

Special Education in the Schools

CEC Policy Manual, 1997 Section Three, Professional Policies, Part 1 Chapter 3, Special Education in the Schools

Para. 1 - The Relationship Between Special and Regular School Programs

Special education is an integral part of the total educational enterprise, not a separate order. In any school system, special education is a means of enlarging the capacity of the system to serve the educational needs of all children.

The particular function of special education within the schools (and the education departments of other institutions) is to identify children with unusual needs and to aid in the effective fulfillment of those needs. Both regular and special school programs play a role in meeting the educational needs of children with exceptionalities.

A primary goal of educators should be to help build accommodative learning opportunities for children with exceptionalities in regular educational programs. In the implementation of this goal, special education can serve as a support system, and special educators can assist regular school personnel in managing the education of children with exceptionalities.

When the special placement of a child is required, the aim of the placement should be to maximize the development and freedom of the child rather than to accommodate the regular classroom.

Special education should function within and as a part of the regular, public school framework. Within this framework, the function of special education should be to participate in the creation and maintenance of a total educational environment suitable for all children.

From their base in the regular school system, special educators can foster the development of specialized resources by coordinating their specialized contributions with the contributions of the regular school system. One of the primary goals of special educators should be the enhancement of regular school programs as a resource for all children.

Para. 2 - Administrative Organization

The system of organization and administration developed for special education should be linked with regular education (a) to increase the capability of the total system to make more flexible responses to changes in the behavior of individual pupils and to changing conditions in schools and society, and (b) to permit all elements of the system to influence the policies and programs of the others.

Special education must provide an administrative organization to facilitate achievement for children with exceptionalities of the same educational goals as those pursued by other children. This purpose can be achieved through structures that are sufficiently compatible with those employed by regular education to ensure easy, unbroken passage of children across regular-special education administrative lines for whatever periods of time may be necessary, as well as by structures that are sufficiently flexible to adjust quickly to changing task demands and child growth needs.

The major purpose of the special education administrative organization is to provide and maintain those environmental conditions in schools that are most conducive to the growth and learning of children with special needs.

Under suitable conditions, education within the regular school environment can provide the optimal opportunity for most children with exceptionalities. Consequently, the system for the delivery of special education must enable the incorporation of special help and opportunities in regular educational

settings. Children should spend only as much time outside regular class settings as is necessary to control learning variables that are critical to the achievement of specified learning goals.

Para. 3 - Scope of Program

Education for children and youth with exceptionalities requires the well planned and purposeful coordination of many disciplines. Special education is a cross-disciplinary, problem-oriented field of services which is directed toward mobilizing and improving a variety of resources to meet the educational needs of children and youth with exceptionalities.

Para. 4 - The Goal and Commitment of Special Education

The fundamental purposes of special education are the same as those of regular education: the optimal development of the student as a skillful, free, and purposeful person, able to plan and manage his or her own life and to reach his or her highest potential as an individual and as a member of society. Indeed, special education developed as a highly specialized area of education in order to provide children with exceptionalities with the same opportunities as other children for a meaningful, purposeful, and fulfilling life.

Perhaps the most important concept that has been developed in special education as the result of experiences with children with exceptionalities is that of the fundamental individualism of every child. The aspiration of special educators is to see every child as a unique composite of potentials, abilities, and learning needs for whom an educational program must be designed to meet his or her particular needs. From its beginnings, special education had championed the cause of children with learning problems. It is as the advocates of such children and of the concept of individualization that special education can come to play a major creative role in the mainstream of education.

The special competencies of special educators are more than a collection of techniques and skills. They comprise a body of knowledge, methods, and philosophical tenets that are the hallmark of the profession. As professionals, special educators are dedicated to the optimal education of children with exceptionalities and they reject the misconception of schooling that is nothing but custodial care.

The focus of all education should be the unique learning needs of the individual child as a total functioning organism. All educators should recognize and accept that special and regular education share the same fundamental goals.

Special education expands the capacity of schools to respond to the educational needs of all students.

As advocates of the right of all children to an appropriate education, special educators affirm their professionalism.

Para. 5 - Educational Environments for Exceptional Students

Special education takes many forms and can be provided with a broad spectrum of administrative arrangements. Children with special educational needs should be served in regular classes and neighborhood schools insofar as these arrangements are conducive to good educational progress. The Council believes that the goal of educating exceptional children with nonexceptional children is desirable if the individual program is such that it will enhance the exceptional child's educational, social, emotional, and vocational development.

