, or 12.2%, did not report their ethnicity. The majority of the lead teachers, 38.5% reported their highest level of education as a CDA or high school diploma. However, 23.1% held a Directors Credential and 28.2% held either an AS or AA degree. Three participants, 7.7%, indicated that they held four year college degrees.

Additionally, participants were asked to identify the type of center in which they worked by indicating with a checkmark all categories that applied to their center. Categories included: privately owned, corporately owned, not for profit, faith based and a choice for “other”. Category percentages total more than 100% as some participants identified multiple categories for their centers. The majority of the respondents, 75% of the VPK administrators and 56.4% of the lead teachers, reported that they worked in
privately owned centers. Twenty five percent of VPK administrators and 41% of the lead
teachers indicated that they worked in a not for profit setting. Of the 16 administrators
who responded, 18.8% indicated that they supervised a faith-based center; 10.3% of
the lead teachers indicated that their program was faith based. Other categories
identified by VPK lead teachers included corporately owned at 5.1%, and 2.6% as
“other”. Table 3.1 contains a summary of participant demographic information regarding
center status of the participants.

One very interesting caveat of the process was that on the initial VPK provider list
prepared by the Early Learning Coalition for this research study, 7 participants were
indicated as both VPK program administrators and as lead VPK teachers. Each of
these persons received both an administrator and a teacher version of the survey. Two
elected to return the survey as administrators, 4 elected to return the survey as lead
teachers, and 1 did not return either survey.

Procedure

Data were collected through a series of surveys mailed over a seven week period.
The survey packet contained a copy of the survey (Appendix D), a cover letter
(Appendix C), an approved IRB letter of informed consent (Appendix A), which
discussed confidentially, maintenance of records and distribution of data, and a
stamped pre-addressed return envelope. The initial survey packet included the
appropriate version of the STARS survey for the participant’s role as administrator or
educator within the center. Additionally, as recommended by Dillman (2000), a small
incentive, a children’s book for the center, was included in the survey packet and
identified as such in the letter of introduction. An informed consent signature page was
also included in the packet. However, a protocol of implied consent upon return of the
survey by a participant was approved by the IRB (Appendix A). To minimize the number of non-responders (Dillman, 2000), this researcher followed up with a second mailed request for participation. This request packet included a second cover letter, a copy of the survey, and the informed letter of consent. Again, following the principles of quality survey design, a final request was made to non-respondents via a postcard (Dillman, 2000) (Appendix C).

Each survey participant was assigned a number which was placed on the surveys prior to mail outs. These numbers were used by the researcher instead of names to identify each participant and to maintain confidentiality throughout the data analysis process.

Instrumentation

Support and Technical Assistance through Relationship and Skill Building Survey. Survey research is described by Gall, Gall and Borg (2003) as a descriptive study which can yield “valuable knowledge about opinions (and) attitudes” and “improves existing conditions” (p. 290). This researcher identified the Support and Technical Assistance through Relationship and Skill Building (STARS) Survey, as the data collection survey tool for this research project. The STARS tool was developed and utilized by Bruns and Mogharreban (2007) in their research with early childhood practitioners, Head Start teachers and public prekindergarten professionals, regarding the inclusion of children with disabilities in preschool programs in the Midwest.

Modifications to the original STARS instrument were made to gather a broader range of data for this study. As recommended by Dillman (2000), the demographic information was moved from the end of the survey to the front page and began with a common stimulus question and “yes or no” eligibility question: “My classroom provides
prekindergarten services under the Florida Voluntary Prekindergarten Program”. The reformatted STARS instrument contained an introductory section with 10 demographic questions. Specific items on the questionnaire requested gender, years working with young children years teaching in preschool centers, age, highest degree or certification, required annual professional development hours, and ethnicity. The last question was a “yes or no” response asking whether the participant’s VPK program served young children with disabilities. If the respondent answered yes, they were prompted to answer a series of questions that allowed participants to indicate which types of young children with disabilities they had served within their programs over the past three years. These questions included definitions and examples of characteristics or behaviors associated with those disabilities. The original survey questionnaire had asked participants what types of children with disabilities they had worked with and provided a checklist of disabilities. An additional item was also added to this section in which participants were asked to indicate the number of children within each of the disability categories that they were currently serving.

Part I of the reformatted STARS included six items concerning beliefs statements related to including young children with disabilities and allowed participants to rank their responses on a five point Likert scale (1=always, 2=usually, 3=sometimes, 4=rarely, and 5=never). Additionally, a column was added in this section which asked respondents to indicate with a yes or no response if they felt they needed training in the concept areas.

Part II of the survey included 16 items focusing on the skills of the respondents, and any perceived training needs related to those skills. This section contained a five
point Likert rating scale (1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, and 5=Strongly disagree) as well. Statements focused on assessment, instructional, and behavioral practices, the development and understanding of Individual Educational Plans for children with disabilities, as well as skills in working with families and collaborating with related service providers.

Additionally, both the teacher and administrator STARS surveys were formatted to contain a “yes or no” section regarding a need for training following each skill area question to further gather data regarding the perceptions of the participants. Section II of the Administrator surveys also included an additional response column to indicate whether they felt that their staff needed training in each skill area. The questions regarding training needs were an additional change to the original STARS developed by Bruns and Mogharreban (2007). The original survey contained a separate section which listed eight areas and requested that participants prioritize their top three professional training needs.

Part III of the survey provided six choices for training formats and asked respondents to indicate with a “yes or no” if they would use each training format. The six choices included: 1) on-site workshop or in-service; 2) offsite workshop or in-service; 3) individual consultant/technical assistance; 4) small group training; 5) a review of resources such as videos, websites or articles; and 6) taking college or university courses. This was a formatting change as well. The original survey had asked participants to rank their top three choices for training formats. One additional survey section was added as well. Section IV of the survey requested that centers identify
themselves by provider-type categories which included: privately owned, corporately owned, not for profit, faith based, or “other”.

The regional focus group participants reviewed each question of the reformatted STARS survey Administrator and Teacher version. Their suggestions for improving the clarity of the survey questionnaire for this particular population (Gall, et al., 2003) and the changes made as a result of this review are identified and contained in Appendix B. Copies of the reformatted STARS Survey Teacher and Administrator versions are included in Appendix D.

**Statistical Analysis of the Data**

The SPSS 14.0 Student Pack was used to create the database and analyze participant responses. Three statistical methods were used to analyze the data. Response data collected from the teacher and administrator surveys were aggregated individually for frequencies (number, percentages, means and standard deviations as appropriate) for each section. Table 3-1 is a graphic representation of the demographics of the respondents by number and/or percentages. A Pearson Correlation Coefficient analysis was used to examine the relationships between demographics and, reported beliefs, skills, and training needs. Finally, an independent sample T-test was conducted to determine if there was statistically significant agreement between the training needs identified by VPK lead teachers and the perception of staff training needs identified by the VPK community based program administrators who supervised them. A discussion of these analyses follows in the results section, Chapter 4. Additionally, validity was monitored through peer debriefing, that is, extended discussion with “disinterested peers” regarding findings, conclusions, and analysis (Lincoln & Guba, 1985).
<table>
<thead>
<tr>
<th></th>
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<th>VPK Lead Teachers (N=39)</th>
</tr>
</thead>
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<tr>
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<tr>
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</tr>
<tr>
<td></td>
<td>R=4-30</td>
<td>R=1.5-27</td>
</tr>
</tbody>
</table>

Totals not equal to 100% are due to rounding or missing data
Researchers have identified beliefs, skills and actions that adapt to the needs of all young children, including young children with disabilities, as key themes related to successful preschool inclusion (Bruns & Mogharreban, 2007; DEC, 2000; Odom, et al., 2001). However, a review of the literature shows that while a number of studies have addressed beliefs and attitudes of early childhood personnel regarding including young children with disabilities (Bruns & Mogharreban, 2007; Dinnebeil, et al., 1998; Odom, et al., 2001; Soto, et al., 2001; Wesley, et al., 2000), these studies have not focused on the unique needs and beliefs of administrators and lead teachers in rural communities or on the centers who are participating in state universal prekindergarten programs designed for four year old, preschool age children. The purpose of this investigation was to examine the beliefs and skills that community early childhood lead teachers and community child care center administrators participating in five rural, north Florida counties participating in Florida’s Four Year Old Voluntary Pre-kindergarten (VPK) Program hold regarding the inclusion of young children with disabilities within their centers.

Survey packets were sent to each of the 37 VPK program administrators and 75 VPK lead teachers in the five targeted counties. Sixteen of the 37 VPK program administrators, or 43%, returned the surveys. Thirty-nine of the 75 VPK lead teachers’ surveys, or 52%, were returned.

A primary indicator of survey validity is response rate, or non response bias. Consequently, researchers strive for the highest rate possible through quality design methods, follow-up procedures, and incentives. In their research on response rates in
organizations, Hager, Wilson, Pollack and Rooney (2003) indicated that acceptable return rates standards differ among researchers. These rates may range from 25-50% as not atypical (Cordes, et al., 1999, cited in Hager, et al., 2003), to 50% as adequate (Babbie, 1990, cited in Hager, et al, 2003). Weisberg, Krosnick and Bowan (1996) report typical mail survey response rates fall within a wide range, 10 to 50%. Dillman (2000) sets the standard at 55%. Given these ranges, the response rate for the VPK administrators would be considered in the low average range at 43%. The VPK lead teachers response rate of 52% would appear to be within an adequate or average response rate range. Generalization of results should still be viewed with caution as there is no way to determine if the non-respondent population is significantly different in some way from those who chose to respond (Gay and Airasian, 2000). However, as the validity of these results are considered, it should be noted as well, that a Pearson Correlation Coefficient analysis indicated that there was no significant relationship between any of the demographic data or belief statements and the inclusive practices or training needs reported by the respondents.

**Reported Status of Inclusion**

The first concern of the study was to determine if the targeted VPK programs were including children with disabilities. The STARS survey asked VPK administrators and lead teachers to report the types of young children with disabilities that they had served in their community based centers over the last three years. Of the 16 VPK administrators who returned the surveys, thirteen, or 81.3%, reported serving children with disabilities in their community based centers during the past three years. The following information was reported by the thirteen VPK administrators who indicate that their centers serve young children with disabilities: 100% report serving children with
speech and language problems; 84.6% indicated serving children with social and emotional problems; 69.2% were children with autism; 53.8% served children with developmental delays: 46.2% served young children with sensory impairments; and 23.1% report serving children with physical disabilities.

Data from the STARS survey also provided information regarding the current number of young children with disabilities that were being served in each of six categories during the current school year. An examination of these data revealed that although some centers reported serving young children in a category over the past three years, they may not currently be serving a child with that type of disability. The computerized program, SPSS 14.0, was used to calculate current year means and ranges. Some ranges begin with 0 because survey respondents may have answered positively to including children with disabilities in the last 3 years, but currently there are no children with disabilities in that specific category being served.

All of the thirteen VPK administrators reported serving children with speech and language problems during the current year. The current year range for this population is 1-10 with a mean of 4.00 (SD=2.71). The second largest population reported being included in their centers were children with social and emotional problems. Current year data showed a range of 0-6 children served with a mean of 2.77 (SD=2.05). Children with autism showed a range of 0-5 with a current mean number of 1.38 (SD=1.45). For the centers who had reported serving children with developmental delays in the past three years, the current year range was 0-8 with a current year mean of 1.2 (SD=2.05). In keeping with percentages reported over the last three years, current year inclusion rates were lowest for children with sensory or physical disabilities as well. For VPK
administrators reporting having served children with sensory impairments, a current year range of 0-1 was reported with a mean of .46 (SD=.518). Regarding children with physical disabilities, the current year range was 0-1, with a current year mean of .23 (SD=.769).

In comparison, of the 39 VPK teacher respondents, 36 respondents, or 92.1%, reported that their centers have included children with disabilities over the last three years in their early childhood programs. Information regarding the current state of inclusion was calculated on the responses of the 36 VPK lead teachers who reported that their centers had included children with disabilities within their programs. Ninety-three percent of the VPK lead teachers reported that their centers served children with speech and language difficulties over the last three years. Teachers reported a current year range of 0 to10 young children with speech and language served with a mean of 3.77 (SD=2.59). Eighty-three percent of the VPK teachers reported having served young children with social or emotional problems. The current year range of young children with social or emotional problems being included is 0 to 11 with a mean of 3.1 (SD=2.72) served this year. Sixty percent of the teachers reported having served young children with developmental delays. The range for this population for the current year was 0 to 11 children with a current year mean of 2.5 (SD=2.42). Children with autism were served by 44.1% of the centers in prior years, with a current year range of 0 to 11 with a mean of 1.9 (SD=2.73). The lowest rates of children with disabilities were reported in the area of sensory impairments and physical disabilities. A little less than 15% of the VPK lead teachers reported serving children with sensory impairments over the past three years, reporting a current year range of 0-2 with a current year mean of
.75 (SD=.701). Only 8.8% of the VPK teachers reported serving young children with physical disabilities over the past three years. The current year range for this population is 0 to 1, with a current year mean of .75 (SD=.50). Table 4-1 includes a summary of this information.

