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Inclusion as an Approach and Process for Promoting Acceptance and Success: Comparative Perspectives between the United States and China

Abstract

This paper examines the histories of Special Education in the United States and China, the progress they have made, the directions they are going, lessons they can learn from each other, and how these two societies can transform themselves to be more accepting, supportive, and inclusive because of the education and support provided to individuals with disabilities. It discusses the meaning of inclusion in the U.S. and China contexts, the logistics needed to build inclusive schools, the challenges educators and policy makers face, and how quality inclusive models can be developed to support young children with and without disabilities to be successful learners and community citizens. This paper also introduces the processes, progress, and challenges U.S. and China have gone through, with the intension of informing many other countries in developing and implementing high-quality inclusive programs for young children with disabilities and their families.

Keywords: Inclusion, early intervention, early childhood special education, policy making.

Introduction

Inclusion of students with disabilities in regular education classrooms has become a global trend and has been gaining attention and importance worldwide since the World Conference on Special Needs in Education held by the United Nations Educational, Scientific and Cultural Organization (UNESCO) advocated for a framework for

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inclusive education in Spain in 1994 (UNESCO, 1994). Many countries around the world followed this initiative either by developing national guidelines or laws to promote the ideology, policy, and implementation of inclusion, in most cases, of school-age students with disabilities in regular education classrooms. In 1997, this framework was extended to the early childhood years adopting the recommendations for quality early education within the context of inclusive settings (Bruder, 2000). This paper will take a comparative stance in understanding laws, government support, young children served in early childhood special education settings and placements, and inclusive models. The stage, prevalence, and outcomes of inclusion for young children with disabilities in the U.S. and China will be discussed. Finally, this paper will highlight critical issues and new directions in the development of early childhood special education in the U.S. and China. In particular, recommendations for developing and improving the early childhood special education systems and inclusive models will be proposed.

Laws and Government Support for the Education of Young Children with Disabilities

In the United States, Public Laws 94-142 (1975) and Public Law 99-457 (1986) gave children 3 to 21 and birth to three the rights for public and free appropriate education within the least restrictive environment and natural environments. Through the passage of these landmark laws, children and families were provided with resources and supports to have equal access to a free public school education, and families have become a very important part of the collaborative team, advocating for services for their children. Another impact of the passage of these laws involves the process of developing the infrastructures through which federal government and agencies have been working with state, school systems, and professional organizations in preparing for personnel, professional standards and certifications, developing technical assistance centers for professionals and families, and supporting research centers to examine recommended practices, evidence-based practices to guide the implementation of research in practice and disseminate such information to families and professionals. The federal government in the U.S. has been playing a pivotal role in special education in allocating funding for providing services and facilitating the development of the fields such as Special Education and Early Childhood Special Education, resulting in well-established disciplines that have been playing a leading role preparing faculty members, developing professional standards, piloting the development of inclusive models and implementing effective inclusive models. The field of Early Childhood Special Education in the United States will continue to evolve and will advocate for the rights of young children with special needs and their families and for improving the quality of services for young children and their families.

In China where the sheer number of children with disabilities may be at least 10 times that of the special education population in the U.S., the challenge of developing systems and ensuring the quality of services provided to students with disabilities and their families is immense. The two laws that provided guidelines were the People's Republic of China on Protection of Disabled Persons Act passed by the National People's Congress in 1990 and the Educational Guidelines for People with Disabilities endorsed

by National Education Committee of the People's Republic of China in 1994 (Deng & Zhu, 2007; Hu & Szente, 2010). The passage of these laws implied that the educational departments and schools would follow the guidelines without getting funding from the national government. The provincial governments would decide whether or how to interpret and implement these laws. Since the birth to age 5 populations do not receive free compulsive public education, the educational rights of these children are left to private schools and organizations depending on the resources and the awareness and expertise of the directors of these schools and organizations. Private schools serving children with disabilities ages three to six are rare in China, because most of these private agencies are not really "schools" accredited by federal or local ministry of education. These private agencies are either registered in the business bureau or civil organizations bureau. The Disabled People's Federation is trying to appoint some of these agencies of high quality to be designated early education and rehabilitation centers/organizations, which means children can receive a free Early Childhood Special Education in these agencies which is paid by the local government. So far, the model of designated early education and rehabilitation centers/organizations through the Disabled People's Federation is only taking place in a few developed cities, such as Beijing. However, this is a growing trend in urban cities in China. The challenge is how to ensure the quality of services provided by these agencies, most of which are private.