It is sometimes necessary, however, to provide special supplementary services for children with exceptionalities or to remove them from parts or all of the regular educational program. It may even be necessary to remove some children from their homes and communities in order for them to receive education and related services in residential schools, hospitals, or training centers. The Council believes that careful study and compelling reasons are necessary to justify such removal.

The Council charges each public agency to ensure that a continuum of alternative placements, ranging from regular class programs to residential settings, is available to meet the needs of children with exceptionalities.

Children with exceptionalities enrolled in special school programs should be given every appropriate opportunity to participate in educational, nonacademic, and extracurricular programs and services with children who are not disabled or whose disabilities are less severe.

While special schools for children with exceptionalities and other separate educational facilities may function as part of an effective special educational delivery system, it is indefensible to confine groups of exceptional pupils inappropriately in such settings as a result of the failure to develop a full continuum of less restrictive programs.

The Council condemns as educationally and morally indefensible the practice of categorical isolation by exceptionality without full consideration of the unique needs of each student, and the rejection of children who are difficult to teach from regular school situations. When insufficient program options exist and when decisions are poorly made, children with exceptionalities are denied their fundamental rights to free public education. In so acting, education authorities violate the basic tenets of our democratic societies.

Like all children, children with exceptionalities need environmental stability, emotional nurturance, and social acceptance. Decisions about the delivery of special education to children with exceptionalities should be made after careful consideration of their home, school, and community relationships, their personal preferences, and effects on self-concept, in addition to other sound educational considerations.

Para. 6 - Inclusive Schools and Community Settings

The Council for Exceptional Children believes all children, youth, and young adults with disabilities are entitled to a free and appropriate education and/or services that lead to an adult life characterized by satisfying relations with others, independent living, productive engagement in the community, and participation in society at large. To achieve such outcomes, there must exist for all children, youth, and young adults a rich variety of early intervention, educational, and vocational program options and experiences. Access to these programs and experiences should be based on individual educational need and desired outcomes. Furthermore, students and their families or guardians, as members of the planning team, may recommend the placement, curriculum option, and the exit document to be pursued.

CEC believes that a continuum of services must be available for all children, youth, and young adults. CEC also believes that the concept of inclusion is a meaningful goal to be pursued in our schools and communities. In addition, CEC believes children, youth, and young adults with disabilities should be served whenever possible in general education classrooms in inclusive neighborhood schools and community settings. Such settings should be strengthened and supported by an infusion of specially trained personnel and other appropriate supportive practices according to the individual needs of the child.

Policy Implications

Schools

In inclusive schools, the building administrator and staff with assistance from the special education administration should be primarily responsible for the education of children, youth, and young adults with disabilities. The administrator(s) and other school personnel must have available to them appropriate support and technical assistance to enable them to fulfill their responsibilities. Leaders in state/provincial and local governments must redefine rules and regulations as necessary, and grant school personnel greater authority to make decisions regarding curriculum, materials, instructional practice, and staffing patterns. In return for greater autonomy, the school administrator and staff should

establish high standards for each child, youth, and young adult, and should be held accountable for his or her progress toward outcomes.

Communities

Inclusive schools must be located in inclusive communities; therefore, CEC invites all educators, other professionals, and family members to work together to create early intervention, educational, and vocational programs and experiences that are collegial, inclusive, and responsive to the diversity of children, youth, and young adults. Policy makers at the highest levels of state/provincial and local government, as well as school administration, also must support inclusion in the educational reforms they espouse.

Further, the policy makers should fund programs in nutrition, early intervention, health care, parent education, and other social support programs that prepare all children, youth, and young adults to do well in school. There can be no meaningful school reform, nor inclusive schools, without funding of these key prerequisites. As important, there must be interagency agreements and collaboration with local governments and business to help prepare students to assume a constructive role in an inclusive community.

Professional Development. And finally, state/provincial departments of education, local educational districts, and colleges and universities must provide high-quality preservice and continuing professional development experiences that prepare all general educators to work effectively with children, youth, and young adults representing a wide range of abilities and disabilities, experiences, cultural and linguistic backgrounds, attitudes, and expectations. Moreover, special educators should be trained with an emphasis on their roles in inclusive schools and community settings. They also must learn the importance of establishing ambitious goals for their students and of using appropriate means of monitoring the progress of children, youth, and young adults.