**Beliefs about Inclusion**

1. What beliefs do community childcare administrators that supervise Florida’s Voluntary Prekindergarten (VPK) program hold regarding the inclusion of students with disabilities with their community childcare settings?

   To identify administrator beliefs regarding including young children with disabilities in their community based centers, participants responded to six statements on the STARS survey. The survey uses a 5 point Likert scale (1=always, 2=usually, 3=sometimes, 4=rarely, and 5=never).

   In response to the statements regarding children with disabilities receiving services in early childhood settings, of the 16 VPK administrators who responded, 43.8% indicated that children with disabilities should always receive services in early childhood settings, 37% indicated usually, and 18.8% indicated sometimes. Regarding preparation and implementation of strategies and adaptations for all students, 75% of VPK administrators indicated these modifications were usually or sometimes easy to prepare and implement, while 18.8% indicated adaptations as always easy to prepare and implement for all children. However, 80% indicated adaptations and strategies as always or usually easy to prepare and implement to assist most students. Responding to the impact of including children with disabilities on children without disabilities, the majority felt that children without disabilities were always (43.6%) or usually (37.5%) positively impacted by playing and learning alongside their peers with disabilities. The VPK administrators overwhelmingly felt that all children can learn with 93.8% rating this
statement as always. However, their responses were mixed regarding the statement that all children are more alike than different, with 37.5% indicating always, 25% indicating usually, and 25% indicating sometimes.

Table 4-2 provides a summary of the community based center administrators’ beliefs about including children with disabilities in their VPK programs and includes additional information regarding ranges across responses as well as individual mean scores for each statement. This table also includes a side by side comparison of the responses given by administrators and lead teacher for each beliefs statement.

2. What beliefs do community childcare lead teachers Florida’s VPK program hold regarding the inclusion of students with disabilities with their community childcare settings?

To identify administrator beliefs regarding including young children with disabilities in their community based centers, participants responded to six statements on the STARS survey. The same 5 point Likert scale (1=always, 2=usually, 3=sometimes, 4=rarely, and 5=never) is used. Over half of the 37 VPK lead teacher respondents, 56.4%, felt that children with disabilities should always receive services in early childhood settings alongside their same age peers. Another 28.2% felt that children with disabilities should usually receive services in typical settings.

Over 78% of VPK teachers felt that children with disabilities were always or usually positively affected by playing and learning alongside their peers with disabilities. VPK lead teachers also indicated a strong belief that all children can learn with 82.1% indicating always, and 15.4% responding with usually to this statement. Response percentages were mixed when asked if children are more alike than different: 46.2% always, 30.8%, usually, and 15.4%, sometimes.
Regarding the preparation and implementation of strategies to assist all children, a little less than half, or 46.2%, of the teachers indicated that they were sometimes easy to prepare and implement, with 23.1% indicating that they were usually easy to modify. Percentages changed somewhat when the question was restated as making necessary adaptations for most children, with 41% responding with sometimes and 33.3% indicating usually. A low percentage of teachers (10.3%) reported strategies and adaptations as always easy to prepare and implement whether for all, (question 2) and or most children (question 3). Table 4-2 provides a summary of these data.

Inclusive Skills

3. What is the perception of community childcare administrators that supervise VPK programs regarding their skills to include children with disabilities within their community childcare programs?

Sixteen survey statements focused on the skills and inclusive practices of respondents. This section also contained a five point Likert rating scale with the following values: 1=Strongly agree; 2=Agree; 3=Neutral; 4=Disagree; and 5=Strongly disagree.

All of the VPK Administrators (n= 16) rated themselves in agreement with 3 survey items. One hundred percent of the respondents indicated they 1) knew how to develop and maintain collaborative relationships with families; 2) were aware of services provided by related professionals; and 3) were able to work with professionals from other disciplines. Ninety three percent agreed that they could effectively observe children to learn about their developmental needs and skills and felt comfortable working with support staff. Over 80% of the administrators agreed that they could effectively arrange the environment to meet the needs of all children, including children with disabilities, use effective strategies to facilitate positive behavior with all children,
including children with disabilities, as well as incorporate strategies to encourage communication skills with all children.

However, VPK administrators were less confident in their skills related specifically to statements that were linked to working directly with children with disabilities. Sixty-six percent agreed they were aware of ways to effectively assess the skills of children with disabilities, and familiar with the development of an Individual Education Plan. Seventy-three percent felt they understood how to implement IEP goals and objectives into the existing curriculum. Regarding more specialized areas of work with children with disabilities, 67% of the administrators agreed they were familiar with alternative forms of communication and their use, 53% agreed they knew the characteristics of children with motor impairments, and 41% agreed they knew how to position children with motor impairments.

A complete set of data for statements related to inclusive skills responses is provided in Table 4-4. Additionally, there is a side by side comparison of VPK administrator and VPK lead teacher responses included in this table.

4. What is the perception of community childhood VPK lead teachers regarding their skills to include children with disabilities within their community childcare programs?

Sixteen statements focused on the skills and inclusive practices of the early childhood participants. This section utilized a five point Likert rating scale with the following values: 1=Strongly agree; 2=Agree; 3=Neutral; 4=Disagree; and 5=Strongly disagree).

Over 90% of the lead teachers agreed that they could effectively observe children to learn about their developmental needs or skills, knew how to initiate, develop and maintain positive collaborative relationships with families, felt comfortable working with
support staff such as early childhood aides, and were able to effectively work with professionals from other disciplines. Additionally, over 80% of the VPK teachers indicated that they agreed with the following inclusive practices: they could arrange the environment to meet the needs of all children (84.6%); were aware of the services provided by related professionals (82%); were able to implement positive guidance approaches to encourage appropriate behavior with all children, including children with disabilities (89.5%); used effective strategies to facilitate positive behavior with all children (84.2%); and incorporated strategies to encourage communication skill with all children, including children with disabilities (84%).

Agreement results were lower in the areas related to specific skills related to assessing the needs and implementing strategies for children with disabilities. Sixty-eight percent of the lead VPK teachers agreed that they were aware of ways to effectively assess the skills of children with disabilities, while approximately 65% agreed that they were familiar with how to develop an Individual Education Plan (IEP), implement IEP goals and objectives into an existing curriculum or locate and use adapted toy and materials.

Agreement was lowest in the areas of specialized skills related to including children with disabilities in their community based centers. Although 50% agreed they knew the characteristics of children with motor impairments, only 31.6% agreed that they knew how to position children with motor impairments. Additionally, familiarity with alternative forms of communication and their use was reported at 44.7%. A complete set of data for statements related to inclusive skills responses is provided in Table 4-4.
Additionally, there is a side by side comparison of VPK administrator and VPK lead teacher response data included in this table as well.

**Training Needs Identified**

5. **What are the training needs identified by VPK administrators as needed to include children with disabilities in their community settings?**

   VPK Administrators were asked to identify with a yes or no answer, whether they felt they needed training in five areas contained within the beliefs section of the survey. A yes or no response was indicated for the section to identify perceived training needs related to the sixteen inclusive practices outlined in Part II of survey.

   In the area of beliefs, 70% of the VPK administrators identified a need for training in four of the five belief areas. Almost all of the respondents (92.3%) felt a need for training in the area of strategies and adaptations for all children with disabilities. In response to the statement “Children with disabilities should receive services in early childhood settings alongside their same age peers,” 84.6% felt they needed training. In response to the statements “All children can learn” and “In general, children are more alike than different,” 72.7% responded that they felt they needed training. When presented with the statement, “Children without disabilities are positively affected by playing and learning alongside their peers”, 54.5% indicated that they felt they needed additional training. A complete set of data for training needs related to the belief statements is provided in Table 4-3.

   Over 60% of the VPK Administrators indicated a need for training in 14 of the 16 areas of inclusive practice. Only 45.5% felt a need for training in collaborative relationships with families and only 58.3% felt a need for training in environmental arrangement to meet the needs of all children. However, over 92% indicated a need for
training in the areas of effective assessment of the skills of children with disabilities as well as the characteristics of children with motor skills. Approximately 85% of the respondents felt a need for training the area of IEP development and positioning children with motor disabilities. Over 75% indicated a need for training related to effectively observing young children to learn about their developmental skills and needs, understanding how to implement individual student goals and objectives into the curriculum, and using effective strategies to facilitate positive behavior in all children. Seventy-five percent also indicated training needs related to incorporating strategies to encourage communication skills with all children, including a familiarization with alternative methods of communication, as well as their use with children with disabilities.

Additionally, VPK Administrators were asked to identify the inclusive practices areas in which they felt their staff may require training. All of the administrators felt that their staff could benefit at some level from training in all areas; however, twelve of the sixteen areas were identified as a need by 75% of the administrators responding. Over 90% of those responding, identified staff training needs in an awareness of effectively assessing the skills of children with disabilities, the development and implementation of the Individual Educational Plan, as well as the characteristics and positioning of children with motor disabilities. Additionally, more than 82% identified a need for training in the following areas: effectively observing children to learn about their developmental needs, implementing positive guidance approaches and behavioral strategies for all children, and the location and use of adapted toys and materials, including alternative communication systems, to incorporate strategies to develop skills for all children, including children with disabilities. Table 4-5 includes a complete summary of the
responses of the VPK lead teachers related to perceived training needs. Additionally, this table presents a side by side comparison of the training needs identified by VPK administrators for themselves as well as the training needs that they identified as needed by their VPK staff.

6. What are the training needs identified by VPK lead teachers as needed to include children with disabilities in their community classrooms?

VPK lead teachers were asked to identify with a yes or no answer, whether they felt they needed training in five areas contained within the beliefs section of survey as well as any of the sixteen inclusive practices outlined in survey.

Overall, a review of the data indicates that VPK lead teachers feel relatively confident regarding their inclusive practices and skills. In the beliefs section of the survey, less than 50% of the respondents felt that they needed training in three of the six areas. However, 71% of the VPK teachers did indicate a need in the area of strategies and adaptations to assist all children with disabilities. In response to the statement, “Children with disabilities should receive services in early childhood settings alongside their same age peers”, nearly 64% of the respondents felt they needed training. A complete set of data for training needs related to the belief statements is provided in Table 4-3.

In the inclusive skills section of the survey, only 5 areas were rated as a training need by 60% or more of the respondents. These areas included: the characteristics of children with motor disabilities (69%) and their positioning (82%); familiarity with alternative forms of communication and their use (76.5%); as well as the development of the Individual Educational Plan (63.9%) and the implementation of the IEP goals and objectives (63.3%). Additionally, 57.6% of the VPK lead teachers felt a need for training
in effectively assessing the skills of children with disabilities and 51.6% indicated training in locating and using adapted toys and materials. Forty-one percent indicated a need for training in both implementing positive guidance approaches and using effective strategies to facilitate positive behavior with all children. All other areas were indicated as a need by approximately one third or less of the VPK lead teachers. A complete summary of these data is included in Table 4-5.

Additionally, a sample t test was conducted to determine if there was agreement between the perceived training needs of the VPK lead teachers and the perceptions of the administrators regarding the training needs of their lead teacher staff members. Based on the results of the t-test, there was no significant difference in the means in eight training areas. It would therefore seem that the VPK lead teachers and VPK administrators have the same or similar perceptions regarding staff training in the following areas: 1) awareness of ways to effectively assess the skills of children with disabilities; 2) adapting toys and materials; 3) collaborating with families; 4) the development of the Individual Educational Plan; 5) implementation of the goals and objectives of the IEP; 6) familiarity with alternative forms of communication and their use; 7) characteristics of children with motor impairments; and 8) the positioning of students with motor disabilities. Table 4-6 shows the results of this analysis of means and presents P values. These results should be viewed with caution however, due to the small sample size of participants within the study.

In part II of the survey, participants were also asked to indicate their preferences regarding training formats by checking a yes or no box to identify the formats that they would use to obtain information regarding training topics. A review of the group data
shows that VPK administrators and lead teachers ranked the formats in the same order. Onsite workshops were the first choice of both VPK administrators (93.8%) and VPK lead teachers (94.9%). The second choice was videos, websites, or articles (VPK administrators, 93.3%, and lead teachers, 89.7%). Offsite workshops were the third choice. The majority of administrators (86.7%) indicated a preference for both small group training formats and individual consultation or technical assistance; 82% of the lead teachers marginally indicated small group instruction over individual consultation and technical assistance (78.6%). Taking college or university courses ranked last for both groups (80% of administrators and 71.1% of lead teachers).

Additionally, participants were asked to indicate the type of the community based program in which they worked. Categories included privately owned, corporately owned, not for profit, faith based, or “other”. Seventy-five percent of the VPK administrators and 56% of lead teachers indicated that their center was privately owned. Twenty-five percent of VPK administrators and 41% of the lead teachers indicated their centers as not for profit. Faith based center status was reported by 19% of administrators and 10% of lead teachers. Additionally, lead teachers reported that 5% of their centers were classified as corporately owned, and 2.6% indicated “other”.

