

On What We Don't Know About Full Inclusion

John W Maag*

Department of Special Education and Communication Disorders, USA

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***Corresponding author:** John W Maagn,
Department of Special Education and
Communication Disorders, USA

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Abstract

There have literally been hundreds of articles, book chapters, and textbooks written about full inclusion. Most state departments of education mandate that general education teachers in training take at least one three-credit hour course in inclusive practices. But what do we really know about the effectiveness of inclusion and on what variables? The purpose of this article is to describe forces that changed full inclusion from a movement to a fait accompli in the absence of, or very scant, empirical research. Also, the sparse empirical research that has examined full inclusion will be critiqued and recommendations for appraising full inclusion will be presented.

Keywords: Full inclusion; Multi-tiered systems of support; Deinstitutionalism; Least restrictive environment

On What We Don't Know About Full Inclusion

A search of the data base PsychINFO with the two words ["full" AND "inclusion"] results in over 500 entries. Most of the articles are position pieces advocating for full inclusion versus retaining a continuum of alternative placements, policies and strategies to promote full inclusion, need, and parents' positions on full inclusion for their children with disabilities, and teacher and administrator perceptions on full inclusion, to name just a few. However, rarely is full inclusion used as an independent variable to study its impact on a range of dependent variables. A notable exception was McLeskey and Waldron [1], who examined several decades of research on academic outcomes for students with Learning Disabilities (LD) in inclusive versus part-time separate special education settings.

Their findings were enlightening: (a) high quality inclusive classes provided good general education instruction, (b) high quality instruction in inclusive classrooms were not sufficient to ensure the acquisition of important reading and math skills for students with LD, (c) high-quality intensive instruction needed for students with LD could but was not being conducted in general education classrooms, and (d) the extremely high caseloads of special education resource teachers often prevented them from delivering individual intensive interventions to students with LD. Their overall conclusion was that high-quality intensive individual or small group specific instruction is best delivered in part-time separate special education settings and that full inclusion is not a feasible alternative for meeting the basic academic needs in reading and math for most students with LD.

These results are startling considering the full inclusion zeitgeist that has been in effect for over 20 years. Almost every, if not all, state departments of education mandate that general education teachers in training take at least one three-credit courses in inclusion and mainstreaming accommodation practices. A search for books on Amazon.com resulted in over 100 pages containing books, training manuals, and textbooks related to inclusion. A search

on the Pearson Publishing Higher Education website yielded over 15 textbooks on inclusion. Yet so many empirical questions remain unanswered and have not been the topic any research:

1. Do students with disabilities learn more academic content in inclusive versus part-time separate special education classrooms?
2. Do students with certain types of disabilities (e.g., learning disabilities, emotional or behavioral disorders, intellectual disabilities, speech/language disabilities) learn better in inclusive versus part-time separate special education classrooms?
3. Do students with disabilities learn and display more social skills and at a quicker pace in inclusive versus part-time separate special education classrooms?
4. Are students with disabilities likely to receive more exclusionary discipline measures (e.g., office referrals, suspensions) when in inclusive versus part-time separate special education classes?
5. Is there any difference in the efficacy of instructional practices (e.g., explicit instruction, strategy instruction, etc.) delivered by special education teachers in inclusive versus part-time separate special education classrooms?
6. Is there an optimum number of students with disabilities and those without disabilities in an inclusive classroom?
7. Is small group instruction delivered by a special education teacher more or less effective in inclusive versus part-time separate special education classrooms?
8. Is there a difference in the amount of time students with disabilities receive instruction in math and reading in inclusive versus part-time separate special education classrooms?
9. Is the social status (i.e., sociometric ranking) higher for students with disabilities in inclusive versus part-time separate special education classrooms?

It is truly mind-boggling to think that the wholesale adoption of full inclusion for the past 20 years was not based on any, or very little, empirical evidence to justify its practice. It is no wonder that Kauffman et al. [2] considered special education at a crossroads while Maag et al. [3] questioned whether special education as a separate discipline of study will continue to exist as it was originally conceptualized. Is it too late to answer some or all the above questions? No. Do most special education teachers, school administrators, and district office administrators care about obtaining the answers to those questions? Maybe some, probably very few if any demand it. Perhaps a more interesting question is whether the research questions posed above can even be answered anymore? Take for example, the last question regarding the social status of students with disabilities in schools, no matter the placement. Most schools no longer permit researchers to conduct studies that involve sociometric measures for a variety

of ethical reasons, and universities' Internal Review Boards (IRB) will often not approve studies using sociometry [4]. In support of this assumption, an anecdotal search on PsychoINFO yielded only four articles on the use of sociometric measures in schools since 1995, with the newest being 15 years old. Most school psychology programs do not even cover sociometric measures in their assessment courses.