Para. 7 - Staff Preparation for Placement

Essential to the appropriate placement of the child with an exceptionality is the preparation of the environment for that child through preservice and/or inservice training of staff and any other necessary accommodations. Teacher training institutions are challenged to instruct all teacher candidates about current trends in the education of exceptional children.

State and provincial departments of education are charged with the responsibility to promote inservice activities that will update all professional educators and provide ongoing, meaningful staff development programs.

Administrators can have a significant positive influence upon the professional lives of teaching staff and, therefore, upon the educational lives of children. Administrative personnel of school districts are, therefore, charged with the responsibility to promote inservice education and interprofessional exchanges which openly confront contemporary issues in the education of all children.

Para. 8 - Individualized Education Programs

The creation and operation of a series of alternative settings for exceptional persons to live their lives and to develop to the greatest degree possible requires that service providers continuously strive to deliver the highest quality services possible. The Council believes that the central element for the delivery of all the services required by a person with an exceptionality must be an individually designed program. Such a program must contain the objectives to be attained, resources to be allocated, evaluation procedures and time schedule to be employed, and a termination date for ending the program and procedure for developing a new one. The process for developing an individualized program must adhere to all the procedural safeguards of due process of law and must involve the individual person and his or her family, surrogate, advocate, or legal representative.

Para. 9 - Due Process Protections (Procedural Safeguards)

As a final component of quality control, The Council believes that no decisions can be made on behalf of any individual without strict adherence to due process of law. Most significant is our position that all individuals are entitled to adequate representation when such decisions are being made. We support the increasing efforts on the part of governments to officially require the assignment of a surrogate when a family member is not available for purposes of adequately representing the interests of the person with an exceptionality. Ultimately, however, whenever possible, a member of the individual's family provides the most desirable representation. It is also our position that the individual consumer must be given every opportunity to make his or her own decisions, that this is a right provided to all citizens, and that any abridgement of that individual right can only occur upon the proper exercise of law.

Para. 10 - Confidentiality

The Council for Exceptional Children urges members to adhere to ethical principles and act in compliance with laws and regulations which protect children and their family's right to privacy and which control the use of confidential information regarding children.

Para. 11 - Program Evaluation

Programs designed for the purpose of providing educational opportunities for children and youth with exceptionalities must not be viewed as static, for the end product must always be the exceptional child and his or her personal improvement. For this reason, all programs should contain plans to evaluate their effectiveness, and the results of such evaluations should be presented for public review.

The Council believes that all legislation to fund existing programs or create new programs should contain mechanisms for effective evaluation and that governmental advisory bodies should review the findings of evaluations on a regular basis. External as well as internal systems of evaluation should be developed to aid in the evaluation of programs for children and youth with exceptionalities.

Para. 12 - Labeling and Categorizing of Children

The field of special education is concerned with children who have unique needs and with school programs that employ specialized techniques. As the result of early attitudes and programs that stressed assistance for children with severe disabilities, the field developed a vocabulary and practices based on the labeling and categorizing of children. In recent decades, labeling and categorizing were extended to children with milder degrees of exceptionality. Unfortunately, the continued use of labels tends to rigidify the thinking of all educators concerning the significance and purpose of special education and thus to be dysfunctional and even harmful for children.

Words such as "defective," "disabled," "retarded," "impaired," "disturbed," and "disordered," when attached to children with special needs, are stigmatic labels that produce unfortunate results in both the children and in the community's attitudes toward the children. These problems are magnified when the field organizes and regulates its programs on the basis of classification systems that define categories of children according to such terms. Many of these classifications are oriented to etiology, prognosis, or necessary medical treatment rather than to educational classifications. They are thus of little value to the schools. Simple psychometric thresholds, which have sometimes been allowed to become pivotal considerations in educational decision making, present another set of labeling problems.

Special education's most valuable contribution to education is its specialized knowledge, competencies, values, and procedures for individualizing educational programs for individual children, whatever their special needs. Indeed, special educators at their most creative are the advocates of children who are not well served by schools except through special arrangements. To further the understanding of and programming for such children, special educators as well as other educational personnel should eliminate the use of simplistic categorizing.

No one can deny the importance of some of the variables of traditional significance in special education such as intelligence, hearing, and vision. However, these variables in all their complex forms and degrees must be assessed in terms of educational relevance for a particular child. Turning them into typologies that may contribute to excesses in labeling and categorizing children is indefensible and should be eliminated.