A Pearson Correlation Coefficient was also conducted to determine whether there was a correlation between the demographic information categories and the beliefs and inclusive skills and practices reported. No significant relationship was found to exist between any of the variables.
Table 4-1. Provision of services to young children with disabilities

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<th>VPK Administrators (N=16)</th>
<th>VPK Lead Teachers (N=39)</th>
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<tr>
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<td>%</td>
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<td>Developmental delay</td>
<td>13</td>
<td>53.8</td>
</tr>
<tr>
<td>Social/emotional delay</td>
<td>13</td>
<td>84.6</td>
</tr>
</tbody>
</table>

Totals not equal to 100% are due to rounding or missing data
Table 4-2. Inclusive beliefs (VPK administrator N = 16, VPK Lead teacher N = 39) in percentages, ranges, mean score, and standard deviations

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentages</th>
<th>Means/Standard Deviation/Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children with disabilities should receive services in early childhood settings alongside their same-age peers.</td>
<td>43.8 56.4 37.5 28.2</td>
<td>M= 1.75  SD = .77460  R=1-3</td>
</tr>
<tr>
<td>2. The strategies and adaptations necessary to assist all children with a disability are easy to prepare and implement.</td>
<td>18.8 10.3 37.5 23.1</td>
<td>M=2.3125  SD = .87321  R=1-4</td>
</tr>
<tr>
<td>3. The strategies and adaptations necessary to assist most children with disabilities are easy to prepare and implement</td>
<td>20.0 10.3 60 33.3</td>
<td>M=2.0  SD = .65465  R=1-3</td>
</tr>
<tr>
<td>4. Children without disabilities are positively affected by playing and learning alongside their peer with disabilities.</td>
<td>43.8 35.1 37.5 43.2</td>
<td>M=1.9375  SD = 1.18145  R=1-5</td>
</tr>
<tr>
<td>5. In general, children can learn.</td>
<td>93.7 82.1 0 15.4</td>
<td>M=1.250  SD = 1.0  R=1-5</td>
</tr>
<tr>
<td>6. In general, children are more alike than different.</td>
<td>37.5 46.5 25 30.8</td>
<td>M=2.1250  SD = 1.08781  R=1-4</td>
</tr>
</tbody>
</table>

Totals more or less than 100% are due to rounding.
Table 4-3: Training Needs Related to Belief Statements

<table>
<thead>
<tr>
<th>Belief Statement</th>
<th>Administrator</th>
<th>Lead Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students with disabilities should receive services alongside their same age peers.</td>
<td>Yes 84.7%</td>
<td>No 15.4%</td>
</tr>
<tr>
<td></td>
<td>Yes 63.6%</td>
<td>No 36.4%</td>
</tr>
<tr>
<td>2. The strategies and adaptations necessary to assist all children with a disability are easy to prepare and implement.</td>
<td>92.3%</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>3. Children without disabilities are positively affected by playing and learning alongside their peers with disabilities</td>
<td>54.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td></td>
<td>46.3%</td>
<td>57.1%</td>
</tr>
<tr>
<td>4. In general, all children can learn.</td>
<td>72.2%</td>
<td>27.3%</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>5. In general, children are more alike than different.</td>
<td>72.7%</td>
<td>27.3%</td>
</tr>
<tr>
<td></td>
<td>27.6%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>
Table 4-4. Inclusive skills indicated by participants by percentage, means, standard deviation and ranges

<table>
<thead>
<tr>
<th></th>
<th>Percentages</th>
<th>Means/Standard Deviations/Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>Adm Tchr</td>
<td>Adm Tchr</td>
</tr>
<tr>
<td>1. I am aware of ways to effectively assess the skills of children with disabilities.</td>
<td>31.3% 33.3%</td>
<td>37.5% 35.9%</td>
</tr>
<tr>
<td></td>
<td>M = 2.1333</td>
<td>SD = 1.12546</td>
</tr>
<tr>
<td>2. I can effectively observe children to learn about their developmental skills and needs.</td>
<td>33.3% 60.5%</td>
<td>60.0% 34.5%</td>
</tr>
<tr>
<td></td>
<td>M = 1.7333</td>
<td>SD = .507</td>
</tr>
<tr>
<td>3. I can arrange the environment to meet the needs of all children.</td>
<td>37.5% 56.4%</td>
<td>50% 39%</td>
</tr>
<tr>
<td></td>
<td>M = 1.9333</td>
<td>SD = .96115</td>
</tr>
<tr>
<td>4. I know where to locate and how to use adapted toys and material</td>
<td>40.8% 30.8%</td>
<td>33.3% 38.5%</td>
</tr>
<tr>
<td></td>
<td>M = 1.4</td>
<td>SD = .507</td>
</tr>
<tr>
<td>5. I know how to initiate, develop, and maintain positive relationships with families.</td>
<td>60.0% 56.4%</td>
<td>40.0% 35.9%</td>
</tr>
<tr>
<td></td>
<td>M = 1.5333</td>
<td>SD = .63994</td>
</tr>
<tr>
<td>6. I feel comfortable working with support staff, such as aides.</td>
<td>53.3% 69.2%</td>
<td>40% 25.6%</td>
</tr>
</tbody>
</table>

71
<table>
<thead>
<tr>
<th></th>
<th>I am aware of the services provided by related professionals</th>
<th>I am able to effectively work with professionals from other disciplines</th>
<th>I am familiar with how to develop an Individualized Education Plan (IEP)</th>
<th>I understand how to implement IEP goals and objectives into existing curriculum</th>
<th>I am able to implement positive guidance approaches with all children</th>
<th>I use effective strategies to facilitate positive behavior with all children</th>
<th>I use effective strategies to encourage communication skills</th>
<th>I am familiar with alternative forms of communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>53.3%</td>
<td>56.4%</td>
<td>46.7%</td>
<td>25.6%</td>
<td>0%</td>
<td>12.8%</td>
<td>0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>8.</td>
<td>73.3%</td>
<td>74.5%</td>
<td>26.7%</td>
<td>25.5%</td>
<td>10.3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>9.</td>
<td>20.0%</td>
<td>32.4%</td>
<td>46.7%</td>
<td>32.4%</td>
<td>26.7%</td>
<td>18.9%</td>
<td>6.7%</td>
<td>10.8%</td>
</tr>
<tr>
<td>10.</td>
<td>13.3%</td>
<td>34.2%</td>
<td>60%</td>
<td>31.6%</td>
<td>20%</td>
<td>13.2%</td>
<td>6.7%</td>
<td>15.8%</td>
</tr>
<tr>
<td>11.</td>
<td>46.7%</td>
<td>50%</td>
<td>33.3%</td>
<td>39.5%</td>
<td>20%</td>
<td>7.9%</td>
<td>0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>12.</td>
<td>40.0%</td>
<td>50.0%</td>
<td>46.7%</td>
<td>34.2%</td>
<td>13.3%</td>
<td>13.3%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>13.</td>
<td>60.0%</td>
<td>55.3%</td>
<td>26.7%</td>
<td>31.6%</td>
<td>13.3%</td>
<td>7.9%</td>
<td>0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>14.</td>
<td>33.3%</td>
<td>26.3%</td>
<td>33.3%</td>
<td>18.4%</td>
<td>26.7%</td>
<td>36.8%</td>
<td>6.7%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>
Table 4-4 Continued

<table>
<thead>
<tr>
<th></th>
<th>15. I know the characteristics of children with motor impairments.</th>
<th>16. I know how to position children with motor impairments.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.7%  23.7%  26.7%  26.3%  46.7%  31.6%  0%  7.9%  0%  10.5%</td>
<td>13.3%  15.8%  26.7%  15.8%  26.7%  28.9%  33.3%  26.3%  0%  13.2%</td>
</tr>
<tr>
<td></td>
<td>M = 2.200  SD = .86189  R = 1-3</td>
<td>M = 2.80  SD = 1.08233  R = 1-4</td>
</tr>
</tbody>
</table>

Totals more or less than 100% are due to rounding.
Table 4-5. Training needs related to inclusive practice by percentages

<table>
<thead>
<tr>
<th></th>
<th>Administrator</th>
<th>Lead Teacher</th>
<th>Teacher needs as perceived by the Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>1. Assessing the skills of children with disabilities.</td>
<td>92.3% 7.7%</td>
<td>57.6% 42.4%</td>
<td>92.1% 7.1%</td>
</tr>
<tr>
<td>2. Observing children to learn about their developmental skills and needs.</td>
<td>76.9% 23.1%</td>
<td>34.5% 65.5%</td>
<td>83.3% 16.7%</td>
</tr>
<tr>
<td>3. Environmental arrangement to meet the needs of all children.</td>
<td>58.3% 41.7%</td>
<td>30% 70%</td>
<td>66.7% 33.3%</td>
</tr>
<tr>
<td>4. Locating and using adapted toys and material.</td>
<td>63.6% 36.4%</td>
<td>51.6% 48.4%</td>
<td>81.2% 18.2%</td>
</tr>
<tr>
<td>5. Initiating, developing, and maintaining positive relationships with families.</td>
<td>45.5% 54.5%</td>
<td>34.5% 65.5%</td>
<td>54.5% 45.5%</td>
</tr>
<tr>
<td>6. Working with support staff, such as aides.</td>
<td>69.2% 30.8%</td>
<td>31% 69%</td>
<td>75% 25%</td>
</tr>
<tr>
<td>7. Awareness regarding the services provided by related professionals.</td>
<td>69.2% 30.8%</td>
<td>33.3% 66.7%</td>
<td>66.7% 33.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8. Working with professionals from other disciplines.</td>
<td>66.7%</td>
<td>33.3%</td>
<td>37%</td>
</tr>
<tr>
<td>9. Developing an Individualized Education Plan (IEP).</td>
<td>84.6%</td>
<td>15.4%</td>
<td>63.3%</td>
</tr>
<tr>
<td>10. Implementing IEP goals and objectives into existing curriculum.</td>
<td>76.9%</td>
<td>23.1%</td>
<td>63.3%</td>
</tr>
<tr>
<td>11. Implementing positive guidance approaches with all children.</td>
<td>69.2%</td>
<td>30.8%</td>
<td>40.7%</td>
</tr>
<tr>
<td>12. Using effective strategies to facilitate positive behavior with all children.</td>
<td>75.0%</td>
<td>25.0%</td>
<td>41.4%</td>
</tr>
<tr>
<td>13. Strategies to encourage communication skills.</td>
<td>76.9%</td>
<td>23.1%</td>
<td>38.5%</td>
</tr>
<tr>
<td>14. Familiarization with alternative forms of communication.</td>
<td>76.9%</td>
<td>23.1%</td>
<td>76.9%</td>
</tr>
<tr>
<td>15. Characteristics of children with motor impairments.</td>
<td>92.9%</td>
<td>7.1%</td>
<td>69%</td>
</tr>
<tr>
<td>16. Positioning children with motor impairments.</td>
<td>85.7%</td>
<td>14.3%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Training Need</td>
<td>Teacher Mean</td>
<td>Teacher SD</td>
<td>Administrator Mean</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>1. Assessing the skills of children with disabilities.</td>
<td>0.61</td>
<td>0.50</td>
<td>0.92</td>
</tr>
<tr>
<td>2. Locating and using adapted toys and material.</td>
<td>0.55</td>
<td>0.51</td>
<td>0.82</td>
</tr>
<tr>
<td>3. Initiating, developing, and maintaining positive relationships with families.</td>
<td>0.35</td>
<td>0.48</td>
<td>0.55</td>
</tr>
<tr>
<td>4. Developing an Individualized Education Plan (IEP)</td>
<td>0.67</td>
<td>0.48</td>
<td>0.92</td>
</tr>
<tr>
<td>5. Implementing IEP goals and objectives into existing curriculum.</td>
<td>0.67</td>
<td>0.48</td>
<td>0.93</td>
</tr>
<tr>
<td>6. Familiarization with alternative forms of communication.</td>
<td>0.79</td>
<td>0.42</td>
<td>0.83</td>
</tr>
<tr>
<td>7. Characteristics of children with motor impairments.</td>
<td>0.69</td>
<td>0.47</td>
<td>0.92</td>
</tr>
<tr>
<td>8. Positioning children with motor impairments.</td>
<td>0.82</td>
<td>0.39</td>
<td>0.92</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

Recently the number of young children with disabilities served in community based settings has increased (Downing, 2005; Mastropieri, et al., 2005). Often these young children with disabilities require specialized strategies, adapted educational instruction and materials and enhanced behavioral interventions to progress towards their learning goals. Additionally, research has tied the quality of the educational experience of children with disabilities in inclusive settings to multiple variables including embedded learning activities, administrative support and staff training. Therefore, as community based providers are increasingly asked to meet the unique needs of these children, it is critical that they are adequately prepared (Deardoff, et al., 2007; Wolery, 1993).

