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## Why Inclusion Isn't Coming, It Is Already Here: Catholic Schools and Inclusive Special Education

Michael N. Faggella-Luby<sup>1</sup> and Max T. Engel<sup>2</sup>

**Abstract:** Catholic schools are called to serve all of God's children, including students with disabilities who require and benefit from inclusive practices. Inclusionary practices align with Catholic Social Teaching (CST), Catholic identity, and the mission of the Catholic schools. This article frames CST's foundation for inclusive practices in Catholic schools, defines disabilities and explains relevant educational terms, summarizes models of inclusion, and debunks five common misperceptions about inclusion of students with disabilities in Catholic schools. Educators will be heartened through greater clarity of theological motivation for admitting students with disabilities, provided insight about various disability characteristics to inform instructional planning, and invited to reflect on how to deliver services to all students across a continuum of least restrictive environments.

**Keywords:** Inclusion, disability, academic diversity, learner characteristics, Catholic schools, heterogeneity

Catholic schools are an extension and embodiment of the Gospel mandate to go and make disciples. However, historically our schools have provided a narrow gate through which students with disabilities have not been consistently welcomed to enter. This article invites Catholic educators to reconsider inclusion of students with disabilities by providing theological justification, clarity around learner characteristics, a continuum of service delivery options, and concludes by addressing common misconceptions. As educators, we are fortified by our shared

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theology and guided by our pedagogical practice to become more welcoming of all God's children. All educators are invited to walk the path toward more inclusionary practice.

Jesus Christ proclaimed the Kingdom of God to be near (Mk. 1:15). This was a message of good news for all. Not just the rich or the powerful, but also, and especially, the marginalized, the poor in spirit, those who mourn, the meek, those seeking righteousness, the merciful, the peacemakers, and those persecuted for the sake of righteousness; all these will be called children of God (Mt. 5:3-10). The Catholic Church is guided and inspired by this message and, therefore, so are Catholic schools, which are the result of and further express this initial proclamation.

In his ministry, Jesus continually sought out the marginalized, those who were deemed "less than" or seen as an inconvenience to those with influence and prestige (Mt. 19:13-15; Mk. 2:15-17; Lk. 15:1-4; Jn. 4:7-18). Similar marginalization continues today, as people who do not match societal norms and preferences, often shaped of racist, sexist, ableist and other exclusionary ideologies, are subjected to exclusion and oppression. Catholic schools are called to follow Jesus's example by disrupting structures that perpetuate marginalization. Jesus's inclusive and challenging message is particularly salient to the inclusion of people with disabilities<sup>3</sup> in the Catholic community generally, and in Catholic schools particularly. Catholic schools have a mandate to serve students with disabilities that is directly linked to Jesus's message of his Father's Kingdom, which is just as relevant today as it was 2,000 years ago.

St. Paul beautifully applied Jesus's inclusive message to the stubborn early Christians who struggled to accept that authentic community demanded predetermined divisions be overcome. Paul's metaphor of the body (1. Cor. 12:12-31) is instructive for conceiving of the school as an extension of the Catholic Church:

As a body is one though it has many parts, and all the parts of the body, though many, are one body so also Christ (v. 12) ... Indeed, the parts of the body that seem to be weaker are all the more necessary, and those parts of the body that we consider less honorable we surround with greater honor, and our less presentable parts are treated with greater propriety, whereas our more presentable parts do not need this. (v. 22-23)

St. Paul's persuasive metaphor of the body applies Jesus' message to a specific context that includes students with disabilities in the same way contemporary theologians explain the basis of Catholic Social Teaching as well as Catholicism's incarnational and trinitarian philosophy of education and school practice.

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<sup>3</sup> Editorially, because of federal protections for individuals with disabilities, we have used the term disability throughout this article to clarify the population discussed rather than euphemistic and vague terms such as learning differences, special needs, or at-risk students.

## **The Theological Anthropology of Catholic Social Teaching**

The Incarnation is the doctrine that God entered human history in the person of Jesus Christ, God made flesh. This entrance affirms the original Genesis pronouncement that the created world is good, and is the basis for a Catholic anthropology that insists on the inherent dignity of each person. The Trinity, in turn, is the doctrine that God is triune, Father, Son, and Holy Spirit, a relationship that St. Augustine interpreted as one of the lover, the beloved, and the love between them. Given that we are created in the image of a loving God, we are created to love and be loved, something that is only possible in community, which brings us back to St. Paul's image of the community as a body of many diverse parts, each essential to the whole, and to Jesus' proclamation of a new era that overcomes oppressive divisions. It is this theological anthropology based on Jesus as well as the New Testament letters and the Hebrew scriptures that are the basis of Catholic Social Teaching.

Catholic Social Teaching is the Catholic Church's foundation and rationale for building a just society. This includes the U.S. Bishops' 1978 Pastoral Statement of U.S. Catholics on Persons With Disabilities (United States Conference of Catholic Bishops [USCCB], 1978), which was a significant Catholic Social Teaching statement specifically related to individuals with disabilities. This document includes encouraging professional development for Catholic elementary and secondary school teachers to "integrate [students with disabilities] into programs of regular education" and "guidance in adapting their curricula to the needs of [students with disabilities]" (p. 8). This pastoral statement was later cited in the *National Directory for Catechesis*, "Catechesis for Persons with Disabilities" (United States Conference of Catholic Bishops [USCCB], 2005a, no. 49).