In the past, many legislative and regulatory systems have specified criteria for including children in an approved category as the starting point for specialized programming and funding. This practice places high incentives on the labeling of children and undoubtedly results in the erroneous placement of many children.

It is desirable that financial aids be tied to educational programs rather than to children and that systems for allocating children to specialized programs be much more open than in the past.

Special educators should enhance the accommodative capacity of schools and other educational agencies to serve children with special needs more effectively. In identifying such children, special educators should be concerned with the identification of their educational needs, not with generalized labeling or categorizing of children.

Decisions about the education of children should be made in terms of carefully individualized procedures that are explicitly oriented to children's developmental needs.

To further discourage the labeling and categorizing of children, programs should be created on the basis of educational functions served rather than on the basis of categories of children served.

Regulatory systems that enforce the rigid categorization of pupils as a way of allocating them to specialized programs are indefensible. Financial aid for special education should be tied to specialized programs rather than to finding and placing children in those categories and programs.

Para. 13 - Group Intelligence Testing

a. Psychological tests of many kinds saturate our society and their use can result in the irreversible deprivation of opportunity to many children, especially those already burdened by poverty and prejudice.

b. Most group intelligence tests are multileveled and standardized on grade samples, thus necessitating the use of interpolated and extrapolated norms and scores.

c. Most group intelligence tests, standardized on LEAs rather than individual students, are not standardized on representative populations.

d. In spite of the use of nonrepresentative group standardization procedures, the norms are expressed in individual scores.

e. Most group intelligence tests, standardized on districts which volunteer, may have a bias in the standardization.

f. Many of the more severely handicapped and those expelled or suspended have no opportunity to influence the norms.

g. Group intelligence tests are heavily weighted with language and will often yield spurious estimates of the intelligence of non-English speaking or language different children.

h. A group intelligence test score, although spurious, may still be a good predictor of school performance for some children.

i. School achievement predicts future school performance as well as group intelligence tests, thus leaving little justification for relying on group intelligence tests.

j. One of the most frequent abuses of group intelligence tests is the use of such tests with populations for which they are inappropriate.

The Council goes on record in full support of the recommendations of the "Classification Project" (Hobbs, *The Futures of Children*, 1975, pp. 237-239) pertaining to group intelligence testing as follows:

a. "... That there be established a National Bureau of Standards for Psychological Tests and Testing."

b. That there be established "minimum guidelines with respect to the utilization of psychological tests for the classification of children."

. "That organizations that make extensive use of educational and psychological tests...should establish review boards to monitor their testing programs."

Until these three recommendations are accomplished, The Council encourages a moratorium on the use of group intelligence tests by individual school districts for the purpose of identifying children with exceptionalities.

Para. 14 - **Minimal Competency Testing**

While most students with exceptional needs have been assured their right to public education along with their peers, they have not been similarly assured of the opportunity to complete their education, graduate, and receive a diploma signifying their achievement. There exist considerable variations and inconsistencies within and among the states and provinces regarding graduation requirements for pupils with exceptional needs and the procedures for their receiving, or not receiving, a diploma.

An emerging issue which compounds these variations and inconsistencies is the minimal competency testing movement, which uses established test results as standards for the granting of diplomas or for the determination of grade placement. Unless educational policies in this area are formulated so as to resolve these inconsistencies, eliminate potentially discriminatory practices, and assure that graduation and grade placement requirements are equitably applied to all students, many of the educational gains made by pupils with exceptional needs could be threatened or delayed.

The Council believes that educational policies governing minimal competency testing and graduation and/or grade placement requirements for pupils with exceptional needs should be developed at the state, provincial, and local levels. These policies should incorporate the following principles:

a. Every pupil with exceptional needs should have available the opportunity to demonstrate minimal competency.

b. Alternative methods of minimal competency testing and the demonstration of minimal competency should be available to pupils with exceptional needs to assure that the competency level is being tested rather than the exceptionality.

c. The Individualized Education Program (IEP) should be the vehicle for individually addressing the method by which each pupil with exceptional needs may demonstrate minimal competency standards and/or any differential standards that may be used.

d. The application of minimal competency testing programs to pupils with exceptional needs should provide for adequate phase-in periods and educational preparation time.

e. A minimal competency testing program for students with exceptional needs should provide successive opportunities to demonstrate competency as well as adequate and appropriate remedial programs to address areas in which competency is not sufficiently demonstrated.

f. Only one type of diploma should be granted to all students, and it should be accompanied by grade transcripts and/or course-of-study description.

g. The successful implementation of a minimal competency testing program, including its application to pupils with exceptional needs, requires the cooperative efforts of regular educators, special educators, and parents in its planning, application, and evaluation.

