Use of an Interactive Collaboration Plan Form to Meet Collaboration and Communication Challenges in the Inclusive Classroom

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Abstract

The Individuals with Disabilities Education Act of 2004 has prompted service delivery changes in education, which has necessitated new collaborative and communicative roles among professionals, especially with regard to inclusive classrooms. This paper discusses the challenges and importance of collaborative planning for instruction and the implementation of related services as specified by the individualized education plan (IEP). It also highlights the problems that may occur to prevent effective collaboration and communication in schools. An interactive collaboration plan (ICP) form will be introduced and discussed in order to foster better communication opportunities and organization between the classroom teacher and related service professionals who plan to work with children of special needs. Explanation of the roles and responsibilities of classroom teachers, special educators, paraprofessionals and related service personnel is given, along with a case study using an IEP-At-A-Glance to collaboratively plan an inclusive science lesson for a student with a physical disability.

Keywords: Inclusive practice, related service personnel, individualized education plan, collaborative roles and responsibilities,

Introduction

Collaboration and communication are essential for successful inclusion. Teachers, parents and related service personnel need to work together for the optimal educational progress of the student. Collaboration takes many forms in education: IEP meetings and legal partnerships, planning and implementing instruction, sharing of information, and shared decision making. Effective collaboration is made up of four components: establishing a shared vision among participants, development of a collaborative strategic plan, organizing and structuring rules for meetings, and building consensus about decision-making (Friend & Cook, 2010). This is not easy as everyone sees the child in different environments, and is experiencing a different mental perspective (Conderman, Johnston-Rodriguez, Hartman & Kemp, 2010).

Inclusion and collaboration may be new to many general educators. Some may intuitively understand the concept, and others may be receptive to learning new skills, but there may be some general educators who do not want to share their roles in the general education classroom (Friend & Bursuck, 2002). Other general educators may have had experience collaborating with other colleagues for curriculum development (i.e. creating a new language arts program), but have never collaborated about students with special needs (Lang & Berberich, 1995). Some teachers may still not feel comfortable having students with special needs in their classroom, so may additionally be very uncomfortable collaborating with special education teachers or related service personnel (Martin, Marshall & Sale, 2004). Specific dilemmas may occur over topics such as curriculum standards or proficiency assessment (Ryndak & Alper. 2003).

To add more pressure and challenge to collaborative partnerships, the Individual with Disabilities Education Improvement Act (IDEIA) 2004 requires that almost all students with disabilities participate in state and districtwide assessment programs unless the administrative team determines that the student is eligible for an alternative assessment. Many general and special education teachers are especially resistant to the inclusion of students with disabilities in these high stakes assessment procedures, and don't want to be held accountable for these achievement scores (Elliott & Thurlow, 2000). Special education personnel may also be uncomfortable with collaboration, even though it has probably been part of their preservice training programs (Fishbaugh, 2000). Many special education teachers feel that they are the most capable of carrying out the strategies and techniques required for teaching students with special needs. Collaboration may necessitate that they give up some of their control over the teaching / learning situation (Peterson, 2003). Additionally, most special education teachers are coming from teaching experience in selfcontained classrooms, and may not be comfortable assuming the new collaborative roles of "mentor", "itinerant", or "co-teacher" in a general education classroom. Their teacher preparation was probably heavily reliant on isolated communication and behavior management techniques, remedial strategies or social skills, and they may have had less experience with content specific curriculum. Collaboration may put them in teaching situations that they have not yet experienced, such as content driven instruction (Snell & Janney, 2000). Related service personnel may also have objections to collaboration. Many may have been trained in traditional medical model facilities, and are not comfortable working in schools that are social sciences based (Anderson, 2000). Often related service personnel also state that collaboration is difficult because they never know what is happening in a school or class because they are never there long enough to become part of the school community, and have not been trained to work in school environments (Giangreco, 2001). Or they may have extremely large caseloads of students across many different environments. Other related service personnel may not want to give up the one-toone therapeutic arrangement to work with groups of children that necessitate the use of behavior management skills that they are not prepared for (Salend, Gordon & Lopez-Vona, 2002).

