

Social Validity of the Inclusive Classroom Profile Among Early Childhood Professionals

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Abstract

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As it is becoming more common for young children with disabilities to be included in classrooms with their typically developing peers, the need for high-quality inclusive preschool is imperative. The current measures used in Quality Rating and Improvement Systems (QRIS) are not designed to assess the quality of inclusive practices, so children with disabilities might still experience low-quality education in what may be considered high-quality programs. The Inclusive Classroom Profile (ICP) addresses this need by providing a way to measure the quality of inclusive practices in preschool classrooms. This qualitative descriptive research study investigated the social validity of the ICP among early childhood professionals. Results suggest that stakeholders view the ICP as a useful tool to inform instruction at the classroom level and can guide professional development at the program level. Recommendations and considerations for utilizing the ICP for program improvement are discussed.

DEDICATION

To Ryan, who told me I could, and to the memory of my favorite teacher, Mr. Boyce, who found the good in all people and exemplified inclusion in every facet of his remarkable life.

INTRODUCTION

Inclusion in Preschool

Up until the 1990s, it was common for preschool children with disabilities to be kept in classrooms separate from their typically developing peers, depriving them of the same opportunities to play and participate in meaningful learning activities. Instruction was focused on basic skills that lacked context or functional purpose. In recent years, researchers and professionals in early learning have realized that in order for children with disabilities to make the most gains in development, they should participate in engaging classroom activities with typically developing classmates.

Inclusive education is the belief and vision that all children, no matter their ability, can learn and be fully participating and respected member of school communities. The classroom is a place where differences are valued and celebrated, and all children can communicate, share, play, and feel successful. The concept of inclusion dates back decades to the enactment of the Individuals with Disabilities Education Act (IDEA), which requires children with disabilities to be educated in the least restrictive environment (LRE). LRE is the “presumption that children with disabilities are most appropriately educated with their nondisabled peers” (IDEA, 2004). In other words, children with disabilities must be educated with children who do not have disabilities to the maximum extent appropriate. “Inclusion” is not a legal term but is often used to describe the philosophy of full membership or belonging to a classroom or a community (DEC/NAEYC, 2009). In this study, the term “inclusion” is defined as children ages 3 through 5 with Individualized Education Programs (IEPs) and receiving special education services in settings where at least 50% of their peers are typically developing.

Although the placement of a child in a setting with typically developing peers is the first step to inclusion, inclusive education is more than just a place. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009). In order to meet the mandates and expectations for LRE, inclusion requires intentional planning with support and input from families, administrators, and related service providers. This collaborative process is necessary in order to deliver the most appropriate services, accommodations, modifications, and differentiated instruction to match the strengths and needs of every child (Gupta, Henninger, & Vinh, 2014). As one can imagine, there are many barriers to reach high levels of quality in inclusive settings, but the outcomes of effective inclusion outweigh the challenges to get there.

Current research has suggested that inclusive classroom settings are beneficial for *all* students, regardless of ability. In their joint position statement, the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) agree that “the desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential” (DEC/NAEYC, 2009). Because of these known positive outcomes, it is imperative that we make inclusion work, and that begins with improving the quality of the programs that serves children with disabilities.

Problem Statement

In Washington State, according to the 2016 child count, a total of 15, 897 (11.39%) of children ages 3-5 are served under IDEA. Of those children, 7,746 (48.7%) attend a regular early childhood program (see Figure 1). According to the Washington State Quality Rating

Improvement System (QRIS), Early Achievers, 583 out of 1,567 (37%) preschool classrooms participating in QRIS included at least one child with an identified disability (WELS PRISM System Assessment Cube) between October 2012 and March 2018 (see Figure 2).

Figure 1

IMPLEMENTATION OF LEAST RESTRICTIVE ENVIRONMENT REQUIREMENT		
	<i>Total</i>	<i>Percent</i>
Children Aged 3-5 Attending a Regular Early Childhood Program:	7, 746	48.7%
Children Aged 3-5 NOT Attending a Regular Early Childhood Program:	6,511	41.0%
Children NOT Attending a Regular EC Program nor Special Program:	1,640	10.3%
TOTAL CHILDREN	15897	

Figure 2

WASHINGTON STATE CLASSROOMS PARTICIPATING IN EARLY ACHIEVERS SERVING CHILDREN WITH DISABILITIES (FALL 2012 – SPRING 2018)			
<i>Classroom Type</i>	<i># of Classrooms</i>	<i># of Classrooms with at least 1 child with identified disability</i>	<i>% of Classrooms with at least 1 child with identified disability</i>
Infant/Toddler	1,295	118	9%
Preschool	1,567	583	37%
Family Child Care (Mixed Age)	935	99	11%
TOTAL	3,797	800	21%

While Early Achievers assesses the overall quality of early childhood programs, it does not include a measure for the quality of inclusive practices in classrooms serving children with disabilities across childcare programs within the state. Currently, Early Achievers includes the Pre-K Classroom Assessment Scoring System (CLASS) and the Early Childhood Environment Rating Scale Revised Edition (ECERS-R) in their rating process. However, these assessment tools fail to capture the specific experiences of children with disabilities.

In 2012, *Inclusive Classroom Profile* (ICP) was developed by Elena P. Soukakou to fill this void. The indicators of quality mentioned in the DEC/NAEYC Position Statement have been included in the ICP, which is an observation tool designed to assess the quality of practices in inclusive classroom settings. There has been minimal research conducted on the social validity of ICP, which is one of the goals of this study.

In addition to the lack of known quality of inclusive preschool settings in Washington State, Bricker (2000) described one of the barriers to inclusive early education is the lack of teacher skills in regards to collaboration and importance of providing highly individualized supports for children with disabilities. Richardson-Gibbs and Klein (2014) also point out that “Early childhood staff may feel overwhelmed and unsupported. Typical peers may feel threatened or confused by certain behaviors or characteristics of the included child. Families may suffer the feeling that their child is being rejected or not reaching his or her potential.”

With the creation of the ICP, we may now have a way to address the missing piece of the QRIS framework in Washington State and address the barriers to high quality inclusion. The ICP provides us with a way to measure the overall inclusive practices in a classroom and guide quality improvement efforts in early childhood inclusive settings by informing professional development opportunities that are provided to teachers supporting children with disabilities.

Purpose of Study

The investigator of this study partnered with a local school district and the state QRIS for the purpose of a) collecting social validity data on ICP, b) determining the need and value of ICP data for classroom teachers, and c) collecting information about the feasibility and usefulness of the ICP in the state QRIS.

LITERATURE REVIEW

High-Quality Early Childhood Education and Quality Rating Improvement Systems

Prior to implementing inclusive classroom settings, Sandall and Schwartz (2008) state that a high-quality early childhood program is the foundation for successful inclusion. In the past several decades, the significance of high-quality early childhood education has been brought to the forefront, in part thanks to the encouraging findings of the Perry Preschool Project (Weikart, Bond, & McNeil, 1978) and The Carolina Abecedarian Project (Ramey & Campbell, 1984), two highly acclaimed research studies in the field of early childhood education. Both longitudinal studies provided high-quality childcare and preschool to young children from disadvantaged backgrounds and followed the participants into adulthood.

The key findings from each study were promising – both found that children who participate in high-quality preschool programs are more likely to have better outcomes in the developmental domains of cognition, language, and social development, particularly for at-risk children from low-income families. Significant improvements to post-secondary outcomes were also found for the participants receiving high-quality early childhood education. Although follow-up studies found that the effects on children's IQ scores faded out overtime, impacts of school success, economic performance, and reduced likelihood of committing crimes continued into adolescence and even adulthood (Schweinhart, Barnes, Weikart, & Epstein, 1993).

In order to maintain these lasting impacts, Peisner-Feinberg and Burchinal (1997) point out that the most significant element of an early education program is quality. High-quality programs are designed to provide more than just the basic needs of children. They must also provide opportunities for meaningful learning and engagement, language development, social-emotional development, and building secure relationships between peers and adults.