Para. 15 - Surgical and Chemical Interventions to Control the Behavior of Human Beings

The Council condemns the inappropriate use of surgical and chemical interventions to control the behavior of human beings. Although these procedures often simplify care and maintenance, the integrity of the individual must transcend any institution's desire for administrative convenience. The Council recognizes that in certain circumstances such interventions may be appropriate; however, they should never be used without the approval of the individual to be treated, or the individual's parents or guardians, or, in circumstances where the individual is a ward of the state, the approval of an appropriate review body before which the individual or his or her representatives are guaranteed all legal due-process rights.

Para. 16 - Physical Intervention

The Council recognizes the right to the most effective educational strategies to be the basic educational right of each special education child. Furthermore, The Council believes that the least restrictive positive educational strategies should be used, as it relates to physical intervention, to respect the child's dignity and personal privacy. Additionally, The Council believes that such interventions shall assure the child's physical freedom, social interaction and individual choice. The intervention must not include procedures which cause pain or trauma.

Intervention techniques must focus not only on eliminating a certain undesirable behavior, but also upon a determination of the purpose of that behavior, and the provision/instruction of a more appropriate behavior. Lastly, behavior intervention plans must be specifically described in the child's written educational plan with agreement from the education staff, the parents and, when appropriate, the child.

The Council recommends that physical intervention be used only if all the following requirements are met:

a. The child's behavior is dangerous to herself/himself or others, or the behavior is extremely detrimental to or interferes with the education or development of the child.

b. Various positive reinforcement techniques have been implemented appropriately and the child has repeatedly failed to respond as documented in the child's records.

c. It is evident that withholding physical intervention would significantly impede the child's educational progress as explicitly defined in his/her written educational plan.

d. The physical intervention plan specifically will describe the intervention to be implemented, the staff to be responsible for the implementation, the process for documentation, the required training of staff and supervision of staff as it relates to the intervention and when the intervention will be replaced.

e. The physical intervention plan will become a part of the written educational plan.

f. The physical intervention plan shall encompass the following provisions:

1. A comprehensive analysis of the child's environment including variables contributing to the inappropriate behavior.

2. The plan to be developed by a team including professionals and parents/guardians, as designated by state/provisional and federal law.

3. The personnel implementing the plan shall receive specific training congruent with the contents of the plan and receive ongoing supervision from individuals who were trained and skilled in the techniques identified in the plan.

4. The health and medical records of the child must be reviewed to ensure that there are no physical conditions present that would contraindicate the use of the physical intervention proposed.

5. The impact of the plan on the child's behavior must be consistently evaluated, the results documented, and the plan modified when indicated.

The Council supports the following prohibitions:

a. Any intervention that is designed to, or likely to, cause physical pain.

b. Releasing noxious, toxic or otherwise unpleasant sprays, mists, or substances in proximity to the child's face.

c. Any intervention which denies adequate sleep, food, water, shelter, bedding, physical comfort, or access to bathroom facilities.

d. Any intervention which is designed to subject, used to subject, or likely to subject the individual to verbal abuse, ridicule or humiliation, or which can be expected to cause excessive emotional trauma.

e. Restrictive interventions which employ a device or material or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment may be used by trained personnel as a limited emergency intervention.

f. Locked seclusion, unless under constant surveillance and observation.

g. Any intervention that precludes adequate supervision of the child.

h. Any intervention which deprives the individual of one or more of his or her senses.

The Council recognizes that emergency physical intervention may be implemented if the child's behavior poses an imminent and significant threat to his/her physical well-being or to the safety of others. The intervention must be documented and parents/guardians must be notified of the incident.

However, emergency physical intervention shall not be used as a substitute for systematic behavioral intervention plans that are designed to change, replace, modify, or eliminate a targeted behavior.

Furthermore, The Council expects school districts and other educational agencies to establish policies and comply with state/provincial and federal law and regulations to ensure the protection of the rights

of the child, the parent/guardian, the education staff, and the school and local educational agency when physical intervention is applied.