Earlier, in 1998, the bishops issued 10 principles reaffirming their 1978 and subsequent statements to "assist the faithful in bringing the principles of justice and inclusion to the many new and evolving challenges confronted by persons with disabilities today" (USCCB, 1998, p. 1). Further, in 2005 the bishops published *Renewing Our Commitment to Catholic Elementary and Secondary Schools in the Third Millennium*, lauding "the increasing number of our school administrators and teachers who have taken steps to welcome these children [with disabilities] and others with special needs into our Catholic schools" (USCCB, 2005b, p. 7).

### **Special Education Services as a Characteristic of Catholic Identity**

In 2012 *The National Standards and Benchmarks for Effective Catholic Elementary and Secondary Schools* (Ozar & Weitzel-O'Neill, 2012), endorsed by the National Catholic Education Association (NCEA), recognized being "Accessible to All Students" as a defining characteristic of a Catholic school: Catholic schools "should do everything in their power to manage available resources and seek innovative options to ensure that Catholic school education is geographically, programmatically, physically, and financially accessible" (p. 3). Moreover, Pope Francis, known for

embracing individuals with disabilities, wrote in 2016 that full inclusion of those with disabilities “calls for not only specific techniques and programs, but it requires first of all that each face be recognized and accepted, with the tenacious and patient certainty that every person is unique and unrepeatable, and that every excluded face is an impoverishment of the community” (Francis, 2016, p. 1).

Altogether, the entire Christian tradition, Catholic Social Teaching, as well as contemporary statements by the U.S. bishops and the current pope align to affirm that an inclusive approach to Catholic education is part of the apostolate of the Catholic school, not an optional add-on. For this reason, Catholic schools are increasingly recognizing inclusive services as being a Catholic identity issue not an instructional issue. Yet for Catholic educators, there is much to understand about the context and characteristics of the heterogeneous population of learners who come through the school doors.

### **Catholic Schools and Students with Disabilities: Establishing the Context**

The community of learners that comprises an American Catholic school classroom has never been more academically, socially, or culturally diverse. A reflection of the broader U.S. society, student diversity is often mis-characterized by variable descriptors such as gifted and talented, cultural and linguistic diversity, low socioeconomic status, English as a new language, minority, at-risk, or disability, among others. Regardless of individual learner background, academic diversity permeates the American Catholic school classrooms, with significant learner variability. Understanding that Catholic school educators are, and have been, working with a heterogeneous population of learners is critical because it helps to uncover common areas of challenge students and teachers face on the road to achieving desired learning outcomes for all students.

Of paramount importance for this article is the recognition that Catholic schools currently serve students with considerable academic and behavioral variability, including students with disabilities, and have done so for decades. Data reflecting the exact number of students with disabilities in Catholic schools, however, has been difficult to collect, due to inconsistencies in methodology and sample across studies. Data from 2017-2018 indicate that 5.1% of students in U.S. Catholic schools have a diagnosed disability (National Catholic Education Association, 2018). However, this number varies in other studies. For example, a 2014 study of Catholic elementary schools reported 11% of students having “identified disabilities,” most commonly “mild to moderate learning disabilities, speech impairments, and attention deficit disorders” (Cidade & Wiggins, cited in McDonald, 2014, p. 69), while a 2002 study commissioned by the United States Conference of Catholic Bishops revealed that 7% of students in Catholic schools had an identified disability. At that time, the number of students with disabilities served by Catholic schools was significantly lower than the 11.4% of students in public schools who had a diagnosed disability (USCCB, 2002).

Catholic schools in the US are not required to enroll students with disabilities.<sup>4</sup> However, data indicate that the majority of schools do admit students with disabilities. According to the most recent National Center for Education Statistics, 78.4 % of Catholic schools serve students with mild to moderate disabilities, including physical, emotional and learning disabilities that are accommodated in regular classrooms with or without special resource teachers. Carlson (2016) cited a NCEA survey of Catholic elementary schools with a 28% response rate. Of the responding schools, “69% accepted students with learning disabilities, 64% students with speech disorders, 61% with attention deficit-hyperactivity disorders (ADHD), 37% with autism spectrum disorders (ASD), 20% with emotional/behavioral disorders (E/BD), 18% with blindness, [and] 11% with deafness” (p.13). According to Carlson, however, these findings are unlikely to be generalizable to all Catholic schools; the type of services provided is unreported, and fewer than half of those who reported using a resource room model employed a teacher certified in special education.

Finally, a recent national survey of a random sample of 2,566 PK-6 Catholic schools (response rate 13.3%; N = 341) showed a mean of 11.47% of students with disabilities, a number that more closely matches national figures. Despite the low response rate, these data are useful for estimating the population of students with disabilities in US Catholic schools more generally. Across respondents, 22.5% of students had learning disabilities; 20.3% had ADHD; 13.1% had speech-language impairments; 5.9% had autism spectrum disorders (ASD); 5.5% had other health impairment (OHI); 2.9% had Emotional Behavioral Disorders (EBD); and 1.05% had intellectual disabilities (ID) (Bonfiglio et al., 2019). The above statistics notwithstanding, there is a dearth of data and research on students with disabilities in Catholic schools and the services they are receiving. To fill this gap in the literature research needs to move beyond the question, “Are Catholic schools providing services for students with disabilities?” to examine more specific questions, including:

- What services are being provided?
- How effective are these services?
- How can Catholic schools provide better services to improve outcomes for all?