The research findings on the positive outcomes of high quality early childhood education in recent years has led to a significant increase of investments into state Quality Rating and Improvement Systems (QRIS). The Race to the Top-Early Learning Challenge (RTT-ELC) of Fiscal Year 2011 was the main catalyst for the boost in funding. A \$500 million grant was awarded to 20 states, providing funding for comprehensive state plans for raising the quality of early learning programs. According to the QRIS Position Statement, “Quality rating and improvement systems should be used for (1) increasing the supply of and access to higher quality early childhood programs, (2) creating system-wide improvements in the quality of all programs, including all settings, auspices and ages of children served, (3) providing resources to help programs improve and sustain higher quality, (4) and creating greater consumer awareness of the importance of program quality indicators and the supply of high quality early childhood programs” (NAEYC Public Policy Program, 2011).

Quality Rating and Improvement System in Washington State

The State of Washington, where this study was conducted, was awarded \$60 million from RTT-ELC to improve the quality of their early learning system. The Washington Department of Early Learning funded several projects, one of which was the design and implementation of a system of high quality early learning programs and services. In 2012, Early Achievers was implemented as the Washington State QRIS framework for improving the quality of early care and education statewide.

Early Achievers is voluntary for a majority of programs but is a requirement for programs accepting state funds and subsidies. Participants of the system include licensed center-based and

family child care facilities, state pre-kindergarten programs, and Head Start/Early Head Start programs. The goals of Early Achievers include:

- Providing early learning professionals with resources and supports in order to provide quality care to children and promote optimal learning and development.
- Ensuring that families can find high-quality child care that fits their child's needs.
- Increasing children's access to high-quality early learning experiences that gives them a foundation to set them up for success in school and beyond. (Department of Early Learning, 2016)

Early learning professionals that participate in Early Achievers are provided with resources and training to help set goals to improve the quality of care provided to children in their programs. "At levels 1 and 2, providers participate in quality improvement activities in trainings. Facilities can achieve level 3 through 5 by demonstrating a quality level of excellence through on site evaluation" (Race to the Top Early Learning Challenge, 2016). The on-site evaluation gives early learning providers reliable and individualized data that informs the target focus of coaching to help meet their program goals. One of the Quality Standards of Early Achievers includes Learning Environment and Interactions. Early learning programs are required to meet a minimum threshold score in this area in order to achieve a Level 3 or higher.

The observation tools currently used to assess this area in preschool classrooms are the Pre-K Classroom Assessment Scoring System (Pre-K CLASS) and the Early Childhood Environment Environmental Rating Scale Revised Edition (ECERS-R). Pre-K CLASS (Pianta, La Paro, & Hamre, 2008) is an observation measure for rating 10 dimensions of quality regarding teacher-child interactions across the domains of emotional climate, classroom organization, and instructional support. ECERS-R (Harms, Clifford, & Cryer 2005) is an

assessment tool for measuring the level of quality across all aspects of the program, including health, safety, activities, and environment.

Early Achievers Standards Validation Study

In June 2014, a validation study of Early Achievers was conducted to determine the correlation between highly-rated programs and student achievement. Study participants were recruited from child care centers and family child care programs as the subjects of the study. The sample of participants included all sites enrolled in Early Achievers and included infant/toddler and preschool classrooms from across Washington State. The final study sample was 100 sites, 152 classrooms, and 761 children ranging in age from 8 months to 71 months. 68.6% of the sample were considered preschool age children. 139 children attended family child care sites, 532 attended child care centers, and 90 attended Head Start/ECEAP sites (Early Achievers Standards Validation Report, 2016).

The validation study found that children make gains across most domains in a relatively short time frame. Researchers also found that children make larger gains at early learning settings with higher-level ratings than in sites with lower ratings, particularly in the learning domains of language and fine motor skills. Although these positive correlations were found for the general population of young children, the study did not specifically capture the experiences of preschool children with disabilities in these programs. With the findings from the Early Achievers Standards Validation study, we know that higher-rated programs lead to higher student achievement. High-quality preschool is a prerequisite to successful inclusion, and Gupta, Henninger, and Vinh (2014) state that the positive impact of high quality education is even more significant for children with disabilities.

Between Fall 2012 and Spring 2018, 37% of preschool classrooms that participated in Early Achievers included at least one child with an identified disability (WELS PRISM System Assessment Cube). Because a large number of classrooms in Early Achievers serve children with disabilities, it would be important to learn about the experiences of children with special needs in these classrooms by measuring the quality of inclusive practices. In doing so, we can ensure that children with disabilities are benefiting from the positive impacts of high quality inclusion.

Inclusive Early Childhood Education

As indicated in IDEA Part B Section 619, inclusive preschool programs are the preferred placement for early education. The general LRE requirements for IDEA state that “each public agency must ensure that to the maximum extent appropriate, children with disabilities ... are educated with children who are non-disabled” (IDEA, 1990). The members of a child’s IEP team determine a placement that meets LRE requirements for a student. According to The Center to Mobilize Early Childhood Knowledge (2012), the initial step of choosing an inclusive placement should first be the consideration of full inclusion, which refers to placement in a general education classroom or a natural environment or early childhood setting. Of course, not all children will be able to succeed in a fully inclusive environment, but this should be the first placement to be considered when placing a child with special needs in an educational environment. If a child cannot be placed in a fully inclusive setting, the justification must be included in his or her IEP.

Full inclusion allows a child access to the same developmental opportunities and curricular activities as their typically developing peers. It is misconceived that inclusive

education can only benefit children with special needs, but in actuality, research tells us that *every* child can benefit from the differentiated instruction that comes out of inclusive settings.

Benefits of High-Quality Inclusive Classrooms

Many educational systems across the nation are shifting their priorities to promote high-quality inclusion. Despite the fact that universal access to inclusive settings is not guaranteed for all children under the age of 5, research has shown that inclusion has a number of benefits in the short-term and long-term, not only for children with disabilities, but for their typically developing peers as well.

Numerous studies have revealed that children with disabilities that are included in high-quality classrooms with their neurotypical peers experience gains in all domains of development and functional outcomes (Holahan & Costenbader, 2000; Odom, 2000; Rafferty, Piscitelli, & Boettcher, 2003). The rich opportunities that children with disabilities are exposed to in inclusive settings are the reason for such positive developmental gains. When children with disabilities are able to interact with various adults and peers throughout the day, they are exposed to more social situations and have more opportunities to communicate in a natural setting (Buysse, Goldman, Skinner, 2003). In inclusive classrooms, typically developing children act as peer models to demonstrate appropriate social interactions and expected social behaviors, which children with disabilities often imitate. According to Wiener and Tardif (2004), this can lead to improved social emotional functioning. In addition, the language and cognitive abilities of children with disabilities have been found to increase more in inclusive classrooms than children in separate settings, especially for children more significantly impacted by their disability (Nahmias, Kase, & Mandell, 2014; Rafferty, Piscitelli, & Boettcher, 2003). Children with disabilities in inclusive

classrooms have increased levels of engagement and participation in comparison to children with disabilities separate settings (Odom, 2004; Brown, Odom, Li, & Zercher, 1999).

When children with disabilities were part of inclusive classrooms in preschool and continued to be included in the K-12 general education system, they were more likely to maintain the positive social benefits gained from early inclusion (Gupta, Henninger, & Vinh, 2014). One of the long term benefits for children with disabilities is that the higher expectations expected in inclusive settings ultimately leads children to higher levels of achievement in their educational trajectory. They tend to gain more confidence, independence, and develop a stronger sense of identity.

A number of studies have found that children without disabilities can benefit from inclusive experiences as well. The interactions that occur in inclusive environments provides typically developing children multiple opportunities throughout the day to learn appropriate, effective ways to engage and effectively communicate with their peers with special needs. They are more likely to include their peers with disabilities, developing concepts of fairness and equity at an early age (Odom & Bailey, 2001). Inclusive experiences teach typically developing children to initiate interactions, negotiate sharing, and develop understanding of children with different abilities than their own. This leads to an increased understanding, empathy, and development of more positive attitudes toward diverse peers (Odom & Bailey, 2001).