Para. 17 - Corporal Punishment

The Council for Exceptional Children supports the prohibition of the use of corporal punishment in special education. Corporal punishment is here defined as a situation in which all of the following elements are present: an authority accuses a child of violating a rule and seeks from the child an explanation, whereupon a judgment of guilt is made, followed by physical contact and pain inflicted on the child. The Council finds no conditions under which corporal punishment so defined would be the treatment of choice in special education.

Para. 18 - Child Abuse and Neglect

The Council recognizes abused and neglected children as children with exceptionalities. As professionals concerned with the physical, emotional, and mental well-being of children, educators must take an active role in the protection of children from abuse and neglect. The Council reminds its members and citizens in general, of the availability of assault and battery statutes and calls upon its members to utilize such statutes when applicable in cases of child abuse. When child abuse occurs, swift action must be taken to report the incident and protect the child. Delays caused by not knowing what to do or failure to take action, contribute to the child's injury. Educators and related personnel are urged to learn how to recognize and report child abuse and neglect and to know the community resources for treating suspected cases.

Para. 19 - Managing Communicable and Contagious Diseases

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

Recent public awareness of chronic infectious diseases such as those with hepatitis B-virus, cytomegalovirus, herpes simplex virus, and HIV have raised concerns necessitating the reassessment or at least clarification of school policies and procedures. The Council believes that having a chronic infection does not in itself result in a need for special education. Further, The Council believes that schools and public health agencies should assure that any such infectious and communicable disease policies and procedures:

- a. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.
- b. Provide that determination of a nontemporary alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents, and appropriate educational personnel.
- c. Provide that decisions involving exceptional children's nontemporary alterations of educational placements or services constitute a change in the child's Individualized Education Program and should thus follow the procedures and protections required.
- d. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

e. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

f. Provide students with appropriate education about infectious diseases and hygienic measures to prevent the spread of such diseases.

g. Provide, where appropriate, infected children with education about the additional control measures that they can practice to prevent the transmission of the disease agent.

h. Enable educational personnel who are medically at high risk to work in environments which minimize such risk.

i. Provide educational personnel with adequate protections for such personnel and their families if they are exposed to such diseases through their employment.

The Council believes that special education personnel preparation programs should:

a. Educate students about infectious diseases and appropriate methods for their management.

b. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council believes that the manner in which policies for managing infectious diseases are developed and disseminated is important to their effective implementation. Therefore the following must be considered integral to any such process:

a. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial and local levels, reflecting state, provincial and local educational, health and legal requirements.

b. That provision is made for frequent review and revision to reflect the ever-increasing knowledge being produced through research, case reports, and experience.

c. That policies developed be based on reliable identified sources of information and scientific principles endorsed by the medical and educational professions.

d. That such policies be understandable to students, professionals, and the public.

e. That policy development and dissemination be a continual process and disassociated from pressures associated with precipitating events.

Para. 20 - Career Education

Career education is the totality of experience through which one learns to live a meaningful, satisfying work life. Within the career education framework, work is conceptualized as conscious effort aimed at producing benefits for oneself and/or others. Career education provides the opportunity for children to learn, in the least restrictive environment possible, the academic, daily living, personal-social and occupational knowledge, and specific vocational skills necessary for attaining their highest levels of economic, personal, and social fulfillment. The individual can obtain this fulfillment through work (both paid and unpaid) and in a variety of other social roles and personal lifestyles, including his or her pursuits as a student, citizen, volunteer, family member, and participant in meaningful leisure time activities.

Children with exceptionalities (i.e., those whose characteristics range from profoundly and severely disabled to those who are richly endowed with talents and/or intellectual giftedness) include individuals whose career potentials range from sheltered to competitive work and living arrangements. Children with exceptionalities require career education experiences which will develop to the fullest extent possible their wide range of abilities, needs, and interests.

It is the position of The Council that individualized appropriate education for children with exceptionalities must include the opportunity for every student to attain his or her highest level of career potential through career education experiences. Provision for these educational experiences must be reflected in an individualized education program for each exceptional child which must include the following:

a. Nondiscriminatory, ongoing assessment of career interests, needs, and potentials which assures recognition of the strengths of the individual which can lead to a meaningful, satisfying career in a work oriented society. Assessment materials and procedures must not be discriminatory on the basis of race, sex, national origin, or exceptionality.

b. Career awareness, exploration, preparation, and placement experiences in the least restrictive school, living, and community environments that focus on the needs of the exceptional individual from early childhood through adulthood.

c. Specification and utilization of community and other services related to the career development of exceptional individuals (e.g., rehabilitation, transportation, industrial and business, psychological).

d. Involvement of parents or guardians and the exceptional student in career education planning.