In short, the answers to these questions will benefit today’s Catholic school educators as they become better prepared to address the academic, behavioral, motivational, executive functioning, soft skill, and structural needs to meaningfully include all of their students.

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<sup>4</sup> Public Law 94-142 (1975), now the *Individuals with Disabilities Act* (2004), made it illegal to exclude students with disabilities from public schools. No such protections are guaranteed in K-12 education for students with disabilities attending private schools such as Catholic schools.

## Understanding Inclusion

### Models of Inclusion

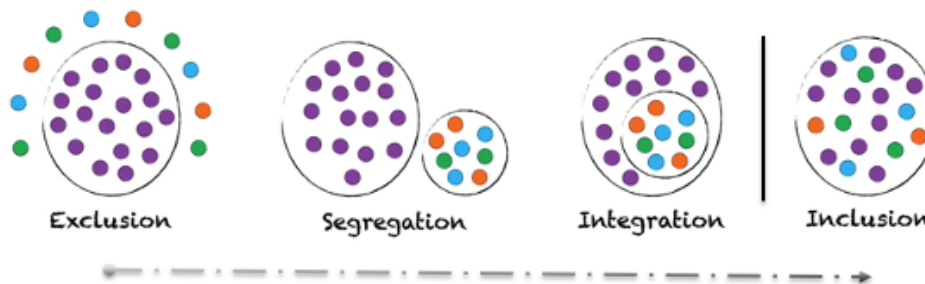
To many, the idea of inclusion is a single, uniquely described, type of education in which students with disabilities are educated with their typically achieving peers. In this model of instruction, frequently termed full inclusion, all students, regardless of ability, spend their entire school day in a general education classroom. Any supports or related services needed by individual students are brought into the classroom, the curriculum is modified as necessary, and the classroom teacher is the primary (but not the only) instructor.

Yet full inclusion is only one way to provide students access to the Least Restrictive Environment (LRE) for education, as mandated by the Individuals with Disabilities Education ACT (IDEA)(2004). Briefly, LRE is a principle to guide instructional decision making about the educational environment of students with disabilities that dictates educating the child as much as possible with typically achieving peers. Thus, this principle asks educators making decisions about the education of a student with a disability to (a) consider how to include the student to the maximum extent appropriate with peers without disabilities, and (b) choose separate placement (outside of the general education setting) only if appropriate services, accommodations, or modifications due directly to the student's disability are deemed not possible (IDEA, 2004).

Consequently, a wide continuum of placements is possible, ranging from full inclusion to full exclusion. Described briefly below, and presented as a continuum in Figure 1, these service delivery options range from full inclusion (as described) in which students spend 100% of their time with typically achieving peers, toward exclusion in which students with disabilities do not attend the same school as typically achieving peers. (See Figure 1 for a representation of the continuum of inclusion.)

**Figure 1**

*Continuum of inclusive placements*



The value of full inclusion for many, including parents and educators, is that students with disabilities receive access to the general education (usually standards-based) curriculum, which has been deemed necessary for developing the requisite knowledge and skills to progress sufficiently in schools towards graduation and transition to postsecondary life, including education and the world of work. In essence, full inclusion provides students with disabilities access to the “typical” schooling experience. Yet, to simply be present in the general education classroom is not sufficient. A successful model of inclusion must thoughtfully arrange the learning environment and prepare the professionals working within it to develop policies and procedures for screening and diagnosing student learning strengths and challenges, backwards designing curriculum and instruction to meet their diverse learning needs, delivering evidence-based interventions through explicit instruction, and, ultimately, ensuring through formative assessments that students are on pace to meet grade-level outcome expectations (Archer & Hughes, 2011)

The continuum of inclusion includes three additional service delivery placements in which the student receives services outside the general education classroom and away from typically achieving peers, ranging from integration to exclusion (See Figure 1; Friend & Bursuck, 2009). In the integration model, resource rooms are specifically designed for delivering pull-out services. A student typically comes for several hours per day, limiting access to the general education curriculum to receive explicit and targeted instruction for 20%-40% of the day. Alternatively, students may receive services in a dedicated partially self-contained special education classroom as their primary place of instruction (>60% of the day) with some opportunities to join their typically achieving peers for general education. In a more segregated model, students may receive instruction in self-contained special education classrooms in which they spend more than 80% of the day in a single classroom, primarily with other students with disabilities.

Finally, students with disabilities may experience exclusion from educational experiences with typically achieving peers if they have significant needs and must be educated in a hospital or special school (e.g., in self-selected schools for the visually impaired or hard of hearing), or if attending some private schools; for example, Catholic schools may exclude them through admission criteria.

In summary, all schools interested in meaningful inclusion of students with disabilities are to be guided by the principle of LRE to consider the most appropriate way to educate each child within their school, with a preference for placement in the general education environment, but mindful of many options for service delivery.