Additionally, being a peer model in an inclusive setting can increase self-esteem, independence, and leadership skills among children without disabilities (Cross, Traub, Huffer-Pishgahi, & Shelton, 2004). When children without disabilities are exposed to inclusive experiences at a young age, they are not only more likely to be more accepting of differences (Rafferty et al, 2001), but are more likely to initiate and maintain friendships with peers that are

different from themselves later in life when they are consistently exposed to inclusion.

(Burnstein et al., 2004).

Based on the evidence provided by research, it is clear that meaningful inclusion can have positive, lasting impacts that can support children with and without disabilities reach their full potential. These early exposures to concepts of compassion, empathy, and equity in early childhood can eventually shift the negative attitudes of disability to a more tolerant society that is accepting of differences.

Elements of Successful Inclusion for Children with Disabilities

From the studies described above, we are well aware that high quality early education is at the foundation of inclusive education. However, it is not enough to physically place children with disabilities in the same setting as their typically developing peers. The benefits of inclusion described in the previous section are assumed when inclusive services begin in early childhood, when children attend several days per week (Odom, Buyssee, & Soukakou, 2011), and when individualized, evidence-based practices are implemented to support the needs of the diverse learners served in the classroom.

Buysse, Wesley, Snyder, and Winton (2006) suggest that evidence-based practices in the field of early childhood education allow professionals to make informed decisions about the most effective ways to support the young children they serve. Within a high-quality inclusive early education program, a number of evidence-based supports must be in place for an inclusive classroom to be most effective. For children to have the highest quality experiences, educators must implement specially designed, differentiated instruction to foster children's strengths and

support their individual needs. These include curriculum modifications, embedded learning opportunities, and child-focused instructional strategies (Sandall & Schwartz, 2008).

In addition to these individualized supports, teachers must work to build a classroom community that ensures that all children are full citizens both academically and socially. Being a full citizen means that a child is a member in a group and their presence and contributions are valued. Kliewer (1998) describes citizenship as being composed of four elements: 1) the belief in one's individuality, 2) the belief that each person has the ability to think for themselves, 3) a belief that relationships should be reciprocal, and 4) a shared social space. When children with disabilities are not regarded as full citizens, they become marginalized in their own classroom and become what Kliewer (1998) termed as "squatters". These students are physically present in the classroom but are often ignored and their contributions go unnoticed. They are more at-risk for developing low self-esteem, are more likely to become detached from parents and teachers, and have behavioral problems (Kliewer, 1998). By ensuring all children in inclusive preschool classrooms are full citizens, they will be provided with early exposure to concepts of membership and community which will allow children with disabilities to be more confident and self-determined later in life.

Possibly the most important ingredient of an inclusive classroom is an inclusive attitude – the belief that all children can learn. If teachers believe that some children cannot learn because of their disability, they set low expectations and thus create a barrier that denies these children of their full education and potential to learn. Teachers should have the mindset that all children are capable and should set high expectations for all children – regardless of the label they may have. Jordan, Schwartz, and Mcghie-Richmond (2009) also suggested that this inclusive mindset may

have a correlation to the effectiveness of teacher training and professional development that can impact the success of inclusive instruction.

By intentionally designing the environment, scaffolding feedback, and promoting positive, responsive interactions in the classroom, we can support children with disabilities in developing the cognitive, social, and functional skills they need to be successful in school. Though the needs of an inclusive classroom seem daunting, these components of a high-quality inclusive classroom are necessary to help children with disabilities reach their full potential. With appropriate, relevant, and practical professional development, high quality inclusive education for all can be a reality.

Current Perspectives on Inclusion and Professional Development

Inclusive education has many benefits, but unfortunately there are still many barriers to including young children with disabilities in preschool programs. One of the most significant challenges is the lack of expertise and inadequate preparation of the early childhood workforce in regards to special education (Soukakou, Evangelou, & Holbrooke, 2018).

The 2016 Child Care Data Report from Child Care Aware of Washington found that 67% of providers reported having training or experience in the care of children with special needs. However, rather than being trained on curriculum modifications and individualized instruction, these trainings focused on dealing with challenging behaviors and completing routine tasks such as giving medication and toileting/diapering. The Early Achievers Standards Validation Report (2016) shed more light on the lack of special education training in the early learning field. A majority of teachers and child care providers shared that they had lower levels of confidence for teaching modified instruction for children with disabilities. According to Wayne, Yoon, Zhu,

Cronen, and Garet (2008), teachers need more content-focused professional development that is intensive and continuous in order to promote a positive change in perspectives and teaching practices. Schepis, Reid, Ownbey, and Parsons (2001) suggest that in order to meet the needs of individual children in inclusive programs, system supports must be in place. These include resources for professional development, ongoing coaching, and time provided for collaboration and planning.

In addition to providing teachers with adequate professional development and coaching, another barrier was a lack of a reliable tool to assess the quality of inclusive practices. Teachers were not provided with enough support and training, and in addition were unsure of exactly which areas of their practices needed improvement. Fortunately, the Inclusive Classroom Profile (ICP) was developed to address this need for measuring the quality of inclusive classrooms.

Using the ICP to Measure Quality of Inclusive Practices

The supports mentioned in Building Blocks (Sandall & Schwartz, 2008) as well as the indicators of quality mentioned in the DEC/NAEYC (2009) position statement were included in the design of the ICP, an observation tool intended to assess the quality of practices in inclusive classroom settings. As mentioned above, a reliable observation instrument to measure the quality of inclusive practices in early childhood classrooms is lacking. The ICP was designed to address this need. The ICP is research-based and measures specific instructional and environmental supports that researchers have found effective to meet the needs of children with differing abilities.

However, other than studies in the United Kingdom (Soukakou, Evangelou, & Holbrooke, 2018) and Botswana (Chhabra, Bose, & Chadha, 2018), minimal research has been

done to determine the value and usefulness of the tool to early learning professionals. In the most recent study by Soukakou, Evangelou, and Holbrooke (2018), researchers explored the feasibility and usefulness of the ICP measure for improving the quality of inclusive preschool classrooms in South England. Advisors that achieved training and reliability on the ICP rated the measure positively. Chhabra, Bose, and Chadha (2018) investigated the perspectives of early childhood inclusive educators in regards to their attitudes, training, needs, and inclusive practices used in their classrooms. Their findings indicated that educators had positive attitudes about inclusion and were open to more professional development around working with children with special needs.

Significance of Study

Research has shown that inclusion has many benefits. However, the benefits come from the assumption that the inclusive programs that children attend are high in quality. Unfortunately, there is no official way to measure quality of care and education that the children with disabilities are receiving in our state. With the availability of the ICP, we may have a reliable way to measure quality in inclusive settings. It can give us a way to measure the overall inclusive practices in a classroom, guide quality improvement efforts in early childhood inclusive settings, and inform the professional development opportunities provided to teachers supporting children with disabilities in these settings. This study aims to determine the social validity of the ICP among stakeholders, as well as determine its feasibility of its use in QRIS.

RESEARCH QUESTIONS

The usefulness and the validity of the ICP is the main focus of this study. This study addresses the following research questions:

1. What are stakeholders' (teachers, coaches, assessors) perceptions of the strengths and weaknesses of the Inclusive Classroom Profile (ICP)?
2. How do the opinions of in-service teachers, preservice teachers, assessors, and data collectors vary and what features of the ICP are most important to each group of stakeholders?
3. What are the potential benefits or drawbacks of introducing the ICP within a state child care quality rating system?
4. What recommendations do stakeholders offer for using the ICP within a state child care quality rating system?

METHODS

Methods of research involved two smaller studies in order to gather information. The study used descriptive research design drawing on a case study of an inclusive preschool classroom and survey methodologies to address the research questions.