Common issues from the above complaints center around lack of professional preparation, orientation and perspective, as well as time constraints. These differences can often lead to miscommunications or misunderstandings, adding to conflict and possible resistance to collaboration. In order to prevent these obstacles, communication and respect are a key element, as well as an agreed upon method to organize or coordinate services (Brownell, Colon, Ross & McCallum, 2005).

The following research has documented methods that are necessary for effective collaboration. When children with special needs move to general education classrooms, the general education teachers should receive support in the form of training, help from a special education teacher (consulting services or co-teaching), paraprofessionals, and related service personnel (Hitchcock, Meyer, Rose & Jackson, 2002). Inclusion works well then there is a full and equal partnership, with professionals who communicate and plan lessons together (Pickett, 2002). In order to foster positive attitudes toward collaborative inclusive activities, it was helpful to spend time at faculty meetings discussing the contributions of each group and the advantages of shared decision-making (Kampwirth, 2006). Another strategy was to experiment with some in-school job sharing, which helped the collaboration between general education teachers and paraprofessionals (Wallace, Shin, Bartholomay & Stahl, 2001). Tactful communication skills, good listening techniques and acknowledgement of feelings can help to ease tensions among collaborative partnerships (Conderman et al, 2010).

Collaboration is based on purposeful planning to bring parents, teachers, professionals and staff in educational programs together (Barge & Loges, 2003). Joint planning also enables an integration of ideas to produce in school personnel a clarity of perception and purpose. Collaboration is legally built into the inclusion process, or organized through the formation and implementation of an IEP, or "individualized educational plan". Every year, the student's goals are determined by a collaborative team and written during an IEP meeting where input from all team members must be considered and discussed (Peterson, 2003). Different team members may be responsible for the implementation and evaluation of specific goals, depending on their expertise and access to the child. However, even though there is shared accountability, it may be the classroom teacher who is mainly responsible for daily implementing the IEP, and the parent or guardian who must approve of the document (Salisbury & McGregor, 2002).

Effective collaboration requires parity and respect among participants, regardless of authority and decisionmaking power in other venues (Thomas, Correra, & Morsink, 2001). For example, teachers and psychologists have equal participation in the IEP planning phase, even though the psychologist is an administrator and not "staff". This shared responsibility for participating and decision making works because they have mutual goals for the benefit of the child. Similarly, effective collaboration requires shared resources and knowledge of specialized techniques. This can happen when professionals and parents work together to maintain a consistent behavioral plan between the classroom and home (Friend & Cook, 2003). Especially in schools using inclusive practices, a single elementary classroom could have a general and/or special education teacher, an occupational and/or physical therapist, a speech and language therapist, a paraprofessional, medical personnel, a social worker, and a psychologist as related service personnel (Churchill, Mulholland & Capello, 2008). The Individual with Educational Act (IDEA) regulations define related services as "transportation and such developmental, corrective and other support services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, therapeutic recreation, counseling services, orientation and mobility services, medical services, school health services, social work services and/or parent counseling and training". As of IDEA 1997, related service personnel are mandated to conduct "push-in" services to the child in the general education class, rather than as an isolated "pull-out" work session. This has prompted new sharing of physical space and roles between the classroom teacher and related service personnel (U.S. Department of Education, 1997). As a result of these regulations, teachers can find themselves overlapping boundaries with medical personnel, social workers, speech and language pathologists, physical and occupational therapists, guidance counselors or psychologists, itinerant instructors and paraprofessionals (Rogers & Steinfatt, 1999). In addition, due to our nation's cultural diversity, teachers may need the assistance of translators for students and families of English language learners (Bluebanning, Summers, Frankland, Nelson & Beegle, 2004). No wonder that teachers often feel that collaboration is a daunting task! So who are the related service personnel that a classroom teacher needs to collaborate with? How do all of the participants get organized to work together?