The question could be asked if there is any substantial empirical debate or disagreements about the merits of full inclusion? Anastasiou et al. [5] began their article about full inclusion in Italian schools by indicating in 2006 the United Nation's article 24 of the Convention on the Rights of Persons with Disabilities (CRPD) found apprehensiveness between the terms "right to education" and "right to inclusive education." Anastasiou and colleagues described the reasons for these trepidations being that the definition of full inclusion was conceptualized as "place" rather than effective or appropriate education and that the CRPD document had no mention of a continuum of service options, such as resource or self-contained classrooms. Part of the problem, they continued, is the difference in the definition of inclusion versus full inclusion. The term inclusion typically refers to teaching students with disabilities in general education classrooms but also using a full continuum of services when necessary [6].

Conversely, authors such as Lipsky and Gartner [7] and Skrtic [8] suggested that it is academically and morally essential to serve all students with disabilities in only general education classrooms, thus eliminating special education in any alternative setting. Regardless of the finer points of inclusion definitions, full inclusion is no longer a "movement" but rather an accepted reality. Why is it wholly accepted when there is so little empirical evidence for its effectiveness? The purpose of this article is to discuss some reasons why full inclusion has been accepted largely without question even in the face of scant research. In addition, what little research exists on full inclusion will be summarized and recommendations for appraising full inclusion will be presented.

Creeping Normality

The phrase "creeping normality" was initially used by Diamond [9] in his book about how societies choose to fail or succeed. Recently, Kauffman et al. [10] believed the concept of "creeping normality" is a major reason why special education has gradually changed or "neutralized" and become an amalgamation of general education. It is an unnoticed phenomenon that is not recognized until it is too late. An analogy would be someone who dieted for three months and lost 20 pounds. On a daily basis this person typically would not see any, or very small, changes in weight but to someone who has not seen them for three months notices a huge difference. Kauffman et al. [10] discuss factors that have contributed to "creeping normality" as it pertains to full inclusion. Changes in historical context were explored from Marc Gaspard Itard's work with Victor, the so-called Wild Boy of Aveyron in France around 1802 [11] to Samuel Kirk often thought

of as the “Father of Special Education” who was the founding director of the Institute for Research on Exceptional Children at the University of Illinois in the early 1960s. Then in December of 1975 President Gerald R. Ford reluctantly signed into law P. L. 94-142 also known as the Education of all Handicapped Children Act which was renamed as the Individuals with Disabilities Education Improvement Act (IDEIA) in its latest reauthorization in 2004.

All these changes, including the almost universal acceptance of full inclusion, came about gradually rather than in stages or “cusps.” Kauffman et al. [10] also discussed the slow creep that led up to the acceptance of inclusion. They described changes in law and policy and differing philosophies regarding special education—namely the move away from logical positivism which asserts that the only valid knowledge is that which is objectively observed to constructivism or relativism in which facts and concepts are relative and largely based on social constructs. Other factors that contributed to the current state of full inclusion were changes in labeling or the movement to dismiss all labels (i.e., categories, diagnoses, etc.) as irrelevant and stigmatizing, incessant calls for full inclusion—as if repeating it often enough makes it true, and changes in how curriculum is delivered and modes of instruction.

Multi-Tiered Systems of Support

Multi-Tiered Systems of Support (MTSS) have become extremely popular during the last 10 years. They are based on a universal supports paradigm that addresses struggling students regardless of the presence or absence of a disability, but in most cases do not specifically focus on special education procedures and practices. MTSS typically takes the form of Response to Intervention (RTI) for addressing academic problems, most notably reading and mathematics, and Positive Behavior Interventions and Supports (PBIS) for addressing students displaying challenging behaviors [12]. Both RTI and PBIS rely on similar “tiers” of support.