Participants and Setting

This study had three groups of participants: a case study involving an inclusive preschool teaching team and early learning coach, pre-service special educators, and QRIS staff members. All participants worked in a large urban area in the U.S. Pacific Northwest.

Inclusive Preschool Setting. The case study included an ICP observation on an inclusive preschool classroom in a large urban city in the Pacific Northwest. The classroom is part of a city-funded preschool program implementing a pilot of an inclusive preschool model that supports children with and without disabilities. The classroom has a maximum capacity of 18 children enrolled, with five program slots allotted for students with IEPs. Children in the classroom were between the ages of three and five years of age. Three home languages including English were represented in the classroom. Five children had identified disabilities and had IEPs.

Inclusive Preschool Teaching Team and Early Learning Coach. The preschool teaching team involved in the case study consisted of the two lead teachers of the classroom - the general education teacher and the special education teacher. Both teachers were recruited at a meeting with the school district's early learning inclusion team and the principal investigator of this study. The teachers independently volunteered to participate in the case study. The ratio for the preschool classroom was one adult for every six children (1:6).

Although the entire teaching team consisted of four individuals (one lead general education teacher, one lead special education teacher, one instructional assistant, and one hourly staff member), only the lead teachers participated in the surveys and interviews of this study. Both staff members of the teaching team were state certified in their areas of specialization. The special education and general education teachers collaborated for planning and delivering special education services. In addition, the early learning coach that provides support and professional development to the teachers in the case study participated in an interview with the principal investigator.

QRIS Staff Members. A total of 11 staff members from the state QRIS participated in interviews or focus groups and were asked about their thoughts on the ICP in regards to its value

and feasibility of use in QRIS. 67% of QRIS staff members were between the ages of 25-34 year olds, 22% were between the ages of 35-44 years old, and 11% were between the ages of 18-24 years old. 100% of participants were female. 44% identified as white, 33% as Hispanic/Latino, 11% as Asian, and 11% as black or African American. All staff members spoke English, but 33% also reported speaking Spanish fluently, 11% reported speaking Vietnamese fluently, and 11% reported speaking Somali fluently. 56% of staff members had achieved a Master's degree, while 44% had obtained a Bachelor's degree. Of the staff members, 22% of the participants had obtained some college level coursework in special education. In regards to early childhood general education, 56% of staff members had over 9 years of experience in the field. 22% had 7-9 years of experience, 11% had 5-7 years of experience, and 11% had 3-5 years of experience in the field of early childhood education. In addition to QRIS work, experiences in the field included early childhood teaching, mentoring, family case work, birth-three intervention, and childcare program director.

Six data collectors, one assessment lead, and the director of QRIS ratings received initial training on the ICP. Three assessment leads achieved reliability in addition to the initial training. Two of the three assessment leads were assigned to conduct the ICP observation for the case study. In addition to obtaining reliability on the ICP, the assessment leads had several years of experience in the field as early education teachers and Environmental Rating Scale (ERS) and Classroom Assessment Scoring System (CLASS) trainers. Assessment leads also participated in a focus group to discuss their thoughts on the ICP in regards to its value and feasibility of use in QRIS.

Pre-Service Teachers. Pre-service teachers from a local university enrolled in their first year of a special education master's program were sent a survey for this study about their

thoughts on the value and use of the ICP. Of the 13 pre-service teachers that received the survey, three submitted their responses. Two of the respondents were between the ages of 18-24 years old, and one was between 25-24 years old. All three of the pre-service teachers were female. Two identified as Asian and one identified as white. All the pre-service teachers reported that they intended to teach after graduating. One of the respondents intended to work in preschool, one hoped to work in birth-three interventions, and one was unsure of where she intended to work post-graduation. The years of experience in early childhood general education ranged from 6 months to 5-7 years and included teaching positions, paraprofessional roles, practicum placements, and children's museum staff. The special education experience of participants included working as a registered behavior technician in homes and schools, teaching in inclusive classrooms, teaching in self-contained classrooms, and working in autism clinics. The students did not receive formal training on the ICP, but were introduced to the measure in their coursework.

Measures

The Inclusive Classroom Profile. The Inclusive Classroom Profile (ICP) is an observation tool designed to assess the quality of practices in inclusive classroom settings. The ICP has a strong evidence-base and assesses 12 practices that support the development of young children with special needs. The items include:

1. Adaptations of Space, Materials, Equipment
2. Adult Involvement in Peer Interactions
3. Adults' Guidance of Children's Free-Choice Activities and Play
4. Conflict Resolution
5. Membership
6. Relationships Between Adults and Children
7. Support for Communication
8. Adaptation of Group Activities

9. Transitions Between Activities
10. Feedback
11. Family-Professional Partnerships
12. Monitoring Children's Learning

The ICP items are assessed on a 7 point Likert-type rating scale, ranging from 1 (inadequate to promoting children's participation in the classroom) to 7 (high quality practices that promote individualized support and active group participation). Ratings of each item are determined based on data gathered during the observation, teacher interviews, and documentation review. Individual item ratings are calculated from the scores of the item indicators (9-12 per item) which measure the occurrence, frequency, consistency, and context of practices implemented in the classroom, as well as individualization to ensure that each child is provided the appropriate supports. The ratings on the ICP items represent the quality of the practices implemented in the classroom to intentionally adapt the classroom environment, materials, activities, and instructional supports in order to promote access and encourage the participation of children with disabilities in the classrooms daily activities, routines, and interactions.

Surveys. Two surveys were developed on Qualtrics Survey Software. The first survey was sent via email to the teaching team prior to the ICP observation. The survey included six author-developed questions focused on the teachers' professional development needs around inclusion in the classroom. The pre-study teacher survey questions can be found in the Appendix A. The second survey was sent via email to 13 pre-service students from a local university enrolled in their first year of a special education graduate program. The survey included a total of 21 questions. Questions 1-4 were for demographic purposes, 5-12 were about experience in early childhood special education, and the final category of author-developed survey questions were

focused on their thoughts on the value and use of the ICP (see Appendix B). According to each group of survey participants, both took under five minutes to complete.

Interviews. A series of semi-structured interviews were conducted by the investigator with QRIS staff members and the teaching team coach. There were 10 sets of questions developed for this study designed for the specific role of the participants (see Appendix B). They took place individually or in small focus groups, depending on participants' availability. Interviews were designed to follow participants' interests, but a protocol was used to guide or start the conversations (available in Appendix B). Questions focused on the current need of including an assessment tool to measure the quality of inclusive practices in classrooms, the value on using such a tool, and the feasibility of including it in the current QRIS model. The interviews were recorded and transcribed, and each lasted approximately 15-30 minutes.

Case Study Procedures

Training on the ICP. A local university hosted an ICP training in the fall of 2016 led by two certified ICP trainers. Twelve state QRIS data collectors participated in the Level I ICP one-day training. Of the twelve data collectors that participated in Level I ICP training, three assessment leads were invited to participate in Level II reliability training .

ICP Reliability. The data collectors conducting the ICP observation in the case study classroom were trained by certified ICP trainers. The reliability process involved two levels of training: an overview session (Level I) and a reliability training (Level II). Reliability Training involved four classroom observation visits of inclusive pre-kindergarten classrooms. Each observation was followed by a debriefing session with the trainer to compare scores and receive

clarifications regarding the ICP's scoring system. Lastly, the data collectors were then assessed on their reliability proficiency.

ICP Observation. A classroom observation was scheduled with the case study teachers on a mutually agreed upon date. A month prior to the observation, consent forms were collected from parents and teachers. On the observation day, two assessment leads conducted the ICP assessment in the classroom for reliability purposes. The observation took approximately three hours and occurred during morning activities and routines, both indoors and outdoors. Prior to the start of the observation, lead teachers were asked to identify the children with diagnosed disabilities. In addition, teachers were asked to share whether children would be receiving specific interventions or supports from therapists or specialists during the observation. The two assessment leads situated themselves in the classroom where they could easily observe activities and interactions without physically obstructing the path of the teachers and children.