### **Viewing Disability Through a Cross-Categorical Lens**

A common reaction by educators and other members of a Catholic school community is nervousness during the first steps of becoming a more inclusive school. This is not surprising as certified elementary and secondary educators typically only complete one course on exceptional



children like students with disabilities in their teacher preparation programs. Functionally, this means that they have only taken one class to cover the learner characteristics associated with 13 categories of disability as recognized by the Individuals with Disabilities Education Act (IDEA; 2004), the Individualized Education Program (IEP) components and process, related federal laws like Section 504 of the Rehabilitation Act, let alone the civil rights history or current service delivery frameworks like multi-tiered systems of support (MTSS). (For more on the latter component see Faggella-Luby & Bonfiglio, this issue.)

Finally, adding to the nervousness some Catholic educators feel concerning the education of students with disabilities is that in the larger society those with disabilities are often marginalized by a lack of appropriate services leading to limited outcomes, causing some to falsely equate limited outcomes with limited ability (e.g., M. N. Faggella-Luby et al. , 2015). Consequently, educators may unknowingly and inaccurately hold diminished expectations for individuals with disabilities. However, outlined below (and throughout this special issue) is a roadmap for transforming the narrative around disability by providing improved outcomes through well-implemented inclusive models in Catholic schools.

For the purposes of this article, disabilities are presented as a set of cross-categorical characteristics that highlight mismatches between the demands of the curriculum and the strengths of the individual learners (for more in-depth information on specific disabilities, see Tables 1 and 2). The term cross-categorical is used to describe the focus on selecting instructional interventions to meet specific student needs (e.g., reading interventions for students with difficulty reading) rather than relying on a categorical identification or diagnosis (e.g., the student has dyslexia). This approach to conceptualizing students' particular needs moves away from older approaches based on grouping children according to types of disability and recognizes that all students have strengths and areas for growth. Below, we provide brief descriptions and prevalence rates for categories of disability identified in IDEA as being served in public schools, however, we assert that the focus of inclusionary education—specifically that which takes place in Catholic schools—must be on the individual needs of the student.

It is imperative educators recognize the heterogeneity and mixed characteristics of almost all disability categories. As an example, a person with visual impairments exists along a continuum from ability modified by corrective lenses or assistive technology to no ability to process light at all. More importantly, that person is more than just their visual impairment. They bring to their educational experience other strengths, interests, and challenges that must be acknowledged, valued, and supported in an inclusive classroom.

Taking a cross-categorical approach to disability means educators understand the challenges and strengths of individual students to better inform service delivery decisions. Such a method is preferred over only using labels or placements to describe children (e.g., “Tier 2 kid”, or “autistic”),

which can be pathologizing and dehumanizing, in addition to being educationally unhelpful. Consequently, and in connection to the previous section, we highlight how the needs of students with high- and low-incidence disabilities, common terms in state and federal documents, mirror the common challenges for heterogeneous learners in Catholic schools.

### **High-Incidence Disabilities**

Students with the most commonly occurring, or high-incidence, disabilities make up almost 80% of students with disabilities identified under IDEA in the United States (McFarland et al., 2019). These students are expected to spend most of their time in the general education setting with typically achieving peers along a continuum of inclusion models described above. Thus, general education teachers will have students with high-incidence disabilities in their classrooms working toward the same curricular standards and benchmarks as their peers.

Typically, a disability in the high-incidence range impacts language, learning, attention, or behavior and may be further refined by labels such as *speech-language disabilities*, *learning disabilities*, *emotional/behavioral disturbance*, or *mild intellectual disabilities*.<sup>5</sup> Table 1 presents a brief explanation of each high-incidence disability along with overall numbers and percentages of students served under IDEA. The prevalence rates are based on public school data as a baseline for understanding how common each disability is in our larger society. Currently, no comprehensive dataset is available through the NCEA of prevalence rates of students with disabilities solely in Catholic schools.

Friend and Bursuck (2009) noted three defining characteristics of students in the high-incidence disability group: First, high-incidence disabilities, unlike physical disabilities, are considered “hidden,” meaning students in this group may be difficult to differentiate from their typically achieving peers, especially outside of academic learning activities. Such students have long been enrolled in Catholic schools, adapting as best they can in an ad hoc manner to meet academic expectations. Second, due to co-morbidity, or the presence of two or more disabilities within the same individual, students may exhibit multiple behavioral, social, or academic challenges. Third, and perhaps most critical for educators in Catholic schools, research has consistently demonstrated that students with high-incidence disabilities benefit from systematic, explicit, and highly structured interventions and accommodations when learning grade-appropriate material. Interestingly, these are the same practices that are effective in classrooms with heterogeneous and academically diverse learners (e.g., high-, average-, and low-achieving students; e.g., Friend & Bursuck, 2009).

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<sup>5</sup> In recent years the number of students diagnosed with autism spectrum disorders (ASD) has dramatically raised the prevalence rate for this population, in some cases equaling those of high-incidence disabilities listed here. However, as the purpose of this article is to introduce student groupings based on instructional need, students with ASD are included under low-incidence disabilities in the following section as they most often require similar service delivery options. Such an exception illustrates that no attempt to group students with disabilities is perfect.