RTI and PBIS

Barnett et al. [13] described a four-phase model of RTI for students with challenging behaviors: (a) screening, (b) class-wide interventions, (c) group and embedded interventions, and (d) intensive and individualized interventions. In their model, screening would consist of teacher observations, classroom observations by a school psychologist or counselor, or standardized observation systems such as behavior rating scales. At the class-wide level, or Tier 1, interventions would focus on increasing students’ engagement and modifying instruction. Group and embedded interventions are the focus at Tier 2 that may take the form of additional practice, and more support implementing interventions from specially trained school personnel. Intensive and individualized interventions are the focus of Tier 3 that may include an expanded team of professionals and a focus on generalization and maintenance.

PBIS is a systematic three-tiered model that addresses a continuum from prevention of behavior problems to highly individualized supports for students who display the most

challenging behaviors [14,15]. Tier 1 focuses on school-wide level of supports that involves developing a universal set of behavioral expectations applied to students and staff across all school settings and then reinforcing students for their adherence. The second tier of supports focuses on the class-wide or group level for students who are not responding to school-wide support but who are also not displaying severe challenging behaviors. Some of the techniques at this level include modifying classroom environments and instructional techniques, small group reinforcement, and monitoring techniques. Tier 3 focuses on students with the most challenging behaviors and consists of conducting functional behavioral assessment (FBA) and developing an individualized behavior intervention plan (BIP). Maag [16] described some of the challenges schools and teachers face when implementing PBIS including, but not limited to, the cost-benefit ratio and behavioral fallout from some aspects of PBIS.

Challenges and Pitfalls of MTSS

Kauffman [10] described how MTSS, being universal supports regardless of whether students do or do not have a disability, have many educators who espouse merging special and general education. He also confirmed that with some types of MTSS that special education would still exist [17], but three aspects of MTSS and special education have not been specified or explained: “(1) the tier that is designated as special education; (2) U.S. law (Individuals with Disabilities Education Act, IDEA); (3) the qualifications other than a general education teaching license that are required to teach tiers other than the first” (p. 1). Regardless of the three concerns, Kauffman also noted that some districts and organizations such as the SWIFT schools’ policies clearly state that using a tiered model eliminates the need for any separation between students with and without disabilities and also that general educators, under a tiered model, can deliver services to students with disabilities more effectively than having separate special and general education.

Kauffman et al. [18] provided a brief history of how special education came about and the genesis for MTSS. Historically public education began as a one-tiered system. All students received general education—some succeeded and some failed. The students who failed, well, failed. There were limited attempts to help improve their academic and behavioral skills. Then after the passage of P. L. 94-142, special education became mandated and could be considered a kind of second tier. Students who previously failed now may be eligible for special education due to the presence of some type of disability. The majority of students with identified disabilities were taught by educators specially trained in unique ways to help students who could not learn under traditional methods to receive remediation, or nontraditional, different, or special use of instructional strategies, curriculum modifications, and classroom arrangement. The primary places where “special” education took place were in either a resource room (part time in special education, part time in general education classrooms) or a self-contained classroom (in special education placement full time).

How Different is Traditional Special Education Versus Current MTSS?

As briefly mentioned previously, the requirement of special education for students with disabilities could be considered a second tier for public education. However, a third tier could currently exist as a result of teachers over-referring students for special education during the 1970s and 1980s. Kauffman et al. [18] described how after P. L. 94-142 became law teachers were referring students for special education for increasingly minor learning and behavioral problems. The reason was because once referred and made eligible for special education, those general education teachers no longer had identified students in their classrooms. It was, in essence, a very effective way to negatively reinforce general education teachers' behavior of multiple student referrals for testing for special education eligibility. Basically, general education teachers would find a student struggling academically and/or behaviorally to be unpleasant and disruptive to their otherwise smooth-running classrooms. By referring a student for special education, they could escape the unpleasantness of having those students in their classrooms. In fact, Ysseldyke et al. [19] summarized their research on assessment and Multi-Disciplinary Team (MDT) decision-making regarding teachers referring students for special education evaluation during the era when students with disabilities were removed from the general education classroom and placed in either resource or self-contained classrooms:

1. Placement decisions made by Multi-Disciplinary Teams (MDTs) were not based on data collected on students. The decisions were based on naturally occurring pupil characteristic (e.g., gender, ethnicity, SES, physical appearance, reason for referral).
2. Many students without disabilities were declared eligible for special education services. Decision makers were presented with test information indicating normal test performance and more than half of them indicated students without disabilities were eligible for special education services under the learning disability category.
3. The most important eligibility decision the MDT used was a general education teacher's referral for special education assessment. Once a student was referred for testing, 92% were tested and of those tested 73% were declared eligible for special education.
4. Clinical judgment was inadequate to make eligibility decisions. School psychologists and special education teachers were given profiles of scores on psychometric assessments, and they were only 50% accurate in differentiating between low achieving students and students with learning disabilities, but college students who were not majoring in psychology or education were 75% accurate.