After the observation, the assessment leads conducted a records review on the same day as part of the ICP observation to determine (a) the program's inclusive policy, (b) child developmental screening and progress monitoring assessments used by the program, (c) procedures for communicating with families, and, (d) individual child intervention plans. As some of the items on the ICP require information from the lead teachers, a teacher interview was also conducted. The interviews were scheduled to take place with the lead teachers after the observation, at a time when the teachers were not engaged in supervising children's activities. Following the observation, documentation review, and teacher interview, the assessment leads debriefed to compare notes and determined a consensus score.

Pre and Post-Study Teacher Survey. A pre and post-study needs survey was designed for the case study in Qualtrics Survey Software. The pre-study survey was emailed to the case study

teachers two weeks prior to the ICP classroom observation and consisted of six author-developed questions focused on the needs of the teachers. At the end of the study, two weeks after the teachers received their score report, the teachers were asked to complete a post-study survey of seven questions online. The first category of questions were designed to determine teacher satisfaction with the utility and value of ICP data. The second category of questions were related to the teacher needs for improvement. Questions for the pre and post-study survey can be found in Appendix A.

Data Sharing. The research was designed to yield descriptive data on the current quality of practices of a classroom in an inclusive preschool classroom that is part of a city-funded, inclusive preschool model pilot for the purpose of program improvement. The classroom coach and teachers received data from the ICP observation and was intended to be used to guide coaching and professional development needs.

Survey Procedures

Surveys. Pre-service teachers were surveyed on their thoughts on the value of the ICP. The survey was designed on Qualtrics Survey Software and delivered to potential participants via an email link. Of the 13 pre-service teachers that received a link, three students voluntarily completed the survey.

Interviews and Focus Groups. Interviews were conducted with data collectors, assessment leads, and early learning coach. The interviews were conducted individually or in small focus groups and took place in an agreed upon setting. Individual interviews lasted an average of 26 minutes (range 11-40 minutes). Participants in focus groups sat around a table and lasted an average of 32 minutes (range 32-33 minutes) and had an average of 3 participants

(range of 2-4). The principal investigator audio recorded and transcribed all interviews and focus groups.

RESULTS

Research Question 1: Perspectives on the Strengths and Weaknesses of the ICP

The first research question of this study addressed stakeholders' perceptions of the strengths and weaknesses of the ICP. According to surveys and interviews, the strengths described which were most consistent among participants was the ability for the ICP to bring awareness to the specific areas for improvement in an inclusive classroom and the usefulness as a professional development tool for teachers. The director of QRIS ratings reported, "I think feedback from a reliable observation is very useful as a professional development tool. It allows [providers] to make their own plans about what they want to do [to improve]". A data collector pointed out that "because a lot of programs only have 1 or 2 children enrolled with disabilities, they are often overlooked within the grand scheme of the classroom and many of their needs go unmet. This tool really points out and makes evident the areas in which providers can improve upon". In a later interview question, the early learning coach shared her perceptions of how the ICP support teachers in the classroom. "I would see it as a way to inform practice. [Teachers] can look at their relative strengths and weaknesses and figure out classroom goals that they want to work on as a team and they could use it to potentially gauge progress on whatever their goal is". Another similar thought among both data collectors and pre-service teachers was how the ICP's items address the overall components of a classroom rather than solely interactions or environments and materials, as measured in CLASS and ERS. A pre-service teacher explained that "it is very valuable in taking a holistic look at a classroom's inclusivity".

The question that conveyed the most varied responses among stakeholders was the question that asked for perspectives on the weaknesses of the ICP. Assessment leads trained and reliable on the ICP all expressed that the logistics of utilizing the tool to observe and score a classroom can be a challenge. An assessment lead explained, “We are supposed to take a running log of each child up to 6 children. It is very difficult to have a running log of each child and not have a specific score sheet ... There are specific numbers that you have to observe, and you have to observe certain things in the environment. If I hadn’t written out or hadn’t thought about them in that way, I wouldn’t have been able to use the tool reliably”. Two other data collectors agreed, adding that six children is too many to keep track of, and one pointed out that teaching practices and interactions happening in the classroom could be easily missed.

Data collectors had different concerns about the tool. One shared, “I think that one major weakness is just that a lot of teachers have so many things to think about. This is a different layer of more things to consider at every interaction they have ... but it depends a lot on the kind of support they have. If they have support and mentors who are trained that can assist then, that’s great. But it depends on how motivated they feel for that professional development.” One data collector added on that teachers need trainings before this observation is conducted in the classroom to ensure that they can meet the ICP items and indicators.

Multiple data collectors shared that it would be important for the assessors conducting the ICP to have some level of training in special education as well. “Data collectors should be trained in a little bit of special education because if we are going to classrooms that are trying to help these kids and we don’t know what to look for because we’re only trained [on the ICP], I don’t think it’s comprehensive of things we should be seeing.” Another data collector agreed and added, “We’re not really trained on what a child with autism needs in a classroom ... it is hard to

be watching for those things when we don't really know, so the most we can do is watch and see how the child reacts”.

Other weaknesses were noted during the interviews, including the use of the tool to assess children with disabilities that were also dual-language learners, as this circumstance is not addressed in the ICP. The pre-service teachers expressed concerns that the ICP is confusing and complicated, and that some categories may be limiting, but did not go into detail. Lastly, the early learning coach shared, “Some things are just hard to measure. Having a measure with a score lulls people to believe that if the score improves, we are getting better. Sometimes numbers become the whole story, but it's just a piece of the story”.

Research Question 2: Variance of Responses Among Stakeholders

The second question of this study asked how the opinions of the early learning coach, pre-service teachers, and QRIS team members vary, and what features of the ICP are most important to each group of stakeholders. For a majority of the survey and interview questions, there was overlap of responses among the stakeholders. The various responses that were discussed are summarized in Appendix B.

Question 1: Perspectives on Features of Inclusion. When asked about their own perspectives on the high quality characteristics or features of high quality inclusive preschool, a consistent response among assessment leads, data collectors, and pre-service teachers was accessibility for children in regards to space, materials, and equipment, and intentional planning for individualized instruction. The early learning coach's response differed, stating, “All the adults in the room need to believe in inclusion. Belief in inclusion means that it is a right thing to do – that all kids can be included and [teachers] are committed to do whatever it takes to make

all kids successful in that setting”. The early learning coach shared that the standards of general high quality preschool is a significant component of inclusive preschools as well.

Question 2: Perspectives on Alternative Measures to Capture Quality of Inclusive Practices. QRIS staff members and the early learning coach were asked about how well the CLASS and ECERS-R helps identify the quality features of preschool inclusion. All staff members of the QRIS team (assessment leads, ratings director, and data collectors) agreed that the CLASS measure does not identify the quality of inclusive practices in inclusive classrooms, as it looks at the classroom interactions in general rather than the individual experiences of children. One data collector in a focus group pointed out, “If [teachers] had high quality interactions with another child, you would still count it toward [the score] even if they didn’t have high quality interactions with a child with a disability”. Another data collector added that when conducting CLASS in inclusive settings, “it could potentially raise negative climate scores or lower other areas of CLASS”, as the disabilities of children are unknown to the assessor.

All QRIS staff members agreed that ECERS can determine if a child’s needs are not being met in a classroom, but fails to capture the level of quality in inclusive settings. An assessment lead shared, “I think that in ECERS, if there was a child who wasn’t having their needs met, it would be caught. It won’t tell you if it is best practices of inclusion, which is probably what [the ICP] is getting at”. Though the ECERS does require assessors to ask if children with disabilities are enrolled in the classroom and consider them in indicators about provisions for children with disabilities, the ECERS tool lacks depth and cannot accurately measure the quality of inclusive practices. The early learning coach had a different response, describing how the results of each measure when done in inclusive settings depends on the lens

of the assessor (i.e. whether or not they have special education training and understand inclusion).