At this point in time, the field of Early Childhood Special Education in China is in its infancy stage of development. The government has encouraged regular Early Childhood Education (ECE) programs to include children with disabilities. The People's Republic of China on Protection of Disabled Persons Act in 1990 advocated for early childhood inclusion as the main avenue to serve young children with disabilities. The concept of including children with disabilities in preschools and kindergarten classes affiliated with elementary schools was further supported during the Ninth Five-Year Plan (1996-2000). Universalizing education for children with disabilities became a target objective for the Chinese government during the Tenth Five-Year Plan (2001-2005) period. The Tenth Five-Year Plan attempted to extend the services to young children with disabilities ages birth to three in rural China. In 2001, the Vice-Minister of Education suggested during the Third National Conference on Special Education: "Developing Preschool education for children with disabilities is [significant] for the life-long development of people with disabilities and an important breakthrough point for enhancing the quality of special education" (Lei & Deng, 2007, p35). The Eleventh Five-Year Plan (2006-2010), which is focused on increasing the enrollment of children with disabilities in kindergartens, aims to have as many children with disabilities as possible to receive three years of early childhood education (ages 3 to 6). It appears that the Chinese government is working toward the goal of providing opportunities in preschool education for young children with disabilities (Li, 2007). The proposed plan of universalizing preschool for children with disabilities is ideal, but it cannot be done without the cooperation and support from community-based preschools (Lei & Deng, 2007). Unfortunately, very few community-based preschools are willing to consider enrolling children with disabilities. Thus the implementation of inclusive model is facing many major challenges for young children with disabilities and their families even though the government has encouraged regular

ECE programs to include children with disabilities. Early Childhood Special Education and inclusive services for young children with disabilities in China, if developed or promoted, will have a long way to go with regards to the service provision, the development and implementation of inclusive models, and the quality of inclusive services to young children with disabilities and their families.

Young Children Served in Early Intervention and Early Childhood Special Education Systems

In the United States, Early Childhood Education serves young children from birth to age 8 in Early Childhood as defined by the National Association of the Education of Young Children (NAEYC), the largest international organization for early childhood professionals, young children and their families. The Division for Early Childhood (DEC), a subdivision of the Council for Exceptional Children (CEC) has the same definition. Thus Early Childhood Special Education serves young children with disabilities birth to age 8 and their families. These age ranges cover three age groups: infants and toddlers (birth to three), preschool (4 year olds), and K-2 grades. Services for infants and toddlers and their families are called early intervention; preschool to grade 2 children receive early childhood special education. In some states, birth to age 5 children are served by Early Intervention and Early Childhood Special education programs. Through early intervention and early childhood special education, young children with disabilities ranging from developmental delays, high-incidence disabilities (i.e., communication disorders) and low-incidence disabilities (i.e., visual impairment) are served (see details from nichcy.org for a comprehensive list of disabilities served under the Individuals with Disabilities Education Act—IDEA). The main purpose of Early Intervention (EI) and Early Childhood Special Education (ECSE) is to provide early prevention and intervention, preventing young children from having learning and/or behavioral difficulties when formally entering the school system (i.e., a child with speech delay may not need any special education and/or related services when entering kindergarten) and minimizing the impact of disabilities on a child's development, learning, and daily functioning (i.e., a child with visual impairment may have learned coping skills for mobility and be familiar with assistive technology by the time the child enters school after receiving educational and therapeutic services through Early Intervention and Early Childhood Special Education).

In many other countries including China, services for infants and toddlers with disabilities are rare. There are almost no preventive services for young children with developmental delays in China. The concepts of EI, ECSE, and inclusion were supported in the Educational Guidelines for People with Disabilities Bill (1994). It suggested that the role of public agencies is to provide not only care and rehabilitation, but also education for children with disabilities. These agencies include self-contained kindergartens, regular kindergartens, rehabilitation institutions, welfare institution for the disabled, preschool classes affiliated with self-contained special schools (grade 1-9), and pre-Kindergarten and Kindergarten classes administered by elementary schools. The categories and definitions of disabilities are also very different. These categories of disabilities in China include hearing impairment, visual impairment, and intellectual

disabilities (Hu & Szente, 2010). For example, about a decade ago, no medical doctors or related services professionals in China were able to diagnose children with autism; in fact, most of them had never heard about this term. Currently, the diagnosis of learning disability is still unavailable. In the Chinese context, only children with severe disabilities are identified as children with disabilities. In the U.S. context, these are low-incidence disabilities. 60-70% of the children served in Early Intervention and Early Childhood Special Education in the U.S. have high-incidence disabilities (i.e., speech delay or impairment; emotional disorders, developmental delay, etc) (U.S. Department of Education, 2008). It is imperative to understand how special education is defined and which children are identified to be eligible for services in each country. Otherwise, the issues regarding inclusion may not be comparable. Inclusion and inclusive models will need to be understood under this particular context. The issues for the inclusion of students with high-incidence disabilities and those for students with low-incidence disabilities are quite different. Many students with low-incidence or severe disabilities might be served in segregated special education settings, rather than in inclusive settings. The other issue is the inclusive model used for students with disabilities. Co-teaching or collaborative team teaching for students with high-incidence disabilities might be more prevalent, whereas consultation model provided by itinerant specialists (i.e., specialists trained in deafness or blindness) might be more used with students with low-incidence disabilities. These issues need to be discussed within local and national contexts when examining service delivery models and quality of inclusion.