All schools have an administrator who supervises the district-wide services and usually serves as the formal chairperson of the collaborative team. The chairperson is also responsible for ensuring that legal guidelines are observed including due process, family involvement, assessment requirements, and confidentiality. This person, through leadership and support of the system would be key to setting the tone for the school system's acceptance and commitment to collaboration and inclusion (Blue-Banning et al, 2004). The special educator may serve as a consultant or co-teacher to the general educator. This person is responsible for providing information and expertise regarding the academic and social skills of the included student, as well as any specialized techniques or materials that may help the classroom teacher. This can include adaptive devices, behavior management techniques, testing accommodations, grading alternatives, and fostering peer relationships (Dettmer, Thurstor & Knackendoffel, 2009).

The school psychologist can also be very helpful to the classroom teacher. As the psychologist is an expert on interpreting standardized tests and collecting data on students for decision-making, this person is uniquely available to meet with other administrators, family members and professionals who work with the student. The psychologist can also counsel students and family members, and help the teacher set up behavioral plans (Habel & Bernard, 1999). As a professional with socio-emotional development expertise, the psychologist can also provide information on the student's self-concept, attitude toward school, and social interactions with adults and peers. Sometimes it is the school psychologist who coordinates, assesses and monitors the student's program as developed by the IEP (Deck, Scarborough, Sferrazza & Estill, 1999). In schools that don't have a social worker, the psychologist, acting as school counselor, may also fulfill that role (National Clearinghouse for Professions in Special Education, 2003). The social worker is a liaison between home, school and all of the community agencies (medical, mental health, therapies). The social worker helps families obtain services from community agencies, assesses and releases information on the impact of a student's home life on school performance, and assists families during emergencies. The social worker can also offer counseling and support groups for students and family members (Kampwirth, 2006).

School physicians and nurses can assist classroom teachers and the team by assessing the student's physical, sensory and central nervous system development. They can provide information on nutrition, allergies, illness and somatic symptoms as well as control medical interventions. For example, if a classroom teacher notices that a student is not able to focus attention or concentrate in the morning, the school nurse can explain to the parent the importance of eating a healthy breakfast or getting enough sleep at night on the behavior of children in school. This is such an important issue today that many schools have breakfast programs before classes start (Friend, 2005). Speech and language clinicians assist the classroom teacher by providing information on the student's communication abilities. These can either be receptive (understanding directions and what the students hear in the class), or expressive (what the students can formulate or say) in nature. Speech and language clinicians are usually the first professionals to assess language ability and rule out or confirm a disability or need. Many students who are learning English as a new language are referred to language clinicians, who will help the classroom teacher improve communication skills and academic success of the student by making suggestions or pushing in their services into the classroom, and collaborating with lessons (Harn, Bradshaw & Ogletree, 1999).

Classroom teachers may notice students who have trouble with fine motor skills such as cutting paper, or writing. An occupational therapist can assess the student and recommend fine muscle building exercises to parents, as well as recommendations to the teacher on how to adapt classroom materials. For example, sometimes the use of a slantboard or built-up pencil will help a student who is having difficulty writing. The occupational therapist is the professional who deals with the upper extremities of the body and fine motor skills that are necessary to perform everyday activities independently. The motor skills professional who can help modify the classroom environment to meet the gross motor needs of the student is the physical therapist. The physical therapist helps students strengthen muscles, improve posture and balance, and increase the range and motion of their joints. Usually the physical therapist focuses on the assessment and training of the lower extremities and large muscles of the body. A physical therapist may make suggestions on appropriate sitting posture or walking gait of a student. They may also be able to assist students that have difficulty with motor planning or patterns of body movements. Both occupational and physical therapists are usually contracted out to schools on a part-time basis, and have their own caseload of students for the district (Mukherjee & Lightfoot, 2000).

As schools need to economize today, both paraprofessionals and volunteers may serve a variety of important roles in schools to support inclusion and the collaborative process. When the school may not have enough money to pay a full time professional employee, paraprofessionals can be trained to assist with students in or outside of the classroom (Brice & Miller, 2000). In particular, those who are knowledgeable about non-English speaking languages and cultures play an important part in educating English language learners and their families. Paraprofessionals receive training in guidelines, resources and activities necessary to work collaboratively in inclusive settings (French, 2000). Under the teacher's direction, they can provide small group instruction, read to students, serve as a translator, help the child perform daily living functions, or perform clerical duties. In order for successful collaboration in the classroom to take place, teachers, paraprofessionals and volunteers need to communicate expectations and clarify roles and responsibilities (Conderman, Bresnahan & Pederson, 2009). This is aided by experience working together, and "bonding" often occurs among classroom staff, where verbal direction may no longer be necessary in order to function as a successful team. However, care must be given that the paraprofessional or volunteer does not isolate or harm the self-direction of the student by making decisions for the student, limiting interactions with peers, and creating dependency on adults when assistance is not necessary (Marks, Schrader & Levine, 1999).