Question 3: Beliefs on Important Practices for Successful Inclusion. When participants were asked what they thought was the most important practice for successful inclusion, a popular response among QRIS staff and pre-service students was the intentional planning for individualized instruction. Participants described the importance of a teacher's awareness of each child's individual needs in order to provide the appropriate accommodations and modifications to the curriculum and environment. Some data collectors and pre-service students shared other similar opinions including the importance of relationships between adults and children lower student-ratios. The early learning coach reiterated her response in Question 1, which was an inclusive mindset among adults, and high levels of quality in general practices of early learning.

Question 4: Perspectives on Inclusive Practices Needing the Most Improvement. Participants were asked to reflect on their experiences in their current role and share what they believe are areas of inclusive education that need the most improvement. There were several different responses across stakeholders, but among multiple QRIS staff and the early learning coach, participants shared that membership – ensuring that children with disabilities feel included – is a practice that many teachers struggle with the most. In regards to membership, the early learning coach pointed out the challenges of teachers including children of different racial and cultural backgrounds into the classroom as well. “It's challenging to be really intentional enough to acknowledge these kids' different experiences, and we need to learn more to make sure we embrace all the differences and create community. That's one of the hopes I have with the ICP – because it actually measures things like membership that would make it more salient for teachers to think about and work on”.

Another common opinion on the areas of needed improvement is support for communication. Both QRIS staff and the early learning coach agreed that this is a challenging practice for many teachers. An assessment lead shared an anecdote: “I think the biggest, most interesting thing to me is that a couple times, a child was non-verbal but then the teacher was not talking *to* the child, they were talking *about* the child. The teacher was trying to get other children to interact with the child [by saying], ‘her favorite color is yellow’ and ‘she really likes this toy’. So they were talking but they were talking to the other child to get them engaged with the child with disabilities ... A lot of talking *around* the child and not directly to the child that was nonverbal. [Teachers should] make sure they have those turn-taking conversations or pause even if the child is non-verbal”.

Question 5 & 6: Perspectives on the Strengths and Weaknesses of the ICP. These questions were both addressed in Research Question 1.

Question 7: How the ICP Can Support Teachers. When asked about what the ICP measure provides in terms of supporting a teacher, one constant response among all participants was feedback for improvement and informing inclusive teaching practices. A data collector responded, “What this measure does is really draw attention to areas in which children with disabilities need support and guidance in. This tool can absolutely be used in a coaching aspect to help teachers take a step back from what they are doing and really look at how inclusive their classroom is and what changes they can make to better accommodate all the children in their care”. The early learning coach pointed out that “[teachers] could use it to potentially gauge progress on whatever their goal is”.

Question 8: Use of the ICP in Various Professional Roles. Stakeholders were asked for their thoughts on using the ICP in their professional role. QRIS staff members expressed similar

responses which are addressed in Research Question 3. The early learning coach mentioned that the added standards may cause pushback from teachers. The coach stated, “I think it would be very demanding on the teachers. Many of them are doing [QRIS]. I think right now, there’s been a big push to professionalize early learning and because of that there’s been a lot more demand on early learning teachers without sufficient acknowledgement, compensation, and time to make up the increase in demand. I think to just layer on the ICP on top of that would be an unfair ask”. Pre-service teachers shared that the ICP would be useful as a teacher, but they would like to become more familiar with the tool.

Question 9: Other Interests in Regards to Observing for Quality in Inclusive Classrooms.

The stakeholders were asked an open-ended question about what else they were interested in knowing more about in regards to observing for quality in inclusive classrooms. Questions varied among participants (see Appendix B).

Research Question 3: Perspectives of Benefits and Drawbacks of Using the ICP

The final question of the study addresses the potential benefits or drawbacks of introducing the ICP within a state child care quality rating system. The benefits of using the ICP within QRIS was addressed in Research Question 1, in which QRIS staff members shared their thoughts on the strengths of the ICP. The strengths of the tool most commonly described among all groups of participants was the ability for the ICP to bring awareness to the specific needs of an inclusive classroom and the usefulness as a professional development tool for teachers.

Question 8 of the survey/interview questions addressed the drawbacks of introducing the ICP within the current QRIS model. The first common opinion about using the ICP among QRIS staff members is the concern of the overall cost of the ICP in regards to staff training on the ICP

and time commitment required to conduct the measure. Participants explained that the ICP observation would demand a full day for data collection, scoring, and generating score reports. If added on to ECERS and CLASS observations, the ICP would significantly limit the site capacity of the QRIS team, meaning more data collectors would need to be hired.

Another drawback that all assessment leads and data collectors agreed on was that training in special education would need to be required in order to score the ICP reliably. In thinking of QRIS capacity, this would require additional time commitment and funding. Participants also discussed the drawback of the documentation review and interview process happening after the observation. An assessment lead shared, “I think it is difficult to observe and evaluate something when you don’t fully understand what those child’s needs are. So you can say they have social-emotional [needs], but what does that mean for that child? What is on the child’s IEP that they are or aren’t receiving? It’s hard to say that they are being supported when we don’t know what that support is supposed to be. [In the ICP], we ask what type [of disability] it is, but they don’t tell you the accommodations they require.”

In addition, the focus groups discussed the challenge of conducting the tool simultaneously with overlap of certain items with ECERS and suggested having a modified version of the ICP to use as a supplemental tool when conducting ECERS. Lastly, the QRIS team discussed that the ICP observation would have to be optional. The director of ratings explained, “I see it fitting under the accreditation. We can’t build it into the general rating because not everyone serves kids with disabilities, so we can’t allot the points. But as an accreditation, you could get 5 points built in, or some other mechanism – maybe badges [i.e. ICP Certified Inclusive Classroom].”

Research Question 4: Recommendations for ICP Data Collection

The assessment leads, director of ratings, and data collectors offered several useful suggestions in regards to improving the ICP tool and data collection process prior to implementing the tool in the state quality rating and improvement system. In regards to the ICP itself, the assessors reliable on the tool were most concerned about the difficulty of scoring reliably due to the high number of children needed to track during the observation, which was discussed when asked about the weaknesses of the ICP.

All three assessment leads suggested improvements made to the score sheets for simplified scoring and also recommended adjustments to the number of children or the types of disabilities observed during a single observation. One of the assessment leads suggested, “I think they need an additional score sheet; a different way of tracking each child”. She shared that for her observations, she created what she described as a “cheat sheet” that noted the specific number of instances needed to score certain indicators and the number of particular materials needed to be found in the environment. She stated that it would be beneficial for the ICP to include a “graphic [organizer] that would help you collect all the data you need to collect.”

Another assessment lead suggested that it might be helpful to limit the observation to a smaller number of children to focus. Because some programs include children with a variety of different types of disabilities, it would be easier to hone in on specific children’s particular needs (e.g. observe children with physical needs on the first day of the observation, and then children with communication needs would be observed the second day).

The QRIS staff also discussed that teachers in the field do not typically have specialized education in working with children with disabilities. “You could run into [teachers] just not being able to answer any questions [during the interview], even though they do serve kids with

disabilities. We see that with ECERS.” The fact that all teachers serving children with disabilities are not specially trained in special education would be an important factor to consider, as this could significantly affect their score, so an additional suggestion would be to ensure that teachers are provided with training and mentoring prior to the ICP being conducted in their programs.

In addition to teacher training, several QRIS staff members had suggested that they could benefit from special education training as well. “We’re not really trained on what a child with autism needs in a classroom ... so it is hard to be watching for those things when we don’t really know, so the most we can do is watch and see how the child reacts”. The focus group went on to discuss how sometimes, children with disabilities are unable to react to certain interactions, or may react in unexpected ways. In regards to the documentation review and interview portion of the ICP, an assessment lead shared, “As a person that did not go through a special education degree, I’ve never written an IEP. So when I am asked to review an IEP. Being unaware of the components of an IEP documentation is another limitation for an assessor conducting the observation.”