Although rural populations make up one fifth of the United States, they are often neglected in research studies (Maher, Frestedt, & Grace, 2008). Further, few researchers have made distinctions as to the specific training needs of rural preschool teachers (French, 1998; French, 1999; Maher, et al., 2008; Monk, 2007) or the unique challenges faced by rural communities to provide relevant and cost effective trainings (Ludlow, et al., 2005; Rosenkoetter, et al., 2004; Weiss & Correa, 1996). Rural centers, most often situated in areas of poverty, face unique factors that confound the effective training of early childhood educators in their communities including geographic isolation, higher travel costs, limited access to professional conferences and staffing ratios that impact release time (Deardorff, et al., 2007, p. 1).

Bruns and Mogharreban (2007), however, point out that although early childhood educators may hold positive beliefs regarding the inclusion of young children with disabilities, there may be a “mismatch” between these beliefs and their ability to
effectively implement the special education supports needed to include them in their community preschools. Therefore as communities strive to create effective and positive programs that include young children with disabilities, we must ask the early childhood providers themselves what it is that they believe and what it is that they need to know (Bruns & Mogharreban, 2007; DEC, 2000; Odom, et al., 2001; Weiss & Correa, 1996).

This study of Voluntary Prekindergarten administrators and lead teachers was conducted in five rural north Florida communities to gain descriptive information regarding: a) the beliefs they hold about regarding including children with disabilities in their community based centers, and 2) their perceptions regarding their skills and training needs to include young children with disabilities within their classrooms. Survey packets were mailed to 37 program administrators and 75 lead teachers in the five targeted counties. The survey return rate was 43% for administrators and 52% for the teachers. This chapter discusses the findings of this survey, identifies the implications and limitations of the study, and provides suggestions for future research.

**Provider Beliefs about Inclusion**

In their seminal literature review regarding the perceptions of general educators toward teaching students with disabilities in their classrooms, Scruggs and Mastropieri (1996) found that conceptually teachers supported including students with disabilities with mild to moderate physical, sensory, medical, or cognitive disabilities in general education settings. Further, they found that the majority of teachers agreed that students with and without disabilities had derived some positive social or academic benefit. Additionally, research has shown that practitioners who effectively implement inclusive practices are guided by a set of core beliefs related to student membership and belonging and student learning (Horn, et al., 2000; Hunt, et al., 2002).
An analysis of the data from this study indicate that overall both the community based administrators and lead teachers held positive beliefs regarding the inclusion of young children with disabilities in their early childhood programs. More than three fourths of both respondent groups agreed that students with disabilities should receive services in early childhood settings alongside their same age peers and believed that all children can learn. In particular, over 80% of the respondents reported that students without disabilities learning and playing alongside their peers with disabilities positively impacted students without disabilities. Jung and Bradley (2006) indicate that rural areas may be including children in general education classrooms more often than programs in other geographical areas. And indeed the administrators and lead teachers are including children with disabilities in their community based centers. A majority of the teachers (92%) and administrators (81%) reported that their centers have included children with disabilities over the last three years in their early childhood programs.

**Current Enrollment Status of Young Children with Disabilities**

Of the types of young children with disabilities that were identified as being served in VPK classrooms during the 2008-2009 school year, children with speech and language difficulties were the largest population reported by both respondent groups (100% of administrators and 87% of teachers). The second most frequently identified population were children with social and emotional difficulties. Approximately 80% of both groups reported serving this group. Fifty percent of the administrators and lead teachers reported serving children with other developmental delays and children with autism. The smallest numbers of children with disabilities served were in the categories of children with physical disabilities and children with sensory impairments.
Approximately 20% of administrators and lead teachers reported serving each of these populations.

This finding is consistent with current information provided by the National Institute for Early Education Research (NIEER), published in *the 2007 State of Preschool Yearbook*. The publication states that there is a national trend of increasing enrollment of children ages three and four in state funded prekindergarten program, and includes an increased enrollment of children with disabilities. This report also indicated that young children with disabilities currently make up 6% of the students enrolled in Florida’s VPK program (FDOE, 2008). Although an analysis of the mean data from this survey would indicate that within a VPK classroom, on average, 1 child with a disability (6%) is included, the data also indicate that some of the rural providers are including children with social emotional problems (m=2) or speech and language disabilities (m=3.5) at a higher rate as well.

The results of this study further indicate the majority of centers are including primarily children with mild to moderate disabilities. The majority of the lead teachers and half of the administrators were not serving children with autism or other developmental delays in their programs. Over three fourths of the respondents had not served children with multiple disabilities, physical or orthopedic impairments or sensory deficits. Triandis, Adamopoulos, & Bricker (1984, cited in Cross, et al., 2004) state that attitudes and beliefs are formed through indirect and direct experience. Although the VPK administrators and teachers perceive themselves as holding beliefs that support the inclusion of all children, they were not including children with more significant disabilities.
One factor that may be contributing to this lack of representation is that rural areas are less populated, resulting in few children with low incidence disabilities represented in the preschool population. Further, according to the 2007 census data, three of the counties located within the survey area, are approaching poverty rates of 25% or more. Even when children with more severe disabilities are identified, the purchase of specialized equipment to support children with significant disabilities by community based service providers is less feasible in rural areas because of the few numbers of students that will be served by such expenditures (Jung & Bradley, 2006, p. 1) and the limited fiscal resources available within these communities.

Another explanation for the lack of representation of children with significant disabilities in this population may be related to a school based initiative. In an effort to pool limited fiscal resources, several of the small school districts within this rural area developed a multi-county agreement to provide services through a center school for children with significant disabilities located within one of the smaller counties. Parents and community partners may perceive the more complex learning and physical needs of these young children as requiring more specialized instructional or medical supports that may only be available in school based program. Regardless, the providers in the rural communities surveyed are demonstrating that children with disabilities can be served in inclusive settings, possibly to a greater extent than in more metropolitan areas (Jung & Bradley, 2006, p. 4). It is also possible that the numbers of children with disabilities served in VPK programs are lower than reported, because the teachers and administrators who did serve children with disabilities may have been more motivated to
return the survey, as suggested in a prior research study conducted by McDonnell and Brownell (1997).

**Adaptations and Strategies to Include All Children**

The VPK administrator and lead teacher respondents in this survey had concerns when presented with statements related to the preparation of adaptations and strategies to assist all or most children learn. Although 80% of administrators indicated that adaptations and strategies to assist most students were easy to prepare and implement, a little less than half, or 43%, of the teachers indicated that they were easy to prepare and implement for most children. Additionally, percentages were lower when the question was restated as making necessary adaptations for all children. Again, administrators had a higher percentage, with 45% responding that strategies and adaptations were easy to prepare and implement for all children; only 33% of the lead teachers agreed that adaptations were easy to prepare for all children. Almost half of the lead teachers responded that these strategies were sometimes easy to adapt for all students. These results may be attributed to a lack of understanding by rural providers that the developmentally appropriate practice they implement in their early childhood programs are effective learning strategies for children with disabilities. There may be a false assumption across early childhood providers that “the disability of the child prevents (them) from taking advantage of the typical environmental experiences that promote normal child development and that additional, more individualized experiences are necessary,” (Odom & McEvoy, 1990, p. 3). Additionally, the special education terminology of “adapted materials and supports” may suggest to the providers a specialized and or complex set of equipment or devices. They may not be aware that adapted materials are also defined as simple adjustments to everyday environments or
items, such as strategically placed stairs at work stations to encourage motor skill
development or pencil grips or triangular shaped, non rolling crayons.

In reviewing the data regarding the types of children that are being included in
these VPK settings, the responses may reflect a lack of understanding or preparation
regarding the development of supportive learning environments for all children. Cross,
et al., (2004) found that teachers were hesitant to include children when they felt
unprepared, whether through inadequate training, lack of equipment, or inadequate or
incomplete information regarding the unique needs of the child (p. 176). It is possible
that while these VPK providers may feel comfortable supporting a child with autism or
behavioral concerns, a student with multiple disabilities may present a new set of
learning needs, physical supports, or therapies, not previously provided within their
center (Downing & Hardin, 2007).

Additionally, VPK lead teachers and administrators identified a number of areas for
professional development or training related to these core beliefs. Over 90% of the
administrators and 70% of the teachers expressed a need for additional training in the
area of strategies and adaptations to assist all children with disabilities. Both groups
also expressed a high need for training to provide appropriate services to children with
disabilities in inclusive early childhood settings. In their research regarding the inclusion
of children with significant disabilities in community child care settings, Cross et al.,
(2004), found that making adaptations involved five identifiable and interdependent
roles: implementer, informant, planner, developer, and trainer (p.180). These roles
involved the early childhood educator in collaborative and problem solving relationships
with families and other service providers. These researchers further found that
teachers’ confidence was influenced by their personal knowledge regarding the
disability of a child, as well as the role or roles they played in the development of the
needed adaptations. However, since more specialized service providers, such as
occupational or physical therapists or orientation and mobility specialists, may be
difficult to access and have limited time to spend in training or planning with the
preschool classroom teachers in rural areas (Weiss & Correa, 1996), rural providers
may be asked to assume multiple or unfamiliar roles without an adequate knowledge of
available supports or access to needed services (Cross, et al., 2004). The
administrators and teachers in this survey who felt unprepared to make appropriate
adaptations may be influenced by their own knowledge base regarding the children who
require more significant accommodation needs as well. The largest population reported
as included by the survey respondents, children with speech and language disabilities,
are most often served by speech pathologists who typically develop and provide direct
interventions and may or may not make suggestions to the early child care providers to
implement in their classrooms. Additionally, the survey respondents are including
primarily children with mild to moderate disabilities, and may be anticipating that other
populations of children with disabilities will require more intensive supports. Downing
and Hardin, (2007), suggest that providers may also perceive that the more specialized
needs of children with low incidence exceptionalities may strain an already limited pool
of available educational resources. The perceptions of the rural providers in this survey
may have been influenced by their limited access to and interaction with specialized
service providers, such as therapists, and available financial resources as well.
Perceptions regarding Inclusive Practices and Training Needs

Researchers have found that in addition to positive beliefs regarding inclusion, teachers who believe that they can successfully teach children with disabilities are more likely to successfully include them in their classrooms (Brownell & Pajares, 1999). Brownell and Pajares (1999) further state that teachers’ beliefs and perceptions about their own teaching practices are strong predictors of their teaching practices. Research also identifies training in specific intervention strategies areas as critical to successful inclusionary practice in early childhood settings (Bruns & Mogharren, 2007; Devore & Russell, 2007; Killoren, et al., 2001; Kowalski, et al., 2005).

Additionally, teachers themselves have identified professional development opportunities as one component lacking as they strive to implement inclusive practices in their classrooms (Rheams & Bain, 2005; Scruggs & Mastropieri, 1996). To better understand the training needs of the early childhood educators, researchers have emphasized the importance of gathering information directly from child care providers to identify what trainings they perceive as necessary for them to feel adequately prepared to include young children with disabilities within their programs (Deardoff, et al., 2007; Grisham-Brown & Hallan, 2004; Wolery, 1993).

Bruns and Mogharreban, (2007), identified a set of core skills identified as critical in meeting the unique needs of young children with disabilities in inclusive preschool settings. These areas include: 1) assessment and instruction; 2) collaboration; 3) the IEP process; 4) behavioral strategies; and 5) strategies for working with children with significant disabilities. The work of Hunt, Soto, Maier, Liberion, and Bae, (2004), illustrates the successful integration of these skills to support the inclusion of preschoolers in early childhood programs. In a series of studies, Hunt, et al., (2004)
researched the impact of the development of Unified Plans of Support (UPS) and collaborative teaming on the successful inclusion of children with significant disabilities in general education early childhood programs.

The following section presents the perceptions of respondents regarding each of these core areas.

**Assessment and Instruction**

Researchers state that meaningful assessment produces more functional goals and provides useful information for practical instruction and environmental adaptations (Wolery, et al., 2002). Further, Appl (2000) states that early childhood educators must plan for effective instruction and assess student learning through the use of multiple methods and modalities. These instructional planning tools may include individual student observations, checklists or formalized and required assessments.

Overall, both the VPK administrators and lead teachers in this study reported a high rate of confidence regarding skills related to effective planning and assessment. Approximately 90% of the administrators and teachers had high agreement rates in two areas: 1) effectively observing children to learn about their developmental needs, and 2) arranging the environment to meet the needs of all children. Over two thirds of the respondents in both groups agreed that they were aware of ways to effectively assess the skills of children with disabilities, as well. However, there was less agreement across the two groups regarding the location and use of adapted toys and equipment. Although over 75% of the administrators agreed or strongly agreed that they were able to locate and use adapted toys and equipment, only 69% of the teachers agreed or strongly agreed that they possessed this skill.
Interestingly, despite the fact that the skills levels were reported as high overall for this area by both respondent groups, there was less agreement regarding their identified training needs. Although nearly 70% of administrators expressed a high confidence level in the area of effective assessment, 92% of them identified this area as a training need. Although much lower than the percentage reported by the administrators, this is the highest rated need in the assessment and instruction area for teachers at 58% as well. One possible explanation for this trend may be a perceived definition of assessment as a standardized tool. Many of the standardized testing instruments, such as the Learning Accomplishment Profile (LAP-3) and Early Childhood Observation System (ECHOS), required for participation in the VPK programs, are cumbersome and not user friendly; participants may perceive these standardized protocols as difficult to follow and time consuming to learn. Additionally, VPK early learning programs are themselves assessed on the results of state designed assessment tools and staff members may be intimidated by the responsibility associated with rating scales and graded performance data.