**Table 1*****High Incidence Disabilities: Children 3-21 Years Old in Public Schools Under IDEA (2004)***

<b>All Disabilities</b>	<b>IDEA Description</b>	<b>Students Served</b>	<b>% Distribution of Students Served</b>
<b>Total SWD Population</b>		<b>6,677,000</b>	<b>100.0</b>
Emotional disturbance	Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems.	347,000	5.2
Intellectual disability	Intellectual disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.	425,000	6.4
Specific learning disability	Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.	2,298,000	34.4
Speech or language impairment	Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.	1,337,000	20.0

*Note.* Table includes most recent data available at time of writing; # rounds to zero; Adapted from *Individuals with Disabilities Education Act of 2004*, Part B, §300.8 (2017), <https://sites.ed.gov/idea/regs/b/a/300.8>;

Though beyond the scope of this article, it is worth noting here that the most common instructional supports for students with high-incidence disabilities are reasonable accommodations associated with the learning environment, instruction, and process for learning. Accommodations are defined as a change to how a student learns the required curriculum (e.g., Friend & Bursuck, 2009). In brief, accommodations are intended to match individual student need or help remove barriers during learning or assessment. As such, accommodations may alter the presentation of material (e.g., providing lecture pauses to ensure student understanding and engagement), response medium (e.g., allowing a student to type rather than handwrite an assignment), setting (e.g., allowing a student to use cardboard dividers or go to a separate classroom during testing to minimize distraction), or timing for an activity (e.g., providing extra time during formal assessment or moving critical learning activities to the morning when students are most focused). Regardless, accommodations do not alter what students learn, only how they access the curriculum and participate in instructional activities.

### **Low-Incidence Disabilities**

Students with less common, or low-incidence, disabilities are quite individualized in their strengths, challenges, and needs for education-related services and supports. Since they make up less than 20% of all students with disabilities (McFarland et al., 2019), Catholic educators may only encounter a learner with a low-incidence disability a few times in their careers, if at all.

Students with low-incidence disabilities give special meaning to a common special education maxim that warns against generalization: “if you know one student with a disability, you only know one student.” As this saying indicates, the characteristics of each learner, even those who share the same disability label (e.g., ASD) are likely to have disparate characteristics and needs. Low-incidence disabilities range from moderate or severe intellectual disability to hearing or visual impairments. Additionally, students may frequently have physical or health-related needs that must be addressed within the education setting (e.g., wheelchair access, medical treatments, toileting support). A brief explanation of each low-incidence disability, along with overall numbers and percentages of students served under IDEA, is presented in Table 2.

Students with low-incidence disabilities often arrive in kindergarten having received early intervention services, in many cases since birth. Parents are frequently a critical resource for understanding the educational abilities and challenges facing these students. Moreover, as students may have received documented services from public or private service agencies (e.g., Child Find, hospitals, occupational/physical therapists), families may be able to provide considerable records outlining rates and levels of growth in academic, social, behavioral, and other school-related skills. Using the information gleaned from parents and service providers, Catholic schools can identify instructional accommodations and modifications necessary to support the student.

**Table 2****Low Incidence Disabilities: Children 3-21 Years Old in Public Schools Under IDEA (2004)**

All Disabilities	IDEA Description	Students Served	% Distribution of Students Served
<b>Total SWD Population</b>		<b>6,677,000</b>	<b>100.0</b>
Autism	Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.	617,000	9.2
Deaf-blindness	Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.	1,000	#
Developmental delay	Child with a disability for children aged 3 through 9 (or any subset of that age range, including ages 3 through 5), may, subject to the conditions described in §300.111(b), include a child— (1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and (2) Who, by reason thereof, needs special education and related services.	434,000	6.5

*Continued on next page*

*Table 2 continued*

<b>All Disabilities</b>	<b>IDEA Description</b>	<b>Students Served</b>	<b>% Distribution of Students Served</b>
Hearing impairment	Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness.	75,000	1.1
Multiple disabilities	Multiple disabilities means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.	131,000	2.0
Orthopedic impairment	Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).	47,000	0.7
Other health impairment	Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that— (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance.	909,000	13.6

*Continued on next page*

Table 2 continued

All Disabilities	IDEA Description	Students Served	% Distribution of Students Served
Traumatic brain injury	Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.	27,000	0.4
Visual impairment	Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.	27,000	0.4

Note. Table includes most recent data available at time of writing; # rounds to zero; Adapted from *Individuals with Disabilities Education Act of 2004*, Part B, §300.8 (2017), <https://sites.ed.gov/idea/regs/b/a/300.8>;

Additionally, with the exception of individuals with intellectual disabilities, many individuals with low-incidence disabilities (e.g., visual impairments, hearing impairments, other-health impairments) have no impairment to cognitive functioning. That is, they frequently have the same problem-solving and learning abilities for academic material as their typically achieving peers.

As previously mentioned, accommodations change how a student accesses curriculum and instruction. In order to determine appropriate accommodations, educators must proactively (a) learn about the individual student's strengths and challenges; (b) identify the academic, social, emotional, behavioral, physical or health needs of the student; (c) use person-centered planning to determine appropriate annual and short-term goals with the student (e.g., Flannery et al., 2000); (d) prepare the learning environment to minimize anything that will single out or limit access for the student (e.g., no access to lab tables in a science room for a student in a wheelchair); and (e) outline the adaptations necessary for student success.