The most startling conclusion Ysseldyke et al. [19] reached was that teachers referred students for special education who bothered

them, thus supporting the negative reinforcement theory stated previously.

By the middle to late 1980s policy makers saw the need for pre-referral such as student assistance teams (SATs) or sometimes called teacher assistances teams (TATs) to ward off or preempt needless referrals that were based solely on student characteristics rather than the failure of their instructional strategies or behavior management skills [18]. The popularity of SATs was largely due to the questionable teacher judgement used to make a referral for special education testing. Kauffman and his colleagues posited that SATs were, in fact, now a third tier within public schools-general education being tier 1, special education at tier 2, and pre-referral methods as tier 3. They further suggested that, in theory, properly implemented MTSS may result in better policy and practices but cautioned that too few teachers possess expertise in assessment and instruction required to turn the full inclusion zeitgeist into the reality of well-functioning tiered education. Their conclusions should not be taken lightly: Meyer and Behar-Horenstein [20] found many MTSS teams lacked professional development opportunities, leadership support, and tangible resources.

Another problem Kauffman et al. [18] pointed out with MTSS is the veracity of judgments regarding who, what, where, and how students are assigned to different tiers. Adding tiers multiplies the judgments required to make that have historically been a major problem of special education aptly summarized by Ysseldyke et al. [19] previously. Further, Kauffman and his colleagues pointed out that having extra tiers, other than general education and special education (i.e., two tiers), may provide more intensive interventions, but does not assure prevention:

If prevention is to be practiced, not merely talked about, then educators must step in at the first sign of difficulty, label the problem, and intervene to prevent the problem from becoming worse. A label is required to talk about a problem. Extra tiers do not address special education's core, unavoidable problems. Trying to make tiers work is admirable, but logical skepticism about them as alternatives to the two tiers is reasonable (p. 18).

Empirical Research on Full Inclusion

Several years ago, Cook and Cook [21] examined the literature of highly cited research on inclusion. They undertook a daunting task. Initially, using Google scholar to search for *inclusion* or *mainstreaming* and *disabilit** and *educat** and research resulted in over 44,000 entries. The number of entries they found was far more than those stated at the beginning of this article, but their search was much more extensive. Each author separately conducted a more systematic search on the Web of Science database using (1) *inclu** or *integrat** or *mainstream** or "*regular education*" or "*general education*" or *place** or *restrictive* or *continuum* searching by topic and (2) searching 41 special education journals categorized by Journal Citation Reports on inclusion research. Their review resulted in discussing the 50 most cited research studies and sorted them into the following categories: (1) non-intervention

quantitative studies, (2) systematic reviews, (3) intervention studies, qualitative studies, and (4) mixed-methods studies.

Cook and Cook [21] found 18 non-intervention quantitative design studies. They also categorized those 18 studies into three groups: (1) surveys of adults' (i.e., teachers and principals) and students' opinions about inclusion, (2) comparing and types of student outcomes, and (3) placements alternatives. Principals and teachers generally had positive views of inclusion for some students with disabilities, (e.g., sensory impairment, physical conditions) but held more negative opinions of "unseen" disabilities (e.g., Emotional or Behavioral Disorder [EBD], learning disability, or some under the OHI category such attention deficit hyperactivity disorder). In the second group, positive outcomes associated with inclusion were reported for having a friend with disabilities, wanting professional jobs, and improvements in independent living skills. In terms of placements, African Americans and English Language Learners with disabilities were less likely to be placed in inclusive settings and most students with EBD spent some of the school day in inclusive settings, but less so during their high school years.

Ten systematic reviews were found by Cook and Cook [21]. Three of them appeared to focus on inclusion as the independent variable. Results were mixed with one review finding a very small effect for inclusion [22], a second reported no differences for development outcomes [23], and the third found some studies indicated better academic and social outcomes for students with intellectual disabilities in inclusive settings while others showed either mixed findings or no difference in placement [24]. It is somewhat surprising that Cook and Cook did not include the McLeskey and Waldron [1] study described at the beginning of this article because it was the most extensive examination of inclusion as an independent variable. However, the name of that study, "Educational Programs for Elementary Students with Learning Disabilities," may not have met the search terms used by Cook and Cook.