There was a stark contrast in the training need reported by the two groups related to student observation as well. Over three-fourths of the administrators reported this as a training need, while just one third of the teachers perceived training in observation skills as a need. Again, although administrators reported a high confidence level in environmental arrangement (87.5%), nearly 60% reported this as a training need. Only 30% of the teachers perceived this as a need. This may be due to the focus on environmental assessment placed on VPK providers by the state and their familiarity
with observation based tools such as the Early Childhood Observation System (ECHOS) and Early Childhood Environment Rating Scale (ECERS).

The highest level of agreement regarding training was in the location and use of adapted toys. While just over half of the lead teachers (52%) reported a training need related to the location and use of adapted toys, 64% of the administrators expressed a need for training in this area. This perceived need may also be related to the providers’ personal knowledge base or experiences working with children with different types of disabilities, as well the role they perceive them themselves as taking in the initial identification and use of these adapted toys (Cross, et al., 2004). Further, they may be equating adapted toys with highly specialized interventions or equipment that require expensive purchases or must be specially designed for children with significant disabilities and outside of the population of children that they are currently serving.

Collaboration

Educational research supports collaboration as a key component in the successful inclusion of special education students in general education settings and in meeting the needs of all children (Cohen & Thomas, 1997; Howells, 2000). Successful instructional programming for children with disabilities involves families and professionals working and planning together (Knackedoffel, 2005). The VPK early childhood professionals surveyed reported the highest confidence levels in their skills related to collaborating with families and other professionals. All of the administrators (100%) agreed that they knew how to initiate, develop, and maintain positive relationships with families as well as were aware of the services provided by other professionals. Approximately 90% of teachers reported a high skill level in these areas as well. Ninety-five percent of both groups felt comfortable working with support staff.
All of the teachers (100%) and 90% of administrators felt that they work effectively with other professionals. One reason for this finding may be that teaching in small and rural communities affords teachers with opportunities for extensive involvement with parents, families, and other community partners (Sileo, Sileo & Pierce, 2008).

However, there was again a significant difference in the training needs identified by the two groups within this core area. Although administrators reported high confidence levels in all the areas related to collaboration, nearly 70% reported a training need in three areas: 1) working with support staff; 2) awareness of services provided by other professionals; and 3) working effectively with other disciplines. Only 46% reported a training need relative to positive relationships with families. In comparison, less than one third of the teachers reported any of the collaborative skills as a training need.

As stated earlier, the small size of rural communities allows providers, students, and their families to get to know each other over time. One reason for the perceptions reported by the providers may be that educators have built long-term personal relationships with the students and their families (Jung & Bradley, 2006). Communication, both formal and informal, may be more frequent between the preschool teacher and families as well. This may be the result of frequent contact as parents transport their children to and from school daily due to a lack of other transportation options in rural areas or the opportunities for the provider and parent to see each other in other community activities, such as the grocery store or community events. Further, relative to the comfort levels associated with working with staff and other professionals, Downing and Hardin (2007) suggest that small and rural community providers tend to know their community members and take pride in assisting each other as needed (p. 7).
Behavioral Strategies

Over 80% of the administrators and teachers in this study reported serving children with social or emotional problems in their centers. The data reported suggests that each VPK classroom would include three children with some behavioral concerns. Gettinger, Stroeber, and Koscek (2008) emphasize that knowledge and skills regarding appropriate positive-based interventions are key elements to accommodating young children with challenging behaviors in early childhood classrooms. Additionally, challenging behaviors are not confined to children with diagnosed emotional and behavior disorders. They can be displayed regardless of the identified disability and vary in their intensity and frequency (Koch, 2007).

The participants of this survey reported high confidence levels in behavioral interventions skills and strategies. Over 80% of administrators and lead teachers agreed or strongly agreed that they could implement positive and effective behavioral strategies with all children. Despite this high level of agreement, there was again a clear difference in the perception of training needs. Approximately 75% of administrators requested more training in this area while only 40% of the teachers expressed a need related to behavioral interventions. One reason that the teachers did not identify this as a need may be that the standards set by the Florida Office of Early Learning regarding behavioral intervention are clear in their statements of corporal or physical punishment. Additionally, the management of student behavior is an ongoing focus of professional training provided by the local coalition, and in fact, there are pilot programs within the area that are training staff in the Positive Behavioral Supports model. Perhaps, those same providers who volunteered to be a part of that training initiative are also the majority of the survey respondents. However, although the area of positive behavioral
strategies and interventions are rated highly by the respondents of this survey, this researcher would suggest caution in the acceptance of that information as it is not possible to verify if the behavioral techniques being used are truly positively focused, or are more a controlling of the situation. Further, the familiarity with families in rural settings may provide preschool teachers with a significant comfort level with managing the behavior of the students in their centers. Finally, state and local guidelines allow VPK centers to implement and enforce center wide policies that reflect the suspension or permanent removal and expulsion of a child with chronic or difficult to manage behaviors from their centers.

**Individualized Educational Planning**

The Individualized Educational Plan (IEP) must communicate the individual needs of each child and be designed to meet their unique needs through thoughtful planning and participation among families, service providers and educators (Fisher & Frey, 2001; Giangreco, et al., 1994). Academics, interpersonal skills and social and emotional development are just a few of the areas of concern when planning a young child's IEP (Jackson, et al., 2000). The Reauthorization of IDEA in 2004 emphasizes the role of the general educator in the preparation of the IEP. The preschool teacher can provide critical input regarding the needs and skills of young children and be a valuable member of the IEP team (McDonnell & Brownell, 1997). However, administrators and teachers were less confident in their skills for planning and working with children with disabilities, including the IEP process. Although approximately two thirds of all respondents, or 66%, reported that they were familiar with the development of an IEP and understood how to implement and integrate IEP goals and objectives into the existing curriculum, nearly two thirds of the teachers (63%) and approximately 80%
of administrators felt that this was an area in need of further training. This perception is congruent with the perceived training need related to providing appropriate services to children with disabilities in inclusive early childhood settings alongside their same age peers discussed earlier. in the beliefs section.

There are several possible reasons for the lack of comfort regarding IEP development and implementation. The first of these may be the process itself. IEP meetings are traditionally held on school campuses with school based personnel leading and guiding the process. The meeting format is very formal, unlike most parent conferences at child care centers which may take place at child sized tables with short chairs or outside the classroom door. The language of the IEP itself, with specialized terminology, may be intimidating to the early childhood provider as well. Further, since the school district is responsible for the development of the IEP, district level personnel may not be consistently including the community based provider in the IEP development process (McDonnell & Brownell, 1997). A further component of this lack of inclusion of early childhood staff may be that the majority of children with disabilities that are reported as being included are children with speech and language deficits. In most cases, the primary special education service provider for the child would be a speech pathologist and school district staff may not perceive a need for input from the community based provider during the development of the plan (McDonnell & Brownell, 1997). Finally, Sileo, et al., (2008), point out that the personal bonds among teachers, students, and families in rural communities may obscure professional boundaries and decisions. The provider may perceive these Interpersonal relationships as becoming strained or compromised when faced with presenting information to the parent that is
uncomfortable, such as sharing developmental or social concerns with the family in the structured and formal setting of the IEP.

Working with Children with Significant Disabilities

The challenges as well as the positive outcomes related to including children with significant disabilities are well documented in the literature (Fisher & Frey, 2001; Janney & Snell, 1997; Villa & Thousand, 1995). When instructional planning is based on individual student’s characteristics, skills, and goals, and the appropriate services, supports, and accommodations, including technology are in place, children with significant disabilities can reach the desired outcomes in inclusive settings (Giangreco, et al., 1994; Hunt, et al., 2004). However, unique challenges are faced by rural providers regarding the inclusion of these children with more complex learning needs, including accessing information regarding current best practices as well as access to resources, including specialists, such as speech, physical and or occupational therapists and psychologists (Downing & Hardin, 2007, p. 10).

The lowest levels of agreement across both administrators and teachers respondents were in areas that focused on specific strategies and interventions that supported children with more severe disabilities. Although 67% of the administrators agreed they were familiar with alternative forms of communication and their use, only 44% of lead teachers agreed that they were familiar with Augmentative and Alternative Communication (AAC) methods and devices. Approximately 50% of both respondent groups agreed they knew the characteristics of children with motor impairments; only 41% of the administrators and 32% of the teachers agreed they knew how to position children with motor impairments. These numbers are not surprising given the types of
children, primarily children with mild to moderate disabilities, identified as currently being served in community based centers.

The identification of specialized training by lead teachers related to the characteristics of children with motor disabilities (69%) and their positioning (82%) as well as familiarity with alternative forms of communication and their use (76.5%) would parallel the concerns regarding their skills in these same areas. The administrators reported high training needs in these areas as well, with 75% reporting needing training in positioning children with motor disabilities and AAC methods of communication. A large percentage (92%) of the administrators indicated a need for training in the area of the characteristics of children with motor skills. As with the teachers, these more specialized skills training needs would parallel the lower agreement rates with the inclusive practices identified by the administrators. As discussed previously, these perceptions may be influenced by a limited knowledge base regarding the children who require more significant accommodation needs, financial concerns regarding specialized services and equipment, or a lack of access to adequate supports within rural communities.

Professional Development and the Rural Administrator

A recurrent theme within this research study has been the higher ratings related to training needs reported by administrators over lead teachers. The responses of the administrators in this study would seem to suggest a strong recognition of a need to implement training that will lead to enhanced inclusive service to young children with disabilities in their community based centers. This researcher speculates that reason for this phenomenon is multifaceted. First, it would seem to be a mark of good leadership across the administrators who responded to the survey. Strong educational leaders will
seek out opportunities to enhance the learning environment for their students and
develop their staff members to fullest extent possible. Further, Howley, Chadwick and
Howley, (2002), suggest that rural school district administrators may have more
professional needs than their non-rural counterparts. This may be true for the rural
preschool administrator as well. Preschool administrators in rural centers face the
same issues as other rural school based leaders: they are more isolated, they are
required to wear many hats and assume a wider range of roles within their community
centers (Howley, et al., p. 1). In fact, of note, is that seven of the 75 preschool lead
teachers who were invited to participate in the survey were both lead teachers and
center administrators. Finally, as administrators reflect on their role as a member of the
rural community, given the unique characteristics of the interrelatedness of the
community membership as discussed earlier, they may also feel a responsibility to
serve the children with disabilities and meet the needs of the families in their home town
settings.

Implications

The intent of the least restrictive environment provision within IDEA is that young
children with disabilities be educated with their typically developing peers in appropriate
natural settings (Cross, Traub, Hutter-Pishgahi, & Shelton, 2005). This provision
highlights the need for an adequately prepared and welcoming workforce community
based providers to provide instruction to these children. Lieber et al., (2000) identified
personnel who support the concept of inclusion and staff training as two key influences
associated with successful preschool inclusion. This study was designed to examine
the beliefs and perceptions of community based providers regarding their skills and
training needs relative to including young children with disabilities in their rural VPK
programs. Although, the positive impact of inclusion on young children with and without disabilities has been well documented, many issues related to the unique perceptions and needs of rural providers have not been explored in depth. The findings of this survey would suggest several implications relative to inclusion of children with disabilities in Florida’s rural VPK programs.

First, given that the preparation requirements of Florida’s early childhood providers is currently only a Florida Child Care Professional Certificate, and the limited emphasis on children with disabilities in this preparation process, it would seem that there is a mismatch between the preparation of early childhood programs and the current legislative mandates regarding including all children with their typically developing peers. According to Wolery and Odom (2000), the delivery of “optimal services” to students with disabilities is dependent on the design of high quality staff training. The findings of this survey of VPK providers support the design of in-service programs that target and meet the unique needs of this population of administrators and lead teachers in rural Florida communities. Additionally, the findings also support the need for training regarding students with disabilities for the early childhood education workforce that is “not a layer of other professional development” (NASDSE, 2005, p. 11), but rather part of the common core of preparation to develop a workforce prepared to successfully implement inclusive practices and highlights the critical need to develop state and federal policies that set a higher standard for the certification of personnel who serve young children in early childhood education settings.

Secondly, the findings suggest that overall VPK providers are currently including children with disabilities in their centers with mild to moderate disabilities in their
centers. These early childhood educators feel confident in their skills to meet the needs of children this population within their centers. However, both administrators and teachers indicated a lower skill level in working with children with motor impairments or who use AAC devices. It is possible that these providers have not been had the opportunity to include children with low incidence disabilities, due to a lack of representation of these populations in rural communities. However, this lack of inclusion of children with more significant disabilities in their rural community centers may also be related to the fact that these providers do not feel adequately prepared to meet the unique the needs of young children with more complex learning or physical support needs. However, given that rural providers demonstrate a strong sense of community and a willingness to assist one another (Downing and Hardin, 2007), it would seem that provided with the appropriate training regarding serving children with significant disabilities, VPK providers would feel genuinely inclined to include those young children who reside in their communities that require more complex supports in their community based programs.