As opposed to accommodations, modifications do change what is taught by altering the scope (i.e., amount or number of items a student is expected to learn or complete) and difficulty level

(i.e., selecting content appropriate to a student's ability level rather than grade level) of materials and instruction, types of student participation, and levels of teacher support. In addition, goals might need to be altered from what is expected from typically achieving peers as outlined in grade-level curriculum standards, or, when necessary, a substitute curriculum with a functional life-skills component may be provided.

Using the steps outlined above will help teachers develop instructional flexibility, as well as the knowledge and skills needed to reach the widest group of children, including those with disabilities. Beyond knowledge and skills, however, educators must also develop empathy for students. Educators may begin this development by acknowledging their own strengths and challenges and observing similarities to students' experiences. As the Congregation for Catholic Education (2014) reminds us, a Catholic school recognizes that "students have very specific needs: they are often going through difficult circumstances, and deserve a pedagogical attention that takes their needs into account" (III, 1, e). In order to meet the needs of all students in keeping with best educational practices and the Church doctrine, schools are called to inclusion with consideration of the above outlined needs for each child whether high or low incidence.

### **Tilting at Windmills: Why Inclusion Is Not a Quixotic Crusade**

Some Catholic school educators might claim that full inclusion is a Don Quixote-like idealistic notion that amounts to little when encountering the pragmatics of modern schooling. In most cases, such views are based on myths about the characteristics, instructional methods, and personal perceptions about individuals with disabilities, especially individuals with intellectual or developmental disabilities (e.g., Down syndrome, ASD). Below we consider and debunk popular myths about the full inclusion of students with disabilities in Catholic schools in hopes of empowering readers to be able to offer a rebuttal of the head (and heart) when encountering these windmills.

#### **Misconception #1: "Almost" Only Counts in Horseshoes ... and Inclusion**

Historically, there has been a widespread mindset in both public and private schools that students with disabilities should be introduced slowly to the school environment, moving from segregated settings of service delivery into general education classrooms (e.g., Cosier et al., 2013). From a planning, paternalistic, or protective mindset, this may make sense, but such an approach comes with a set of consequences, many of which limit the opportunities for students with disabilities to reach their true potential. Thus, each type of partial inclusion model described above (i.e., < 80% of time with typically achieving peers), in which students with disabilities usually leave the general education class and their typically achieving peers to receive appropriate services, comes with a series of drawbacks as outlined by Bateman & Cline (2016).



First, social, emotional, and academic equality exists most completely in proximity to the education of same-age peers (Bateman & Cline, 2016). In short, the removal of the students with a disability from the environment, even for a short time, begins to limit equality in each of these areas (e.g., the removed student misses out on the general education instruction). Second, there is substantial empirical evidence to support use of instructional practices, including those associated with differentiated instruction (more below), within the general education classroom to benefit academically diverse student populations. Lack of professional development is not a satisfactory, or defensible, excuse for removing students from the classroom. Third, removal of students for any period of time is associated with a very real stigma. To be removed is to be placed outside the norm and, therefore, invites social ostracizing and otherness. Fourth, removal from general education classes frequently equates to time lost in the study of content-area knowledge. Moreover, as administrators often struggle to find highly qualified content-area experts to deliver instruction in pull-out programs, there is additional risk of students not receiving access to the appropriate curriculum. Finally, the research on outcomes from segregated instruction (i.e., special education students in resource rooms) is limited in comparison to inclusive environments (Cosier et al., 2013; Rea et al., 2002; Tremblay, 2013)

Unfortunately, placement is not always made based on the best interests of the child and with thoughtful consideration of LRE (IDEA, 2004). However, it is of great value to the individual student that we initially place the student as close to typically achieving peers as possible. If appropriate and reasonable accommodations prove ineffective, only then should more restrictive environments be considered. The onus here is on us as educators to plan and design an instructional experience that meets the diverse needs of all our students, thus, allowing all learners to remain in the general education based on integration of these differentiated interventions. Such is also in keeping with CST and church documents outlined previously.

### **Misconception #2: If We Engage in Inclusion, Only Students With Disabilities Will Benefit**

Another myth surrounding the inclusion of students with disabilities with their typically achieving peers is the false notion that only students with disabilities benefit from the inclusion experience. First, it is important to note that research exists supporting improved outcomes for students with disabilities in inclusive settings, provided they are able to still receive access to appropriate interventions. One metric of success is making adequate yearly progress (AYP) on learning outcomes, especially those tied to state standards and accountability testing. Fortunately, studies have shown increased passing rates on eighth-grade assessments (Idol, 2006) and graduation rates when in more inclusive settings even as standards-based expectations have risen (Goodman et al., 2011), and greater academic gains than students with disabilities educated in less inclusive settings (Cole et al., 2004) .

Regarding more discrete academic skills, improvements in mathematics achievement, problem solving, and language development have also been reported in the literature for students with disabilities in more inclusive settings (e.g., Friend & Bursuck, 2009). For example, Salend and Duhaney (1999) found that students with low-incidence disabilities demonstrated increases in overall skills and rates of time on task, and were exposed to more academic content than peers with similar disabilities in less inclusive settings. In addition, students with disabilities were found to have similar rates of office discipline referrals (ODR) as their typically achieving peers (e.g., Cawley, et al., 2002).