Tellingly, Cook and Cook [21] classified nine studies as examining interventions in inclusive settings. However, none of them used inclusion as an independent variable as did McLeskey and Waldron [1], that did not appear in their review. Instead, the nine studies primarily explored the results of interventions for improving student, teacher, and parent outcomes in inclusive settings. Cook and Cook [21] found nine most cited studies using a qualitative design. Six of the studies focused on co-teaching practices in inclusive settings, two focused on paraeducators' responsibilities, and one on teachers' perceptions and experiences. In general, qualitative studies focused on possible advantages of inclusion, hurdles to overcome, and likely problems to encounter. There were only four mixed-methods studies focusing on how inclusion was being implemented, teachers' attitudes and practices of inclusion and student outcomes in small amounts of inclusive schools.

Why Inclusion Without Corroborating Data?

The main, and vexing, question remains: Why the whole sale acceptance of inclusion as the best educational setting for all students with disabilities without enough data to substantiate its use? Sadly, there are no absolute nor factual explanations. Rather, there is only speculation that relies on changing societal values through the past several decades, historical lessons, and emerging cultural ethos. Besides these broad social constructs, full inclusion may have been impacted-directly or indirectly by three landmark events: (1) the deinstitutionalization of persons with mental illness, (2) the Supreme Court's 1954 decision in the *Brown v. Board of Education of Topeka*, and (3) the provision in federal special education law dating from 1975 (the Education of All Handicapped Children Act or EAHCA, first called Public Law 94-142) of the Least Restrictive Environment (LRE). When these three events are juxtaposed then a picture begins to emerge to explain the fait accompli of full inclusion.

Deinstitutionalization

Arguably, the historical seeds of inclusion were planted in the United States during the 1950s and 1960s movement of deinstitutionalization. Chafetz et al. [25] believed deinstitutionalization was rooted shortly after World War II and the sordid conditions of public mental hospitals. The atrocities associated with these institutions resulted in the beginning of mental health reform. The Community Mental Health Centers Act was passed by Congress in 1963. The goals were lofty and went farther than just hospital reform and focused not only on relocation of persons with mental illnesses into more humane settings but also total reintegration into society. The philosophical basis for deinstitutionalization involved individual rights, beliefs about social action, and protests for social justice. These movements resulted in President Kennedy's 1964 mandate for the establishment of a network of federally supported community mental health centers which also included Congressional funding [26]. Along with these reforms and mandates was the "professionalization" of social reform [25]. It simply came down to the fact that society believed communities were inherently preferable (i.e., included) than institutions (excluded). The full inclusion analogy would be that general education (i.e., community) was morally proper whereas separate resource or self-contained classrooms (i.e., institutions) segregated students away from the community of their peers. This ethos of segregation versus inclusion was also echoed in the desegregation of African American children from public schools with the Supreme Court ruling in *Brown v. the Board of Education of Topeka* in 1954.

Brown v. Board of Education of Topeka

The U. S. Supreme Court ruling in *Brown v. Board of Education* was unquestionably a momentous advancement for the civil rights movement [27]. The *Brown* decision resulted from state-mandated segregation denying African American students' admission to

schools attended by Caucasian students. The court ruled that segregated public schools violated African American students' constitutional rights under the Fourteenth Amendment and that segregation solely on the basis of a person's anthroposcopy, in this case ethnicity, violated equal protection. Brown was about place the notion that "separate is inherently unequal" applied only to the policy of racial separation in schools, not to policies having to do with any other child characteristics (e.g., age, grade, gender, ability, or disability).

The Brown ruling was about African American children's access to public schools that served Caucasian children. It had nothing to do with the Fourteenth Amendment applying to place inside an integrated school and, consequently, may have been misappropriated by some advocates as one of the foundations of full inclusion [3]. For example, once African American students were integrated with Caucasian students in the same building, there was no discussion, nor should there have been, about what "part" of the school classes would be taught, nor whether African American students needed special instruction or curricular accommodations. Brown was not about instruction and academic achievement. Yet, when Brown is applied to disability, that is the exact discussion and tenets of full inclusion that place inside a place is extremely important for the academic and social achievement for students with disabilities. So, taking Brown to its logical conclusion, students with disabilities for several decades have been fully integrated in public schools with their nondisabled peers.