A third implication directly reflects on how to deliver the needed supports and training to the VPK providers in rural communities to include all children with disabilities, especially those with significant disabilities. Multiple barriers confound access to appropriate trainings and professional development activities for these rural VPK providers, including limited fiscal resources, remote locations, and staff release time. However, a review of the data might suggest that the responses related to preferred learning formats identified by the VPK providers may offer some potential solutions to these issues. These administrators and lead teachers both ranked onsite workshops as
their first choice. The majority of respondents also indicated a high preference for both small group training formats and individual consultation or technical assistance as well. This seems to suggest that training models focusing on the unique needs and “just in time” learning of rural providers would work well for this population. The development of collaborative planning teams that assist teachers in planning for and serving children in their programs, as well as meet regularly to reassess and support teachers as needed, may be an effective planning and training strategy for rural providers.

The second training format preference identified by the VPK administrators and lead teachers were videos, websites, or articles. Given this ranking, it would seem that the use of current technologies, such as distance learning modules, would be a good fit for training rural providers as well. Although this may seem a strong alternative to travel, given the limited resources within the rural communities, it will also be necessary to ensure that the available computer systems were adequate to support a distance learning initiative.

**Limitations**

The findings of this study have several limitations. First, although the survey was designed to enhance response rate through questionnaire design, multiple contacts, as well as including an incentive in the survey packet (Dillman, 2000), the response rate was approximately 50%, limiting generalization of results. One factor which may have contributed to this response rate was the time of year. The survey period began in the month of May and continued through June, as the VPK school year was ending. VPK teachers and administrators may have been enmeshed in other priorities, such as end of the year reports or specialized activities during this period.
The second limitation is that the total sample size was small and limited to a specific region. Although it was the intent of the researcher to explore the unique needs of rural community-based providers, the survey results represent the responses of the participants within this area only and cannot be generalized to other areas without further study. Further, it is unclear whether the surveys were returned only by those participants who felt positively about their beliefs, skills, or training needs, or if the beliefs and practices that were reported genuinely reflect true practice.

The third limitation centers on the issue of social desirability. Surveys were completed on a voluntary basis and without direct interaction with the survey participants by the researcher. It is possible that participants may have completed surveys in a manner that they felt was in agreement with the expected or socially acceptable responses.

The fourth limitation emerged as the data regarding the types of children with disabilities was reviewed and collated. High numbers of children with autism as well as children with social and emotional needs were reported as being served in the community-based centers by the respondents. Although these reported numbers would appear encouraging regarding the state of inclusion in early childhood settings, in reflecting on this information, this researcher speculates that the descriptive statements presented in the survey may have lacked some clarity regarding the definitions of children with disabilities under IDEA. Although the focus group reviewed the definitions and even suggested some additional indicators for some areas, the state of Florida has specific and well-defined eligibility criteria to assist in the identification of children with disabilities. In order to better capture the intended data regarding the types of children
with disabilities served in community based VPK programs, it may have been more appropriate to include a statement in that section that specified that the children with the disabilities identified by the participants had met the State of Florida’s eligibility criteria and that an IEP or IFSP had been developed for those children.

**Recommendations for Future Research**

This study was descriptive in design (Gall, et al., 2003) and was the examination of beliefs, inclusive practices, and perceptions regarding training needs of VPK providers in a small catchment area. Future research that expands the scope of the population to include a larger sample of VPK community based providers in rural Florida communities is recommended to provide additional sight into these issues and results that may be better generalized to the overall state population.

A second recommendation for future research would include the implementation of qualitative studies to collect data through interviews or on site observations of the early childhood VPK providers to further explore the complex area of beliefs, practice and training. In-depth interviews would provide a deeper understanding and opportunities for clarification of responses provided by the participants regarding their beliefs and practices. Onsite observations might also provide data regarding the authentic implementation of inclusive best practices and the application of specific skills, such as environmental arrangement, adaptation of materials and the use of behavioral strategies, as well as the fidelity with which these skills and reported practices are implemented.

A final recommendation is to use a pre and post tests or surveys designed to investigate beliefs and inclusive skills of early childhood educators following the implementation of training modules in targeted areas of concern. Research that
examined the impact of these trainings on the beliefs and practices of early childhood educators would further extend the understanding of the factors that influence and result in an enhanced quality and availability of early childhood programs that serve young children with disabilities.
DATE: April 29, 2009
TO: Christine Bond

FROM: Ira S. Fischler, PhD; Chair
University of Florida
Institutional Review Board 02

SUBJECT: Approval of Protocol #2009-U-0452

TITLE: Including Preschool Age Students with Disabilities in Florida’s Voluntary Pre-Kindergarten Programs: Beliefs, Skills and Training Needs of Community-based Early Childhood Administrators and Lead-Teachers in Rural North Florida

SPONSOR: None

I am pleased to advise you that the University of Florida Institutional Review Board has recommended approval of this protocol. Based on its review, the UFIRB determined that this research presents no more than minimal risk to participants. Your protocol was approved as an expedited study under category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Given this status, it is essential that you obtain signed documentation of informed consent from each participant. Enclosed is the dated, IRB-approved informed consent to be used when recruiting participants for the research. If you wish to make any changes to this protocol, including the need to increase the number of participants authorized, you must disclose your plans before you implement them so that the Board can assess their impact on your protocol. In addition, you must report to the Board any unexpected complications that affect your participants.

It is essential that each of your participants sign a copy of your approved informed consent that bears the IRB approval stamp and expiration date.

If you have not completed this protocol by April 22, 2010, please telephone our office (392-0433), and we will discuss the renewal process with you. It is important that you keep your Department Chair informed about the status of this research protocol.

ISF:dl
DATE: May 19, 2009

TO: Christine Bond

FROM: Ira S. Fischler, PhD; Chair
University of Florida
Institutional Review Board

SUBJECT: Revision of Protocol #2009-U-0452
Including Preschool Age Students with Disabilities in Florida’s Voluntary Pre-
Kindergarten Programs: Beliefs, Skills and Training Needs of Community-based
Early Childhood Administrators and Lead-Teachers in Rural North Florida

SPONSOR: None

The request to revise the above referenced protocol has been reviewed and
approved. Approval of this study runs April 22, 2010.

The Board must review any further revisions to this protocol, including the need to
increase the number of participants authorized prior to implementation.

IF:dl
• revised approval from requiring signature on consent to no signature (implied consent
  with return of survey)
University of Florida  
Department of Special Education  
P.O. Box 117050 / G-315 Norman Hall  
Gainesville, FL 32611-7050  

VPK ADMINISTRATOR FOCUS GROUP INFORMED CONSENT  

Protocol Title: Including Preschool Age Students with Disabilities in Florida’s Voluntary Pre-kindergarten Programs: Beliefs, Skills and Training Needs of Community-based Early Childhood Administrators and Lead Teachers in Rural North Florida  

Purpose of the research study  
You are being asked to participate in a research study designed to collect information regarding the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding the inclusion of children with disabilities in community based childcare centers. The purpose of this survey is assist in the determination of the types of training programs and supports that are needed to meet the unique needs of rural VPK providers within our state. You are being invited to participate in this study because you supervise one of these VPK programs in your community. By understanding what your beliefs, skills and training needs are, as well as the needs of your staff, the results of this survey will provide the University of Florida with valuable information to assist in the enhancement of high quality child care programs for all children in our state.  

What you will be asked in the research study and approximate duration of the study  
You are being asked to participate in a focus group that will complete the Skills and Technical Assistance through Relationships and Skill Building (STARS) surveys. Following your completion of the surveys, you will be asked to participate in a discussion group via a conference call and answer a set of questions that will provide input regarding the items on the survey, their content, the clarity of presentation and the format, and make recommendations regarding reformatting or rewording of this survey tool. This activity should take no more than a total of two hours, including the review of the surveys and the follow up conference call. The conference call will be scheduled for a one hour block of time.  

Time required: This activity should take no more than a total of two hours.  

Where and when the study will take place:  
No additional travel is required to participate in the study. You will be asked to complete and review these surveys and participate in the focus group via a conference call that will be scheduled at your convenience. The focus group conference call will be scheduled within the next week.
Risks and benefits:
There are no foreseeable risks associated with participation in this study.
The main benefit of this study is that it could help inform the field in the development of programs to assist teachers to learn new skills and knowledge and increase a level of confidence in including children with disabilities in their community VPK programs.

Expected costs and compensation:
There is no compensation for and cost to participants for participating in this study. However, you will receive a set of three children’s books for your center’s library for your participation.

Confidentiality:
Your identity will be kept confidential to the extent provided by law. Neither your name, nor the name of your center, will be used in any report. Specific responses or observations will not be attributed to individuals in any identifiable way. Any transcripts or meetings from the focus group meeting will be destroyed at the completion of the study.

With whom the results of the study will be shared:
The results of the study may be published, shared, and presented at meetings or conferences. However, your privacy and identity will be protected and no personally-identifiable information will be shared or used in any manner.

Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating. You will not have to answer any question you do not wish to.

Right to withdraw from the study: You have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have questions about the study
If you have any questions about this research study, please feel free to contact: Christine Bond, Doctoral Candidate, Department of Special Education, G-315 Norman Hall, (352) 392-0701, or Hazel Jones, Ph.D., Department of Special Education, G-315 Norman Hall, (352) 392-0701 ext.

252

Whom to contact about your rights as a research participant in the study
For additional information about giving consent or your rights as a participant in this study, please feel free to contact the University of Florida Institutional Review Board Office at (352) 392-043.

Approved by
University of Florida
Institutional Review Board 02
Protocol # 2009-11-0452
For Use Through 04/22/2010
VPK Administrator Informed Consent

University of Florida
Department of Special Education
P.O. Box 117050 / G-315 Norman Hall
Gainesville, FL 32611-7050

VPK ADMINISTRATOR INFORMED CONSENT

Protocol Title: Including Preschool Age Students with Disabilities in Florida’s Voluntary Pre-kindergarten Programs: Beliefs, Skills and Training Needs of Community-based Early Childhood Administrators and Lead Teachers in Rural North Florida

Purpose of the research study
You are being asked to participate in a research study designed to collect information regarding the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding the inclusion of children with disabilities in community based childcare centers. The purpose of this survey is to assist in the determination of the types of training programs and supports that are needed to meet the unique needs of rural VPK providers within our state. You are being invited to participate in this study because you supervise one of these VPK programs in your community. By understanding what your beliefs, skills and training needs are, as well as the needs of your staff, the results of this survey will provide the University of Florida with valuable information to assist in the enhancement of high quality child care programs for all children in our state.

What you will be asked in the research study and approximate duration of the study
You are asked to complete the enclosed STAR survey and return it within one week in the enclosed stamped, addressed envelope.

Time required: Completion of the survey should take no more than 45 minutes.

Where and when the study will take place:
No travel is required to participate in the study. You are asked to complete and return the survey via return mail in one week.

Risks and benefits:
There are no foreseeable risks associated with study participation.
The main benefit of this study is that it could help inform the field in the development of programs to assist teachers to learn new skills and knowledge and increase a level of confidence in including children with disabilities in their community VPK programs.

Expected costs and compensation:
There is no compensation for or cost to participants for participating in this study. However, a children’s book is included for your center’s classroom library.

Approved by
University of Florida
Institutional Review Board 02
Protocol # 2009-U-0452
For Use Through 04/22/2010
Confidentiality:
Your identity will be kept confidential to the extent provided by law. For record keeping and data collection purposes only, your survey has been assigned a code number. The list connecting your name to this number will be kept in a locked file. Neither your name, nor the name of your center, will be used in any report. Your answers will reported only as a part of a summary of responses from which no individual answers can be identified. Upon the return of your completed questionnaire, the code number will be recorded and your name will be deleted from our mailing list. When the study is completed and the data have been analyzed, the complete mailing list will be destroyed.

With whom the results of the study will be shared:
The results of the study may be published, shared, and presented at meetings or conferences. However, your privacy and identity will be protected and none of your personally-identifiable information will be shared or used in any manner.

Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating. You do not have to answer any question that you do not wish to.

Right to withdraw from the study: You have the right to withdraw from the study at anytime without consequence. If for some reason you prefer not to respond, we would appreciate you returning the blank questionnaire in the enclosed stamped envelope.

Whom to contact if you have questions about the study
If you have any questions about this research study, please feel free to contact:
Christine Bond, Doctoral Candidate, Department of Special Education, G-315 Norman Hall, (352) 392-0701, or
Hazel Jones, Ph.D., Department of Special Education, G-315 Norman Hall, (352) 392-0701 ext. 252

Whom to contact about your rights as a research participant in the study
For additional information about giving consent or your rights as a participant in this study, please feel free to contact the University of Florida Institutional Review Board Office at (352) 392-043

Agreement:
I have read the procedures described above. I voluntarily consent to participate in this study. I have received a copy of this description.