But what about the outcomes for students without disabilities experiencing learning in inclusive settings? Contrary to common misperceptions, countless studies have shown that learning for typically achieving students increases as well (e.g., Bulgren, et al., 2013; Harris et al., 2012; McMaster, et al., 2008). As one example, Faggella-Luby and colleagues found that during reading comprehension instruction for students with and without disabilities both high-achieving and typically achieving students (as well as students with disabilities) outperformed students in a control group receiving evidence-based instruction. Of note is the fact that the study took place in a Catholic school (M. Faggella-Luby et al., 2007).

Most significantly, including students with disabilities as completely as possible fulfills a Catholic school's mandate as an expression and experience of the Body of Christ. When students encounter those different from themselves in an atmosphere of love and trust, which should permeate a Catholic school, empathy, dialogue, and the educational fruits of dialogue proceed. Pope Francis (2014) explains that:

For dialogue to take place, there has to be this empathy. We are challenged to listen not only to the words which others speak, but to the unspoken communication of their experiences, their hopes and aspirations, their struggles and their deepest concerns. Such empathy must be the fruit of our spiritual insight and personal experience, which lead us to see others as brothers and sisters, and to "hear", in and beyond their words and actions, what their hearts wish to communicate. In this sense, dialogue demands of us a truly contemplative spirit of openness and receptivity to the other. I cannot engage in dialogue if I am closed to others. (p. 1)

### **Misconception #3: Our View of Disability Doesn't Matter**

We now know from social psychology that no one is color blind in terms of race or ethnicity, and that in fact our inherent biases impact our thinking and, even unbeknownst to us, can impact the lives of others (e.g., Chin et al., 2020). So too must we consider that our perspective on disability matters to the outcomes of the students we are educating. As individuals with disabilities become an increasing part of interactions in daily life for our parish members and school students, how we view them – whether through a deficit, cultural, or sociological perspective – will impact the way we respond to them, with each response influencing inevitable outcomes.

At the heart of our view of disability lies a specific and complex question, “How do I define disability?” The way we answer this question will influence our actions and expectations during each interaction. For example, a common view of disability is the notion that all human beings exist along a continuum on which a mythic “normal” or “typical” is evenly distributed along a normal curve. In this so-called deficit perspective (see Harry & Klingner, 2007), any variation from the norm, especially on the lower end, is considered a deficiency, pathologizing the individual as something considered relatively less than other humans, and clearly at odds with Catholic Social Teaching.

Such a perspective leads to low expectations and limited outcomes for the individual. In fact, with the notion of using a normal curve for a distribution of scores on any measure of learning, educators may begin to question whether struggling learners and individuals with disabilities who cannot seem to “catch up” are really benefiting from instruction at all. Such a perspective might lead to the now dated (we hope) belief that some individuals are uneducable and, therefore, not worthy of educators’ time and energy.

A second view of disabilities uses a cultural perspective (Harry & Klingner, 2007). Unlike the more positivist and potentially pathologizing deficit perspective, within the cultural perspective allowances are made that American subcultures may have differing views of disability. For example, a student-athlete with dyslexia on a school soccer team might never be called upon to read and, therefore, have no reason to be singled out from peers because the disability, or difference, is irrelevant in the context of the soccer field. Put another way, Harry and Klingner (2007), among others, note that because disability is not an easily definable or set state, it can be thought of in unique ways based on context and to differing degrees by individuals. Consequently, each context or culture may value difference differently, or more likely not observe difference at all because in the given context the difference is not of value, as in the case of the soccer player. Such a culture might be thought to view each child as of value in and of him or herself, or in Catholic terms, as a child of God. For schools, we must consider if the labels we use are helpful or if they create otherness and difference. Moreover, if a struggling reader can improve—as most teachers believe—then let us work on that skill, while ensuring that it is not the sole defining identity or characteristic of the child, who likely has many other gifts.

Continuing from this logic is a third approach called the sociological perspective (Thomas, 2004). In this perspective rather than focusing on what is missing or in deficit, disability is defined as socially constructed by examining how society treats individuals as the defining characteristic of a disability. Differences then are part of social strata, designed to separate and maintain class structure with predetermined sets of traits causing one group to rise to the top and others to fall.

A critical belief here is that universal supports allow everyone to be successful, and differences (and by extension disability) will disappear. In this model, individuals with disabilities might not

receive special services because they would no longer be necessary, a controversial statement for some but one that reflects the design of a society that removes all such barriers (e.g., Kauffman & Hallahan, 2005). For schools, the sociological perspective is aligned with the principle of universal design for learning (Meyer & Rose, 2000).

In the end, our perspective is a crucible for our interactions with every individual we meet, including those with disabilities. Whether we view them as being less from a deficit perspective, out of context from the cultural perspective, or without proper supports from the sociological perspective will dictate how as educators we design instruction which will inevitably impact outcomes for our students. In the words of Smith & Tyler (2010), “Of this there should no longer be doubt: People are treated as a reflection of how they are perceived”.

Perspective sets a tone for acceptance, pedagogical choices, and relevant accommodations and helps explain why we use person-first language (e.g., individual with a disability) rather than dehumanizing labels (e.g., dyslexic, disabled individual).