Career education must not be viewed separately from the total curriculum. Rather, career education permeates the entire school program and even extends beyond it. It should be an infusion throughout the curriculum by knowledgeable teachers who modify the curriculum to integrate career development goals with current subject matter, goals, and content. It should prepare individuals for the several life roles that make up an individual's career. These life roles may include an economic role, a community role, a home role, an avocational role, a religious or moral role, and an aesthetic role. Thus, career education is concerned with the total person and his or her adjustment for community working and living.

Para. 21 - Treatment of Exceptional Persons in Textbooks

The Council proposes the following points as guidelines for early childhood, elementary, secondary, and higher education instructional materials so they more accurately and adequately reflect persons with exceptionalities as full and contributing members of society.

a. In print and nonprint educational materials, 10% of the contents should include or represent children or adults with an exceptionality.

b. Representation of persons with exceptionalities should be included in materials at all levels (early childhood through adult) and in all areas of study.

c. The representation of persons with exceptionalities should be accurate and free from stereotypes.

d. Persons with exceptionalities should be shown in the least restrictive environment. They should be shown participating in activities in a manner that will include them as part of society.

e. In describing persons with exceptionalities, the language used should be nondiscriminatory and free from value judgments.

f. Persons with exceptionalities and persons without exceptionalities should be shown interacting in ways that are mutually beneficial.

g. Materials should provide a variety of appropriate role models of persons with exceptionalities.

h. Emphasis should be on uniqueness and worth of all persons, rather than on the differences between persons with and without exceptionalities.

i. Tokenism should be avoided in the representation of persons with exceptionalities.

Para. 22 - Technology

The Council for Exceptional Children recognizes that the appropriate application and modification of present and future technologies can improve the education of exceptional persons. CEC believes in equal access to technology and supports equal educational opportunities for technology utilization by all individuals. Present technologies include electronic tools, devices, media, and techniques such as (a) computers and microprocessors; (b) radio, television, and videodisc systems; (c) information and communication systems; (d) robotics; and (e) assistive and prosthetic equipment and techniques. The Council believes in exploring and stimulating the utilization of these technologies in school, at home, at work, and in the community.

CEC encourages the development of product standards and consumer education that will lead to the appropriate and efficient matching of technological applications to individual and local conditions. CEC recognizes the need to communicate market needs and market expectations to decision makers in business, industry, and government.

CEC supports the continuous education of professionals who serve exceptional individuals, through (a) collection and dissemination of state-of-the-art information, (b) professional development, and (c) professional preparation of personnel to perform educational and other services for the benefit of exceptional individuals.

Para. 23 - Students with Special Health Care Needs

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and/or health support during the school day. The Council believes the policies and procedures developed by schools and health care agencies that serve students with special health care needs should:

- (1) not exclude a student from receipt of appropriate special education and related services;
- (2) not exclude a student from receipt of appropriate educational services in the least restrictive environment;
- (3) not require educational agencies to assume financial responsibility for noneducationally related medical services;
- (4) define clearly the type, nature, and extent of appropriate related services to be provided and the nature of the appropriate provider;
- (5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of evaluation data, and placement options;
- (6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved;

- (7) provide assurance that health care services are delivered by appropriate and adequately trained personnel;
- (8) provide appropriate medical and legal information about the special health care needs of students for all staff;
- (9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and
- (10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to:

- (1) the nature and management of students with special health care needs;
- (2) exemplary approaches and models for the delivery of services to students with special health care needs; and
- (3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, The Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process:

- (1) that it be developed through collaborative efforts of health and education agencies at state, provincial, and local levels;
- (2) that it reflects federal, state, provincial, and local educational, health, and legal requirements;
- (3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms;
- (4) that policies are supported by data obtained from medical and educational professions;
- (5) that policy development is easily understandable by students, professionals, and the public at large; and
- (6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events. The Council for Exceptional Children.

(1997). CEC Policy Manual, Section Three (pp. 71--92)

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