Misappropriation of LRE

The issue of LRE initially became prominent in the 1960s when leaders began to advocate for the creation of a progression of special education placement options for students with disabilities [28]. It was partially an outgrowth of the deinstitutionalization movement in the United States that began in earnest in the 1950s [29]. Special education policies, legislation, and litigation, particularly during the 1970s and 1980s, were largely based on the premise that multiple options were required to serve the needs of students with disabilities. However, those decades, just as is the present case, failed to adequately address issues linked to "best educational alternatives." Further, just because a student with a disability can "function" or be maintained in a certain environment does not necessarily mean it is the optimal or most advantageous place for a student's learning.

For example, a student with an Emotional or Behavioral Disorder (EBD) may be maintained in the general education classroom, but the level of discipline required including numerous exclusionary practices common in schools may result in a lack of academic engagement time, opportunities for supervised and strategic skill practice and development, and desired post-school outcomes [3]. It could be reasonably argued that for these students, the general education classroom is extremely restrictive, unsuitable, and that it impedes learning for other students. This observation may be why the Office of Special Education Programs (OSEP) clarified that

the LRE is not always the general education classroom, and when appropriate schools should use the continuum of services.

Conversely, a self-contained special education classroom, which is traditionally viewed as more restrictive than a general education classroom may actually be the least restrictive environment for many students with EBD [30]. As originally envisioned in the crafting of P. L. 94-142, the environment that is actually "least restrictive" depends on each individual student's instructional needs. Therefore, the LRE cannot be determined without careful consideration of unique student requirements and learning factors (e.g., Crockett & Kauffman, 2001). Nevertheless, this emphasis on place, specifically the general education classroom, is the foundation for full inclusion [3].

Conclusion

The purpose of this article was to discuss some reasons why full inclusion has been accepted largely without question even in the face of scant research. There are several conclusions that can be drawn from this article. First, research on full inclusion as an independent variable is very sparse and the results are mixed, but there is no definitive data to indicate that full inclusion results in higher academic and social gains for students with disabilities. Second, there is a gradual, subtle, but forceful movement toward normality-at least in the sense of disabilities being considered normal diversities inherent in all humans. Those in the disability studies in education group want to eliminate all labels, mental illness diagnoses, or categories and, consequently, the abolishment of special education and any separate education within schools. For example, Connor [31] wrote, "How can we forge different ways of thinking about disability and education without defaulting to the limited-even dangerous ways-of special education?" (pp. 24-25). Third, another type of "creeping" has occurred over the decades fueled by deinstitutionalization, Brown v. Board of Education, and coopting of LRE to only mean "place" versus best instructional opportunities.

Maag et al. [3] reached a startling conclusion that full inclusion could actually result in "reverse inclusion" with the growing popularity of charter schools. Several researchers have described enrollment practices in charter schools as designed to cream, crop, and shape their enrollment [32,33]. Simon [34] documented various barriers to open enrollment including, but not limited to, lengthy application forms often printed only in English, requiring student and parent essays, report cards, test scores, disciplinary records, teacher recommendations and medical records, mandatory family interviews, assessment exams, and academic prerequisites. The point Maag et al. [3] made is that Charter School admission practices apparently do not fall under the Brown decision-or, if they do, they represent one of the most frequent ways of carrying out illegal discriminatory practices that have been ignored for almost two decades. If Charter Schools become more commonplace, it is likely traditional public school students will increasingly consist of ethnic minorities, those who come from low socioeconomic backgrounds,

and those with disabilities. The irony-if charter schools become a much more common reality-is that students with disabilities will be found commonly in a reverse inclusion environment, and their ability to access certain places within a place will be more restricted [35].

The current article and others written by Kauffman, Anastasiou, Maag, and their colleagues tries to sound an alarm that wholesale acceptance of full inclusion may result in the gradual decline of special education as a discipline. For example, many state departments of education no longer license or endorse special education teachers according to type of disability [36]. A special education teacher who educates students with EBD is not endorsed in that category of IDEA but rather is a behavioral specialist which broadens the responsibility in MTSS to all students who display challenging behaviors. Similarly, a special education teacher who previously would be endorsed in learning disabilities is now an academic specialist-also boarded in MTSS. The notable exceptions are for sensory disabilities where teachers are endorsed in visual impairment (VI) and Deaf or Hard of Hearing (DHH). It is not a stretch to make the assumption that within a couple decades full inclusion may be the demise of special education altogether.

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