Finally, as mentioned in the results overview of Research Question 3, participants suggested that it would benefit ICP assessors as well as the teaching team being observed if the interview and documentation review were conducted prior to the observation. One assessment lead asked, “Maybe [records review] is something that can be done before – could IEPs be seen before an observation?” The director of ratings followed by stating, “I think it makes sense to do an interview first, and then you understand everything. It’s an in-depth process.” An assessment leads suggested that it would be beneficial for teachers to be aware of the documentation required in the review and be able to see the interview questions beforehand. This would allow

teachers to be more prepared and for data collectors to obtain more accurate data in order to get a better sense of the children and classroom prior to starting the observation.

Case Study Findings

ICP Observation Data. The ICP was conducted simultaneously by two of the assessment leads reliable on the ICP. After the observation, the assessment leads debriefed to determine a consensus score. The total score of the ICP observation was 5.08, which falls in the mid-high range of quality. The area with the highest score of 7 was transition between activities. The lowest score was a rating of 4 in multiple items including conflict resolution, membership, relationships between adults and children, support for communication, feedback, and family-professional partnerships. Of these lower-scoring items, stakeholders considered membership and support for communication to be the most challenging areas and the areas for most growth, which aligns with the ICP observation data as it was one of the areas that scored in the mid-range. A simplified score report of the ICP observation can be found in Appendix C.

Pre-Study Survey. Both the general education teacher and the special education teacher responded to the pre-study survey. When asked about their concerns on including children with special needs in their classrooms, teachers shared that she would like to find more ways to work with children of all abilities, how to include all children in play situations, and learn how to differentiate lessons for children with different physical abilities. When asked to rate their current level of intentionality around addressing children's developmental needs, with 1 as the lowest level of intentionality and 10 as the highest, both teachers rated themselves at a level 8. When asked what types of support would help them become more intentional teachers, the special education teacher responded, "Understanding the development of typically developing

preschool students”. The general education teacher did not respond to this question. The teachers were also asked what areas or topics they would benefit from more training. The general education teacher expressed that training for addressing and preventing challenging behaviors, as well as team collaboration would be beneficial. The special education teacher expressed that she would not like any further trainings, but rather, “We want to experience inclusion”. When asked about what type of feedback would be most useful from the ICP observation data, one teacher reported, “I love any feedback! It would be good to have feedback on what appears to be going well as well as what we/I can do better”. The other teacher shared interest learning where they can grow as a team.

Post-Study Survey. The post-study survey was sent to teachers two weeks after receiving their ICP data. However, no responses were received.

DISCUSSION

The purpose of this study was to determine the social validity of the ICP among early learning professionals and determine its feasibility of use in the state quality rating improvement system. QRIS staff members, pre-service teachers, and an early learning coach were asked to share their perspectives on the strengths and weaknesses of the ICP and the features they believe are most important in inclusive education. In addition, the study asked about stakeholders’ perceptions on the potential benefits or drawbacks of introducing the ICP within a state child care quality rating system, and gave them an opportunity to offer suggestions for using the ICP within QRIS. Overall, all the participants in the study agreed that the ICP is a useful tool for providing teachers with reliable data to inform their practice in inclusive settings. However, there are several areas that need to be considered prior to implementing the ICP in QRIS, such as the

ease of use for assessors, training of both assessors and teachers in special education, and the logistics of incorporating the ICP within the other components of the quality improvement rating system.

Findings Related to the Literature

As Soukakou, Evangelou, and Holbrooke (2018) described in their work, one of the most significant barriers in inclusive education is the lack of expertise and inadequate preparation of the early childhood workforce in regards to special education. This was a common theme that was conveyed by a majority of participants in this study. As mentioned in the literature review, 67% of providers reported having training or experience in the care of children with special needs (Child Care Aware Washington, 2016), but these trainings focused on dealing with challenging behaviors and completing routine tasks, rather than other inclusive teaching practices. The Early Achievers Standards Validation Report (2016) also found that a majority of the teachers and child care providers had lower levels of confidence for teaching modified instruction for children with disabilities.

Bricker (2000) described that one of the barriers to inclusive early education is the lack of teacher skills in regards to the importance of providing highly individualized supports for children with disabilities. According to the early learning professionals participating in this study, the findings reiterate that the problem continues to exist today. With this in mind, along with the suggestions of the stakeholders in this study, future professional development work in early education should be focused more on training teachers on the multitude of disabilities in early childhood, best practices to modify the classroom curriculum and environment, and the importance of individualized instruction to meet the needs of all learners in the classroom.

The findings of this study also align with a variety of investigations on inclusion including the work of Schepis, Reid, Ownbey, and Parsons (2001). These researchers suggest that in order to meet the needs of individual children in inclusive programs, system supports must be in place. These include resources for professional development, ongoing coaching, and time provided for collaboration and planning. This aligns with the perspectives of stakeholders in this study. Although the ICP can provide teachers with reliable data on the areas of practice that need improvement, one of the data collectors participating in this study pointed out that it is not useful without the appropriate levels of support from administrators, mentors, and coaches.

Additionally, the responses of the case study teachers and pre-service indicate similar perceptions when compared to Chhabra, Bose, and Chadha's (2018) study on the perspectives of early childhood inclusive educators in regards to their attitudes on inclusive practices. Participants in both studies had positive attitudes about inclusion and were open to more professional development around working with children with special needs. There are more barriers to inclusion such as funding and training, but as the early learning coach mentioned in her interview, having an inclusive mindset is an important component to inclusion and it is a good start for improving the quality of inclusive preschools.

Limitations

One of the limitations of this study was the small sample size. Only one inclusive preschool program volunteered to participate in the study and only three pre-service teachers submitted responses to the pre-service teacher survey. Because of the small sample size, the perceptions of the teachers cannot be generalized to a larger group of early learning professionals. The study also took place within an urban city center in the Pacific Northwest, so

the values and perspectives around disability and professional development can differ from other parts of the state or country. Another limitation of the study was that the teachers in the case study were not asked the series of questions as the other participants. After preliminary work with the school district, it was decided the teachers had limited time due to other teaching demands, thus the early learning coach was interviewed instead.

Implications for Further Research

The findings from this study can lead to more research on how the ICP can be used to improve the quality of inclusive preschool education at the state level. The social validity data obtained from early learning professionals in various areas of the field suggest that there are areas for improving the process of measuring the quality of inclusion in preschool classrooms. The input and perspectives gathered from this study can inform how states can incorporate a measure for assessing the quality of inclusive classrooms that participate in the state QRIS. At a program level, inclusive preschools can take steps to improve inclusive practices by planning appropriate professional development. Suggestions for further research include a longitudinal study of child outcomes in relation to ICP scores, a comparative analysis of the ICP and other measures of quality most commonly used in QRIS (e.g. ECERS and CLASS), a modification of the ICP to use as a supplement to these other measures, a follow-up on pre-service teachers' perspectives of using the ICP in the field, and how race, language, and culture come into play when using the ICP in culturally and linguistically diverse classrooms. It may also be interesting to determine how teachers' level of education, particularly in special education, impacts the scores of their ICP rating, and if their personal reflection of their strengths and needed areas for improvement align with the findings of the ICP scores.

CONCLUSION

The perspectives of several stakeholders in the early learning field suggest that there are several things to consider prior to using the ICP in inclusive classrooms and implementing the ICP within QRIS. These considerations include the logistics of the observation tool, the special education training and mentoring required for data collectors and teachers in classrooms, and a logical way to include the ICP assessment into the pre-existing QRIS model. However, once these are addressed, the ICP can be a useful assessment to guide quality improvement efforts in early childhood inclusive programs, as the participants in this study have conveyed. Assessment data gathered by the ICP can inform models of professional development that support those involved in meeting the needs of children with disabilities in inclusive settings. If implemented program-wide, school district administrators can use ICP observational data to inform professional development topics to build on the skills of coaches and teachers in order to better support children with special needs. In addition, by including the ICP in the rating process, Quality Rating and Improvement Systems can ensure that children with disabilities across the state receive high quality care and education in preschool settings. With consistent standards for inclusion set in place, early learning professionals can ensure that more children are able to reap the benefits of high quality inclusive education.