#### **Misconception #4: “Good Teaching” Will Solve the Problem**

A common misunderstanding around inclusion is the well-meaning but misguided belief by some Catholic school educators that “this just sounds like good instruction. Isn’t that what you mean?” This myth is problematic for several reasons.

First, many Catholic school teachers choose to interpret this observation as an excuse to continue to teach the way they have always taught believing that it is effective for all students. In reality, however, observation studies of classroom instruction do not typically identify use of evidence-based practices or a wide variety of elements we might consider components of differentiated instruction—the very practices that make up empirically validated “good teaching.” (e.g., Deshler et al., 2004 ; Swanson, 2008 ; Swanson et al., 2016).

Further, many teachers are reluctant to embrace instructional practices that benefit struggling learners, including students with disabilities, if the same practices do not also benefit the high-achieving students in the class. In fact, especially as students get older, teachers show a preference for instructional practices that specifically enhance instruction for so-called high-achieving students—wanting to stimulate their learning (Faggella-Luby et al., 2007). While stimulating gifted or high achieving students is a laudable goal, the challenge facing teachers is to educate all children, not just those who are succeeding. Moreover, high-achieving learners have been shown to also benefit from explicit instructional practices (e.g., Faggella-Luby et al., 2007) even though they do not require such practices to become engaged, self-regulated learners. However, and this is the key point, unlike high-achieving students who generally learn with or without these practices, struggling learners, including students with disabilities, will not learn without them. Consequently, only if teachers embrace wide instructional tolerance, differentiating instruction with methods that meet

the various needs of all the learners in their class, will they truly be practicing inclusion and meeting the mandate of a truly Catholic school.

Finally, just as studies have failed to observe widespread use of evidence-based practices, another critical element missing in the education of heterogeneous groups of students is a comprehensive assessment plan. Specifically, the belief that “good teaching” will impact all learners is false because teachers are not collecting sufficient data to prove (or disprove) this notion. Though a detailed discussion of a comprehensive assessment plan is beyond the scope of this article, in brief, each classroom teacher might consider (a) using screening measures at the start of the year to find out which students are at risk for failure; this will include students with disabilities with specific challenges that impact a particular subject area, (b) collecting diagnostic data for students at risk to better isolate areas of challenge and directly inform the selection of appropriate interventions to guide course planning; (c) consistently using formative assessment, with particular attention to curriculum-based measures (CBM) for reliable and valid progress monitoring; and (d) using summative measures to confirm that each learner, and the group as a whole, has achieved the appropriate level of understanding in response to instruction (for more, see Faggella-Luby & Bonfiglio, this issue). Without such a plan, instructional decisions are made in the dark, unlikely to meaningfully impact student learning.

#### **Misconception #5: “Separate But Equal” Is Acceptable in Catholic Social Teaching**

The landmark 1954 Supreme Court case *Brown vs. Topeka Board of Education* ruled that separate education of students based on any trait, including perceived race, was inherently unequal. The doctrine of separate but equal previously dominating schools was vanquished, or has it? With regard to disability, it was not until 1975 and the passage of P.L. 94-142, the *Education for All Handicapped Children Act*, that students with disabilities were guaranteed a free, appropriate public education. But access was not enough. It would be almost 20 years before subsequent reauthorizations of this law, now called the *Individuals With Disabilities Education Act*, noted that students with disabilities were getting access to schools, but were primarily being served in separate environments within the schools. That is, separate but within was still unequal.

As Catholic schools consider greater inclusion of students with disabilities, especially students with low-incidence disabilities (see above), it is necessary to reflect on the mission and values of Catholic schools. While it is true that as private schools, Catholic schools are not held to the same standard as outlined by the Supreme Court for public schools, because of our very beliefs, perhaps we should, in fact, be held to a higher standard. Consider for example, the call from Pope Francis (2015), “We must aim to build an educational relationship with each student, who must feel welcomed and loved for what he or she is, with all of their limitations and potential” (p. 1). These words remind us of a higher standard than federal law, one in which our faith challenges us to be mindful of the dignity of each individual as a child of God.

Finally, in paraphrasing Fr. Gustavo Gutierrez (1988) and the theology of liberation, we must judge the merits of a system, in this case our Catholic school system, based on the outcomes for those who are most marginalized by that system. This brand of Catholic Social Teaching directly addresses what Jesus called the “least brothers of mine” (Mt 25:40), who have been included but kept separate or at worst who have been excluded because of a human characteristic such as disability. Bright will be the day when parents of a child with a disability can bring their child to a Catholic school and for that child to truly feel welcomed as a child of God and a full member of the parish, church, and school community.

### Final Considerations

We have a mandate from our faith, and a desire in our hearts, to educate all students, including students with disabilities in our Catholic schools. Yet we are now certain that inclusion is not just a place for students with disabilities in our Catholic schools, but a set of service delivery options that meet the needs of the heterogeneous learners who make up our school community (for more on service delivery options using a schoolwide framework, see Faggella-Luby & Bonfiglio, this issue). Improving outcomes for students with disabilities requires less concern over labeling and more concern over pedagogy that matches learner characteristics—whether students have a high- or a low-incidence disability. Choosing the appropriate model of inclusion places students in the LRE, supporting their academic and social development without undue influence from popular myths that can detract from the mission of Catholic schools to include all children meaningfully.

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