The diversity of professionals playing roles in effective inclusive practice has presented many communication challenges for planning and implementation of services (Keil, 2005). In order to improve communication and bring some structure and organization to this variety of personnel who need to plan and work together, I have created an "Interactive Collaboration Plan" form to highlight each professional's main goals to help include the student with special needs into the general education classroom. The Interactive Collaboration Plan can be seen in Figure 1. Through using this form it will be easier for the classroom teacher to consider all aspects of available services to the child when planning instruction for the whole class, as well as instructional goals that are present in the student's individualized educational plan. Related service personnel can also see how their goals fit into classroom instruction.

Insert Figure 1 here

The individualized educational plan (IEP) is the legal document that drives the instruction of every student that has been classified with a learning difference. However, often the reports and recommendations are long and challenging to keep track of. The purpose of this form is to simplify the instructional planning process for the general education teacher. This can be used by the teacher alone, or as part of a collaborative planning meeting with related service personnel. The upper left corner contains room for the teacher to indicate recommendations from the participating related service personnel: speech and language technicians, occupational therapists, and any "other" related service. This can be done individually, or in a joint meeting. The upper right hand corner is for the teacher to itemize general education content goals or (3) "Big Ideas" of their planned general education lesson as part of the general education curriculum. In the middle of the form the teacher can summarize or relate the content to the state standards of curriculum, and then decide if the student with special needs will need any modification lesson in the bottom central box of the form, and decide, can the student with special needs perform these activities in the same way without assistance? If there is no modification necessary, the teacher can continue with the general education lesson plan and no further action is necessary.

If the teacher feels that the goals may be difficult in some way for the student with special needs, there is room on the bottom of the form for further consideration of modifications for the student: "Input vs. Output". By "Input" the teacher should consider how the lesson directions or materials might be changed to better support the child's needs. In Universal Design of Instruction theory (CAST, 2007), this "Input" is called means of "presentation" or means of student "engagement". Does the teacher need to modify number of examples or time requirements? Does the teacher need to change the size or length of preparation? Are there different behavioral expectations of the student with regard to reading, sitting or listening? Is there a substitute book or curriculum necessary for the student? Any accommodations in the presentation of the lesson the teacher can indicate in the left box at the bottom of the form.

For "Output" accommodations, the teacher should consider whether or not the student can represent what they know or have learned in the lesson in the same way as the other students are expected to. For example, after the instruction, will the students have to write an essay? Will they have to work on a project? Will they be working as a cooperative team with roles? Will they take a test? Teachers need to decide if modifications of these activities are required for the student with special needs to show what they know. Does the teacher need to modify the means of "representation"? Can the student keyboard on the computer rather than write at his/her seat? Does the student need some support from a paraprofessional or peer tutor to join the group project? While other students are calculating answers to division problems does the student with challenges need to work on subtraction facts? While the assignment calls for making up stories with twenty spelling words of the week, does the student with challenges need to use only five words? Can the student with challenges verbally answer test questions instead of writing out the answers? These changes in response format or representation of knowledge can be indicated on the bottom right hand side box of the form. Classroom teachers are always encouraged to keep learning expectations high for their students of differing abilities.

Finally, who will be responsible for helping the student? During which activity will the student receive assistance? In what way will assistance be given? There is a space at the very bottom of the form to indicate whose responsibility it may be to assist during that particular lesson, and in what way. These questions while planning instruction become automatic with experience thinking and planning for students with differing abilities, and the form may not be necessary for every lesson.