APPENDICES

APPENDIX A - Pre & Post-Study Teacher Survey

PRE-STUDY NEEDS ASSESSMENT QUESTIONS	POST-STUDY	
	<i>Needs Assessment Questions</i>	<i>Value of the ICP</i>
<ul style="list-style-type: none"> ● What concerns do you have around including kids with special needs in the classrooms? ● How intentional/strategic are you in addressing children's needs? ● In what areas would you benefit from more training? (e.g. addressing/preventing challenging behaviors, curriculum modifications, teaming, etc.) 	<ul style="list-style-type: none"> ● After receiving your data, what are the areas of improvement for your classroom? ● What/who can help you address those areas of improvement? ● How will you use the data to inform your teaching practices in the future? ● What is the most effective way for you to learn and improve upon your inclusive teaching practices? 	<ul style="list-style-type: none"> ● Please share your thoughts on the ICP in regards to assessing quality of inclusive practices in classrooms. ● How well did the ICP capture what you believe is important for including children with disabilities in your classroom? ● Did you find the data from the ICP helpful for your professional development? Please explain what you found the most helpful and/or least helpful. ● How will you use the data to inform your teaching practices in the future?

APPENDIX B - Survey, Interview, & Focus Group Questions and Responses

<i>Survey/Interview Questions</i>	<i>Assessment Leads & Ratings Director</i>	<i>QRIS Data Collectors</i>	<i>Pre-service Students</i>	<i>Early Learning Coach</i>
1. From your perspective, what are some of the characteristics or features of high quality inclusive preschool?	<ul style="list-style-type: none"> • Accessibility; Adaptations of Space, Materials, Equipment • Intentional planning for individualized instruction 	<ul style="list-style-type: none"> • Accessibility; Adaptations of Space, Materials, Equipment • Intentional planning for individualized instruction 	<ul style="list-style-type: none"> • Accessibility; Adaptations of Space, Materials, Equipment • Intentional planning for individualized instruction 	<ul style="list-style-type: none"> • Inclusive mindset • General high quality preschool standards
2. If you have experiences with CLASS or any of the ERS measures, how well do you think they help identify quality features of preschool inclusion?	<ul style="list-style-type: none"> • ERS can determine if a child's needs are <u>not</u> being met, but cannot capture the level of quality • CLASS does not identify the quality of inclusive practices 	<ul style="list-style-type: none"> • ERS can determine if a child's needs are not being met, but cannot capture the level of quality • CLASS does not identify the quality of inclusive practices 		<ul style="list-style-type: none"> • Results from the observation tools depend on the lens of assessors.
3. The Inclusive Classroom is a relatively new measure that is intended to measure inclusive practices. What do you think are the most important practices for successful inclusion?	<ul style="list-style-type: none"> • Intentional planning for individualized instruction • Modifications and Accommodations • Membership 	<ul style="list-style-type: none"> • Intentional planning for individualized instruction • Modifications and Accommodations • Relationships between adults and children 	<ul style="list-style-type: none"> • Intentional Individualization • Response-based intervention • Lower student-teacher ratios • Peer models • Relationships between adults and children 	<ul style="list-style-type: none"> • Inclusive mindset • General high quality preschool standards
4. In your experience, which of these domains are areas of need of improvement? In your experience, which areas of practice/teaching are the most challenging for teachers in inclusive classrooms?	<ul style="list-style-type: none"> • Accessibility • Membership • Support for communication 	<ul style="list-style-type: none"> • Accessibility to learning materials • Membership • Adult guidance in interactions and play • Support for communication • Teacher education and training on special education 	<ul style="list-style-type: none"> • Viewing the "whole-child" rather than assuming a label • Data collection • Consistent, individualized reinforcement systems • Meeting the emotional needs of all children 	<ul style="list-style-type: none"> • Membership • Support for Communication • Supporting race and cultural differences
5. From your perspective, what are the strengths or the value of a measure like the ICP?	<ul style="list-style-type: none"> • Highlights the specific strengths and needs of a classroom • Useful professional 	<ul style="list-style-type: none"> • Highlights the specific strengths and needs of a classroom • Useful professional 	<ul style="list-style-type: none"> • Useful professional development tool • Holistic view of inclusive practices 	<ul style="list-style-type: none"> • Provides a measure for something meaningful (inclusive practices)

	development tool	development tool		
		<ul style="list-style-type: none"> ● Observation focuses on children with disabilities 		
6. From your perspective, what are the weaknesses of a measure like the ICP?	<ul style="list-style-type: none"> ● Logistics of using and scoring the tool 	<ul style="list-style-type: none"> ● Training and mentoring teachers prior to ICP observation ● Training of assessors in special education ● Does not address English Language Learners with disabilities 	<ul style="list-style-type: none"> ● ICP tool is confusing and complicated ● Some categories may be limiting 	<ul style="list-style-type: none"> ● Some items are difficult to measure
7. What does a measure like the ICP provide in terms of supporting the teacher?	<ul style="list-style-type: none"> ● Feedback for improvement and informing practice 	<ul style="list-style-type: none"> ● Feedback for improvement and informing practice 	<ul style="list-style-type: none"> ● Feedback for improvement and informing practice 	<ul style="list-style-type: none"> ● Feedback for improvement and informing practice ● Gauge progress on teacher's goals
8. From your perspective and experience (SPP, EA, QRIS, or in your future classroom), what do you think about using the ICP? Can you think of any particular concerns related to logistics?	<ul style="list-style-type: none"> ● Added standards may cause pushback from DEL and teachers ● Cost in regards to staff training, time commitment, and QRIS capacity ● Staff training on special education would be required ● Adjusting interview and file review protocols for more accurate assessment ● Overlap with ERS ● Would have to be optional in included in QRIS 	<ul style="list-style-type: none"> ● Cost in regards to staff training, time commitment, and QRIS capacity ● Staff training on special education would be required ● Adjusting interview and file review protocols for more accurate assessment ● Overlap with ERS ● Would have to be optional in included in QRIS 	<ul style="list-style-type: none"> ● Would be useful as a teacher, but would like to become more familiar with the tool 	<ul style="list-style-type: none"> ● Added standards may cause pushback from teachers
9. What else do you want to know about the ICP? Or, about observing for quality in inclusive classrooms?	<ul style="list-style-type: none"> ● What do teachers have to say about the tool? ● What would this look like for infants and toddlers? 	<ul style="list-style-type: none"> ● Feedback from families on how well their children are doing in inclusive classroom; what areas do they 	No response.	<ul style="list-style-type: none"> ● More ICP training on the application of the tool ● Feedback from families on how well their children are

	<ul style="list-style-type: none"> • How could we modify the tool for teachers that don't have a special education background, or FCC providers that have a child with an IEP 	see areas of improvement for providers?		doing in inclusive classroom <ul style="list-style-type: none"> • Longitudinal data on the children • Children's perspectives on experience
10.	Is there anything else you want to tell me?	No response.	No response.	No response.

APPENDIX C - Case Study ICP Score Report

Item	Score
1. Adaptations of space, materials, and equipment	6
2. Adult involvement in peer interactions	6
3. Adult's guidance of children's free-choice activities and play	6
4. Conflict Resolution	4
5. Membership	4
6. Relationships between adults and children	4
7. Support for communication	4
8. Adaptations for group activities	6
9. Transitions between activities	7
10. Feedback	4
11. Family-professional partnerships	4
12. Monitoring children's learning	6
Total Score	
A. Total Individual Item Ratings	61
B. Number of Items Rated	12
A / B = Total	5.08

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