________________________  __________________________
Teacher                             Date

________________________  __________________________
Witness                             Date

Approved by
University of Florida
Institutional Review Board 02
Protocol # 2009-U-0452
For Use Through 04/22/2010
VPK Lead Teacher Informed Consent

University of Florida
Department of Special Education
P.O. Box 117050 / G-315 Normandy Hall
Gainesville, FL 32611-7050

VPK TEACHER INFORMED CONSENT

Protocol Title: Including Preschool Age Students with Disabilities in Florida’s Voluntary Pre-kindergarten Programs: Beliefs, Skills and Training Needs of Community-based Early Childhood Administrators and Lead Teachers in Rural North Florida

Purpose of the research study
You are being asked to participate in a research study designed to collect information regarding the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding the inclusion of children with disabilities in community based childcare centers. The purpose of this survey is assist in the determination of the types of training programs and supports that are needed to meet the unique needs of rural VPK providers within our state. You are being invited to participate in this study because you teach in one of these VPK programs in your community. By understanding what your beliefs, skills and training needs are, the results of this survey will provide the University of Florida with valuable information to assist in the enhancement of high quality child care programs for all children in our state.

What you will be asked in the research study and approximate duration of the study
You are asked to complete the enclosed STAR survey and return it within one week in the enclosed stamped, addressed envelope.

Time required: Completion of the survey should take no more than 45 minutes.

Where and when the study will take place:
No travel is required to participate in the study. You are asked to complete and return the survey via return mail in one week.

Risks and benefits:
There are no foreseeable risks associated with study participation.
The main benefit of this study is that it could help inform the field in the development of programs to assist teachers to learn new skills and knowledge and increase a level of confidence in including children with disabilities in their community VPK programs.

Expected costs and compensation:
There is no compensation for and cost to participants for participating in this study. However, a children’s book is included for your classroom library.

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Confidentiality:
Your identity will be kept confidential to the extent provided by law. For record keeping and data collection purposes only, your survey has been assigned a code number. The list connecting your name to this number will be kept in a locked file. Neither your name, nor the name of your center, will be used in any report. Your answers will reported only as a part of a summary of responses from which no individual answers can be identified. Upon the return of your completed questionnaire, the code number will be recorded and your name will be deleted from our mailing list. When the study is completed and the data have been analyzed, the complete mailing list will be destroyed.

With whom the results of the study will be shared:
The results of the study may be published, shared, and presented at meetings or conferences. However, your privacy and identity will be protected and none of your personally-identifiable information will be shared or used in any manner.

Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating. You do not have to answer any question you do not wish to.

Right to withdraw from the study: You have the right to withdraw from the study at anytime without consequence. If for some reason you prefer not to respond, we would appreciate you returning the blank questionnaire in the enclosed stamped envelope.

Whom to contact if you have questions about the study
If you have any questions about this research study, please feel free to contact:
Christine Bond, Doctoral Candidate, Department of Special Education, G-315 Norman Hall, (352) 392-0701, or
Hazel Jones, Ph.D., Department of Special Education, G-315 Norman Hall, (352) 392-0701 ext. 252

Whom to contact about your rights as a research participant in the study
For additional information about giving consent or your rights as a participant in this study, please feel free to contact the University of Florida Institutional Review Board Office at (352) 392-043

Agreement:
I have read the procedures described above. I voluntarily consent to participate in this study. I have received a copy of this description.

Teacher ____________________ Date __________

Witness ____________________ Date __________

Approved by
University of Florida
Institutional Review Board 02
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APPENDIX B
FOCUS GROUP DOCUMENTS

VPK Focus Group Conference Call
Agenda

5/6/09
1:00 p.m.

Invited Participants
UF Graduate Student: Christine Bond

Instructions: Please dial the following toll free number: 1- 866 – 695 - [redacted]
This is your conference call code: [redacted]

1. Introductions

2. Project Summary

3. Review of the Administrator STARS Survey: I will record suggestions and responses on a summary sheet (sample below)

4. Review of the Teacher STARS Survey

5. Additional questions or comments:

6. Confirmation of correct addresses

<table>
<thead>
<tr>
<th>Question #</th>
<th>Is this question clear? Yes/ No</th>
<th>Is there a way to say this more clearly? Is there a better word to use?</th>
<th>Is the format of this question clear? Yes/ No</th>
<th>Is there a better way to format or arrange this question?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

110
### Focus group Discussion Summary

<table>
<thead>
<tr>
<th>Question #</th>
<th>Is this question clear? Yes/ No</th>
<th>Is there a way to say this more clearly? Is there a better word to use?</th>
<th>Is the format of this question clear? Yes/ No</th>
<th>Is there a better way to format or arrange this question?</th>
<th>Comments and/or rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Section # 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A line is needed for the answer</td>
</tr>
<tr>
<td>Demographic Section #10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Add a Yes or No section to end of sentence for clarity; Appropriate to ask for a check for number of years children with disabilities have been served</td>
</tr>
<tr>
<td>Section: Types of Children with disabilities served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete section asking for “how many in the last three years”; This will require research of records, and stop respondents from completing the survey; Add numbers to these questions</td>
</tr>
<tr>
<td>#11</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td>Add “etc.”, to this question</td>
</tr>
<tr>
<td>#12</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td>Add “etc.” to this question</td>
</tr>
<tr>
<td>#16</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td>Add a description to motor skills, to include: “such as running or catching a ball”</td>
</tr>
<tr>
<td>Part 1</td>
<td>Question #2</td>
<td>yes</td>
<td>yes</td>
<td>Make this two questions: Make one that says “most children with disabilities” And a second question that says “all children with disabilities.”</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
<td>-----</td>
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<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Part II</td>
<td>yes</td>
<td></td>
<td></td>
<td>Change questions regarding training to: Do you feel that you…… Administrator survey: Do you feel that your staff…….</td>
<td></td>
</tr>
<tr>
<td>Part II #13</td>
<td>yes</td>
<td></td>
<td></td>
<td>Change this question to read like the preceding question: encourages communication skills for all children, including children with disabilities</td>
<td></td>
</tr>
<tr>
<td>Section IV</td>
<td></td>
<td>yes</td>
<td></td>
<td>Check section numbers; they do not seem consistent; Indicate in the directions to “check all that apply”</td>
<td></td>
</tr>
<tr>
<td>Section V</td>
<td></td>
<td>yes</td>
<td></td>
<td>Check section numbers</td>
<td></td>
</tr>
<tr>
<td>Teacher Survey: Demographic information #4</td>
<td>yes</td>
<td>yes</td>
<td>Teacher survey: Make two questions: How many years have you been teaching preschool children? How many years have you been a lead teacher in a VPK program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic information #6</td>
<td></td>
<td>yes</td>
<td></td>
<td>Add a line after question for answer</td>
<td></td>
</tr>
<tr>
<td>General comments: Go green: make double sided Number the pages for clarity Review the sections for clarity Format is easy to read and clear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dear VPK Program Administrator,

I am a graduate student in the Department of Special Education at the University of Florida, conducting research on the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding including children with disabilities in their community based centers. The purpose of this survey is to collect information that will assist in the determination of the types of training programs and supports that are needed to meet the unique needs of rural VPK providers within our state. I am writing to ask you to participate in this study because you are the program administrator in one of Florida’s VPK programs in your community. By understanding what your beliefs, skills and training needs are, the results of this survey will provide the University of Florida with valuable information to assist in the enhancement of high quality child care programs for all children in our state.

Your answers are completely confidential and will released only as a part of a summary of responses statewide from which no individual answers can be identified. It should take you about 20 minutes to complete the survey. When you return your completed questionnaire, your name will be deleted from our mailing list and will not be able to be connected to your answers in anyway. This survey is completely voluntary. However, through your participation, you can provide valuable input into the development of future child care training programs in the state of Florida.

If you choose to participate in this survey, please sign and return the enclosed letter of informed consent letter along with your completed survey in the enclosed envelope. Please accept the enclosed children’s book for your child care center as a small token of our appreciation for your help. If for some reason you prefer not to respond, or if this letter has reached you in error, we would appreciate you returning the blank questionnaire in the enclosed stamped envelope. However, please keep the children’s book for your assistance in maintaining accurate records for our survey.

If you have any questions or comments about this study, I would be happy to talk to you. Please contact me by phone at [redacted], by email at ccbond@ufl.edu, or you can write to me at the address on the enclosed return envelope. Again, thank you for helping us gather this valuable information.

Sincerely,
Christine Bond, Graduate Student
University of Florida, Department of Special Education, Gainesville, Florida 32611
Dear VPK Lead Teacher,

I am a graduate student in the Department of Special Education at the University of Florida, conducting research on the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding including children with disabilities in their community based centers. I am writing to ask you to participate in this study because you a lead teacher in one of the VPK programs in your community. By understanding what your beliefs, skills and training needs are, the results of this study will provide the University of Florida with valuable information to assist in the determination of the types of training programs and supports that are needed to meet the special needs of VPK providers in rural communities within our state.

Your answers are completely confidential and will released only as a part of a summary of responses statewide from which no individual answers can be identified. It should take you about 20 minutes to complete the survey. When you return your completed questionnaire, your name will be deleted from our mailing list and will not be able to be connected to your answers in anyway. This survey is completely voluntary. However, through your participation, you can provide valuable input into the development of future child care training programs in the state of Florida.

If you choose to participate in this survey, please sign and return the enclosed letter of informed consent along with your completed survey in the enclosed envelope. Please accept the enclosed children’s book for your child care center as a small token of our appreciation for your help. If for some reason you prefer not to respond, or if this letter has reached you in error, we would appreciate you returning the blank questionnaire in the enclosed stamped envelope. However, please keep the children’s book for your assistance in maintaining accurate records for our survey.

If you have any questions or comments about this study, I would be happy to talk to you. Please contact me by phone at [redacted], by email at ccbond@ufl.edu, or you can write to me at the address on the enclosed return envelope. Again, thank you for helping us gather this valuable information.

Sincerely,

Christine Bond, Graduate Student
University of Florida
Department of Special Education
Gainesville, Florida
June 6, 2009

Dear VPK Program Administrator,

I am a graduate student in the Department of Special Education at the University of Florida, conducting research on the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding including children with disabilities in their community based centers. The purpose of this survey is to collect information that will assist in the determination of the types of training programs and supports that are needed to meet the unique needs of rural VPK providers within our state. I am writing to ask you to participate in this study because you are the program administrator in one of Florida’s VPK programs in your community. By understanding what your beliefs, skills and training needs are, the results of this survey will provide the University of Florida with valuable information to assist in the enhancement of high quality child care programs for all children in our state.

Your answers are completely confidential and will released only as a part of a summary of responses statewide from which no individual answers can be identified. It should take you about 20 minutes to complete the survey. When you return your completed questionnaire, your name will be deleted from our mailing list and will not be able to be connected to your answers in anyway. This survey is completely voluntary. However, through your participation, you can provide valuable input into the development of future child care training programs in the state of Florida.

If you choose to participate in this survey, please sign and return the enclosed letter of informed consent letter along with your completed survey in the enclosed envelope. Please accept the enclosed children’s book for your child care center as a small token of our appreciation for your help. If for some reason you prefer not to respond, or if this letter has reached you in error, we would appreciate you returning the blank questionnaire in the enclosed stamped envelope. However, please keep the children’s book for your assistance in maintaining accurate records for our survey.

If you have any questions or comments about this study, I would be happy to talk to you. Please contact me by phone at . . . . . . . . . . by email at cebond@ufl.edu, or you can write to me at the address on the enclosed return envelope. Again, thank you for helping us gather this valuable information.

Sincerely,

Christine Bond, Graduate Student
University of Florida
Hello, again, VPK Provider!

As a teacher in one of the VPK programs in your community, you can provide valuable information regarding the unique training and support needs of rural VPK providers within our state. We are again contacting you to request that you participate in our study on the beliefs, skills and training needs of Voluntary Prekindergarten (VPK) providers regarding including children with disabilities in community based centers.

We are aware that this is a very hectic time of year, however, we would appreciate if you could take just a few minutes to complete our survey and return the consent form and survey in the enclosed envelope. A second copy of the informed consent is provided for your records.

Just a few reminders:
- Completion of the enclosed survey should take about 15 minutes.
- Your participation in this survey is completely voluntary.
- If you agree to complete this survey, you do not have to have to answer any question you do not wish to answer.
- There are no anticipated risks, compensation, or other direct benefits to you as a participant in the survey; however, we hope your students are enjoying the book we sent in our earlier mailing.
- Your identity will be kept confidential to the extent provided by law.
- Neither your name, nor the name of your center, will be used in any report. Your answers will reported only as a part of a summary of responses from which no individual answers can be identified.

If you have any questions about this survey, I would be happy to talk to you. Please contact me by phone at or by email at ccbond@ufl.edu. Or you may contact my supervisor, Dr. Hazel Jones, at hajones@ufl.edu. Thank you again for taking time to consider our request.

Sincerely,

Christine Bond, Graduate Student
Department of Special Education
University of Florida
Your input is very important to us!