As a further example of the Interactive Collaboration Plan form use, let us consider Jordan, a nine year old fourth grader with moderate cerebral palsy needing a wheelchair, who is included in a class of twenty-eight students, with a paraprofessional. Shown below is Jordan's "IEP At A Glance", giving information on his profile of interests, learning and behavior management needs. This IEP At A Glance was created from the IEP document agreed upon at Jordan's last meeting. Many school systems today have such information posted on the school website that teachers can access for planning purposes (Churchill, Mulholland & Cepello, 2008, p.31). Jordan receives the following related services: occupational therapy twice a week for thirty minutes, physical therapy twice a week for thirty minutes. The teacher would like to include Jordan in a planned science lesson on the Parts of a Plant. The lesson is based on New York State Science Standards Scope and Sequence Unit 3, called "Plant Diversity".

IEP Program-At-A-Glance : Jordan

Profile: Enjoys music Enjoys movies Does not like to read / eyes get tired Friendly boy ; Is eager to please **General Supports / Management Needs:** Uses a wheelchair Needs assistance ambulating and toileting Special seating arrangements Needs assistance with writing / Is learning to keyboard School must have an elevator for fire safety May need to leave class early during dismissals Does well with a peer buddy **Learning Priorities:**

Social / Communication

Increase contact with peers in group activities Speech goals for breathing and articulation practice Participate with group for routine group activities Integrated during lunch, but at a special table with some peers Adaptive physical education <u>Academic:</u> Age and grade appropriate activities Increase fluency for reading and writing / He is functioning one year below grade level He is on grade level for mathematics <u>Testing Accommodations:</u> Extra time given

Scribe or keyboard where appropriate

Figure 2 shows an example of a completed Interactive Collaboration Plan. The main related service goals for Jordan are indicated in the top left box, and the content goals of the lesson in the top right box. It is a science lesson on learning how plants are alike and different, what the parts of a plant are, and comparing similarities and differences using plants in the classroom. After bulleting the procedures of the lesson plan in the middle bottom box, the teacher has decided that Jordan will need modifications for both the Input of the lesson (presentation) and the Output (response format of representation of knowledge). Jordan will need adaptive seating for sitting on the rug, which the physical therapist can help provide to the teacher. In this way, Jordan can sit on the same level as his classmates during the reading of the book. In order for Jordan to represent what he has learned from the lesson, he will need to use the computer keyboard instead of writing at his desk. Perhaps the occupational therapist or the paraprofessional can help him with this activity. If planned in advance, the occupational therapist can use this lesson activity as one of his/her "push in" thirty minute sessions into the classroom. Also note that for the central activity of the lesson, the hands-on exploration of plants, Jordan does not need any accommodations, and can join with any group, as long as his wheelchair fits under the same desk. Jordan may need extra time or assistance, but his learning expectations are the same as for all of his classmates.

Insert Figure 2 here

Effective collaboration promotes "congruence", or logical relationships between the curriculum, learning goals, teaching materials and strategies used in both the general education classroom and with related service personnel (Allington & Broilou, 1988). This lesson was congruent because it supported common assessment results, goals and objectives, teaching strategies and materials recommended by all members of the collaborative team. The classroom teacher had the direct responsibility of making all of these perspectives work together. The Interactive Collaboration Plan was useful for both facilitating communication between the classroom teacher, paraprofessional and related service personnel, and assisting the teacher in planning an inclusive lesson for a student with special needs. The success of inclusion as a goal is dependent on effective collaboration and communication among all education professionals. The proposed interactive collaboration planning form would enhance the communication and organization of personnel involved in inclusive practice. The end result should be a positive learning experience for all students.

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Figure 1. Blank Interactive Collaboration Plan (ICP).

This figure illustrates how to consider several different perspectives in planning inclusive instruction.

Related Service Goals - IEP	Content Driven General Ed Goals
1. Speech	1.
2. OT/PT	2.
3. Other	3.

State Standards Addressed

Goal Modification Necessary? Yes / No



	1		
Input Accommodation Indicators		Lesson Plan Procedures for Class	Output Accommodation
1			

Who will do what?

Figure 2. Completed Interactive Collaboration Plan (ICP).

This figure illustrates how to combine related service and content goals into one planning form.



Who will do what?The physical therapist may push in during the sitting activity, and assist with the adaptive chair.The paraprofessional will assist in the keyboarding activity.