Thank you so much if you have already returned your survey for our research study. As a director in one of the VPK programs in your community, you can provide valuable information regarding the unique training and support needs of rural VPK providers within our state regarding children with disabilities. If you have not had a chance to complete the survey we sent out earlier, please take a few minutes to complete the survey and share your insights. If you have any questions, or if you need another copy of the survey, please contact me by phone at [redacted], or by email at ccbond@ufl.edu. Once more, thank you.
Your input is very important to us!

Thank you so much if you have already returned your survey for our research study. As a teacher in one of the VPK programs in your community, you can provide valuable information regarding the unique training and support needs of rural VPK providers within our state regarding children with disabilities. If you have not had a chance to complete the STAR survey that we sent out earlier, please take a few minutes to complete the survey and share your insights. If you have any questions, or if you need another copy of the survey, please contact me by phone at [blank], or by email at ccbond@ufl.edu. Once more, thank you.
Support and Technical Assistance through Relationships and Skill building (STARS) Survey – Teacher version

1. My classroom provides pre-kindergarten services under the Florida Voluntary Pre-kindergarten Program: Circle one: YES  NO

2. Your Gender: ___ Female  ___ Male

3. How many years have you been working with young children? ______

4. How many years have you been teaching in this setting? ______

5. What is your age: ________ years

6. What is your highest degree/certification?

7. How many professional development/continuing education hours are required of you each year? ______________

8. How many years of college coursework have you completed? ____

9. What is your ethnicity?
   ___ Anglo-American  ___ Asian-American
   ___ Hispanic-American  ___ Native-American
   ___ African-American  ___ Biracial/Bicultural

10. Does your program serve young children with disabilities? ______ If yes, for how long? Please check one: ___ Less than 1 year
                         ___ 1–3 years
                         ___ More than 3 years

If yes, what types of disabilities has your center served? Please look at the boxes below and mark with an X all that apply.

- Children with speech and language problems, that is children who have difficulty expressing themselves to you, children who may have difficulty saying some letter sounds, or children who may stutter
- Children with physical disabilities, such as children who may use a walker or wheelchair sometime during the day
- Children with sensory impairments, such as children who may have significant vision problems or who may be deaf or hard of hearing
- Children who have been diagnosed with autism by their physician or the school district
- Children with social or emotional problems, such as children who are withdrawn or overly shy, or who may be defiant, have behavior problems or who may be aggressive
- Children with developmental delays, such as children with Down syndrome, or children who are not developing at the same rate as their same age peers in terms of language, with their social skills, motor or self-help skills
Directions: Please place a check mark in the column that corresponds to your point of view about the following statements.

Ratings for Part I: 1 = Always, 2 = Usually, 3 = Sometimes, 4 = Rarely, 5 = Never

<table>
<thead>
<tr>
<th>Part I</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Do you feel you need training in this area? Please circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children with disabilities should receive services in early childhood settings alongside their same age peers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
<tr>
<td>2. The strategies and adaptations necessary to assist a child with a disability are easy to prepare and implement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
<tr>
<td>3. Children without disabilities are positively affected by playing and learning alongside their peers with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
<tr>
<td>4. In general, all children can learn.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
<tr>
<td>5. In general, children are more alike than different.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
</tbody>
</table>
Directions: Please place a check mark in the column that corresponds to your point of view about the following statements.

Ratings for Part II: 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly disagree

<table>
<thead>
<tr>
<th>Part II</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Do you feel you need training in this area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am aware of ways to effectively assess the skills of children with disabilities (e.g., complete data sheets, prepare progress reports highlighting strengths and needs).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>2. I can effectively observe children to learn about their developmental skills and needs (e.g., observe at various times &amp; during different activities, be objective &amp; specific).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>3. I can arrange the environment to meet the needs of all children including children with disabilities (e.g., shelves at appropriate heights, dividers between learning centers).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>4. I know where to locate and how to use adapted toys and materials (e.g., high contrast items, switch activated toys, specialized writing implements).</td>
<td></td>
<td></td>
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<td></td>
<td>YES</td>
</tr>
<tr>
<td>5. I know how to initiate, develop and maintain positive, collaborative relationships with families (e.g., reciprocal communication, honoring preferences, active listening).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>6. I feel comfortable working with support staff such as early childhood aides (e.g., training, instruction for daily activities, responsibilities related to supervision).</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>7. I am aware of the services provided by related professionals (e.g., speech and language pathologist, physical therapist, psychologist).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Part II continued</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Do you feel you need training in this area? Please circle one:</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
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<td>---</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>8. I am able to effectively work with professionals from other disciplines (e.g., speech and language pathologist, physical therapist, psychologist).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>9. I am familiar with how to develop an Individualized Education Plan (IEP) (e.g., team input, parental rights, development of annual goals with corresponding short term objectives).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>10. I understand how to implement IEP goals and objectives into an existing curriculum (e.g., embedding, data-based decision making).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>11. I am able to implement positive guidance approaches to encourage appropriate behavior with all children including children with disabilities (e.g., assist children to learn expectations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>12. I use effective strategies to facilitate positive behavior with all children including children with disabilities (e.g., smooth transitions, natural consequences, redirection).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>13. I incorporate strategies to encourage communication skills with children with disabilities (e.g., self-talk, using descriptive language).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>14. I am familiar with alternative forms of communication and their use (e.g., sign language, picture systems, specialized augmentative devices).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>15. I know the characteristics of children with motor impairments (e.g., reflexes, muscle tone, range of motion).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>16. I know how to position children with motor impairments (e.g., wedges, supine standers, proper lifting techniques).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
</tbody>
</table>
Part IV:

Identify the formats you would use to obtain information regarding these topics by placing a checkmark in the appropriate box.

<table>
<thead>
<tr>
<th>Format</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would attend an on-site workshop or in-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would attend an off-site workshop or in-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would use individual consultation/technical assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would like training with a small group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would review resources such as videos, websites or articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would take college or university courses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part V:

Please mark with a checkmark which category applies to your center

<table>
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</tr>
<tr>
<td>Faith Based</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

THANK YOU FOR COMPLETING THE STARS SURVEY

Adapted from Bruns and Mogharreban (2007)
Support and Technical Assistance through Relationships and Skill building (STARS) Survey—Administrator version

1. Our center provides pre-kindergarten services under the Florida Voluntary Pre-kindergarten Program. Circle one: YES — NO.

2. Your Gender: ___ Female ___ Male.

3. How many years have you been working with young children? ___

4. How many years have you been an administrator? ___

5. What is your Age: _______ years.

6. What is your highest degree/certification? ___

7. How many professional development/continuing education hours are required of you each year? ________

8. How many years of college coursework have you completed? ___

9. What is your ethnicity? ___ Anglo-American ___ Asian-American ___
   ___ Hispanic-American ___ Native-American ___
   ___ African-American ___ Biracial/Bicultural ___

10. Does your program serve young children with disabilities? ___ If yes, for how long? Please check one: ___ Less than 1 year ___ 1-3 years ___ More than 3 years ___

   If yes, what types of disabilities has your center served? Please look at the boxes below and mark with an X all that apply.

   - Children with speech and language problems, that is children who have difficulty expressing themselves to you; children who may have difficulty saying some letter sounds, or children who may stutter.
   - Children with physical disabilities, such as children who may use a walker or wheelchair sometime during the day.
   - Children with sensory impairments, such as children who may have significant vision problems or who may be deaf or hard of hearing.
   - Children who have been diagnosed with autism by their physician or the school district.
   - Children with social or emotional problems, such as children who are withdrawn or overly shy, or who may be defiant, have behavior problems or who may be aggressive.
   - Children with developmental delays, such as children with Down syndrome, or children who are not developing at the same rate as their same age peers in terms of language, with their social skills, motor or self-help skills.
Directions: Please place a check mark in the column that corresponds to your point of view about the following statements.

Ratings for Part I: 1 = Always, 2 = Usually, 3 = Sometimes, 4 = Rarely, 5 = Never

<table>
<thead>
<tr>
<th>Part I</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Do you need training in this area? Please circle one:</th>
<th>Does your staff need training in this area? Please circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children with disabilities should receive services in early childhood settings alongside their same age peers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>2. The strategies and adaptations necessary to assist a child with a disability are easy to prepare and implement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>3. Children without disabilities are positively affected by playing and learning alongside their peers with disabilities.</td>
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<td></td>
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<td></td>
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<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>4. In general, all children can learn.</td>
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<td></td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>5. In general, children are more alike than different.</td>
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<td>YES NO</td>
<td>YES NO</td>
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</tbody>
</table>
Directions: Please place a check mark in the column that corresponds to your point of view about the following statements.

Ratings for Part II: 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly disagree

<table>
<thead>
<tr>
<th>Part II</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Do you need training in this area?</th>
<th>Please circle one:</th>
<th>Does your staff need training in this area?</th>
<th>Please circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My staff is aware of ways to effectively assess the skills of children with disabilities (e.g., complete data sheets, prepare progress reports highlighting strengths and needs).</td>
<td></td>
<td></td>
<td></td>
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<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>2. My staff can effectively observe children to learn about their developmental skills and needs (e.g., observe at various times &amp; during different activities, be objective &amp; specific).</td>
<td></td>
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<td></td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>3. My staff knows how to arrange the environment to meet the needs of all children including children with disabilities (e.g., shelves at appropriate heights, dividers between learning centers).</td>
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<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>4. My staff knows where to locate and how to use adapted toys and materials (e.g., high contrast items, switch activated toys, specialized writing implements).</td>
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<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>5. My staff knows how to initiate, develop and maintain positive, collaborative relationships with families (e.g., reciprocal communication, honoring preferences, active listening).</td>
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<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>6. My staff feels comfortable working with support staff such as early childhood aides (e.g., training, instruction for daily activities, responsibilities related to supervision).</td>
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<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>8. My staff is able to effectively work with professionals from other disciplines (e.g., speech and language pathologist, physical therapist, psychologist).</td>
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<td></td>
<td>YES NO</td>
<td>YES NO</td>
<td>YES NO</td>
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<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>9. My staff is familiar with how to develop an Individualized Education Plan (IEP) (e.g., team input, parental rights, development of annual goals with corresponding short term objectives).</td>
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<td>10. My staff understands how to implement IEP goals and objectives into an existing curriculum (e.g., embedding, data-based decision making).</td>
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<td>11. My staff are able to implement positive guidance approaches to encourage appropriate behavior with all children including children with disabilities (e.g., assist children to learn expectations)</td>
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<tr>
<td>12. My staff uses effective strategies to facilitate positive behavior with all children including children with disabilities (e.g., smooth transitions, natural consequences, redirection).</td>
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<td>13. My staff incorporates strategies to encourage communication skills with children with disabilities (e.g., self-talk, using descriptive language).</td>
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<td>14. My staff is familiar with alternative forms of communication and their use (e.g., sign language, picture systems, specialized augmentative devices).</td>
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<td>15. My staff knows the characteristics of children with motor impairments (e.g., reflexes, muscle tone, range of motion).</td>
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<td>16. My staff knows how to position children with motor impairments (e.g., wedges, supine standers, proper lifting techniques).</td>
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Part IV:

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<thead>
<tr>
<th>Identify the formats you would use to obtain information regarding these topics by placing a checkmark in the appropriate box.</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>I would attend an on-site workshop or in-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would attend an off-site workshop or in-service</td>
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<td></td>
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<td>I would use individual consultation/technical assistance</td>
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<td>I would like training with a small group</td>
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<tr>
<td>I would review resources such as videos, websites or articles</td>
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<tr>
<td>I would take college or university courses</td>
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Part V:

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Adapted from Bruns and Mogharreban (2007)
LIST OF REFERENCES


Pajares, F. (1992). Teachers’ beliefs and educational research: Cleaning up a


BIOGRAPHICAL SKETCH

Christine Bond has been a lifelong special educator, with a total of 35 years in the Florida public school system. Mrs. Bond spent twelve years as a special education classroom teacher, with a range of experiences including working with children with mild to significant cognitive disabilities, as well as students with behavioral disorders. Prior to her 2008 retirement from the Florida public school system, Mrs. Bond spent fifteen years as the Director of Exceptional Student Education and Student Services with the Columbia County School District, Lake City, Florida. During her tenure as Director, Mrs. Bond, in collaboration with the Executive Director of a community, not for profit, childcare center, developed a protocol and methodology for including preschool age children with disabilities within this local community-based early childhood program. Information regarding this collaborative initiative program has been presented at early childhood conferences within the state of Florida, as well as at national conferences. Mrs. Bond received a Bachelor of Arts in Education, with a major in Special Education from the University of Florida in 1973, a Master of Science in Educational Leadership from Nova Southeastern University in 1992, and a Specialist in Educational Leadership and Administration from Florida State University in 1995. She is currently employed as an Assistant Professor at Valdosta State University in the College of Early Childhood and Special Education.

Born in Saint Louis, Missouri in 1950, Christine’s family moved to Florida in 1965. She has three brothers and two sisters. She has been married to Michael J. Bond for 39 years. They have two sons, Michael and David.