Services provided to infants and toddlers and their families in the United States are mainly home-based, with a small percentage of them receiving services in Early Head Start, day care, and other community center-based programs. This means, early intervention is mainly provided through a collaborative consultative model in which professionals including early interventionists work with the child, and more importantly, teach and support family members to carry out instruction and interventions in daily routines, activities, and schedules in natural environments. Education and services to preschool children with disabilities are funded through preschool special education programs. Many players in the preschool system are involved in making inclusive education possible. For example, many preschool special education programs have reverse inclusion, recruiting typically developing preschool children in special education classes or schools. Because most preschools for typically developing children are private, and preschool special education schools are funded by government agencies, reverse inclusion is quite popular in the U.S.. Other important inclusive early childhood programs are community-based government-funded preschools for young children whose families meet income eligibility. For example, Head Start and universal preschools serve many preschoolers with disabilities. Most preschool children with disabilities are served in private or public preschools with integrated classes (i.e., push-in therapies), or through itinerant special education teachers serving young children in regular preschool classrooms or schools. As young children transition to K-2 systems, they are mainly served in public schools where the dominant models are collaborative team teaching models where they have two teachers (i.e., one regular education teacher, and one special education teacher) who work collaboratively to serve all children.

Early Childhood Special Education in China should be defined differently at this point in time. The field of early intervention does not yet exist in China. A comprehensive review of all the early rehabilitation and education agencies reveals that none of them enrolls infants and toddlers. They serve children ages three (or close to three) and up. Only medical facilities provide rehabilitative services to infants and toddlers with severe disabilities (i.e., cerebral palsy or visual or hearing impairment). Preschool and kindergarten education is provided mostly by private organizations in China (Hu & Szente, 2010). If there are no or few government incentives, the development of Early Childhood Special Education will be limited in scope and will have a long way to go. If only private organizations are involved in providing such services, the pace and the extent to which young children with disabilities will be served will be quite limited. Unless public awareness, the concept of early prevention and early intervention, laws, and incentives backed up with solid and comprehensive government support are in place, early childhood special education for young children and special education for older children, and inclusive education for students with disabilities will face many roadblocks and barriers in their development.

Settings, Placements, and Models for Inclusive Programming

The dominant models for serving infants and toddlers with disabilities are inclusive ranging from home-based, day care, Early Head Start, early childhood center-based programs for infants and toddlers in the U.S.. This means early interventionists play different roles and serve these young children in different inclusive models. Because in each state, early childhood special educators are trained either through certification, extension, or endorsement, most of these professionals have gone through specialized training in early intervention and early childhood special education. Early interventionists work as collaborative consultants to families, training and supporting family members and regular education early childhood teachers through working directly with children, modeling the intervention strategies and helping embed these strategies with the collaboration of family members and other professionals (i.e., regular education, speech therapist, physical therapist, occupational therapist, nutritionist, counseling, etc) through the use of daily routines, schedules, and activities in natural environments (Pretti-Frontczak & Bricker 2004). The activity-based instruction is used in making sure that the goals from the Individualized Family Service Plan (IFSP) are naturally embedded when young children interact with family members, peers, professionals, and other important caregivers (i.e., nannies) in the lives of young children (2004). This means that the opportunities for young children to learn and interact with peers and adults are identified and maximized for promoting and enhancing their development and learning. This is an ecologically logical, naturally occurring, and motivating intervention or service delivery model for young children and their caregivers. As young children with disabilities transition to preschools and K-2 classes, the dominant model in serving this population is that these young children are educated with typically developing peers with support for education and other related services (i.e., speech therapy, physical therapy, play therapy, etc) through collaborative team teaching models in regular education settings. Regular education, special education,

therapists, and other professionals involved work together to embed the Individualized Education Program (IEP) goals in naturally occurring daily routines, schedules, and activities. Families are also recommended to carry out these activities and interventions with family members in home and community settings (2004).

Because there is almost no early screening or identification system for infants and toddlers in China, young children with developmental delays may not be identified or served until they reach age three or older when they go to school. When these young children go to preschool, the medical hospitals serve as the evaluation sites for identifying children with disabilities. This medical evaluation and assessment model has its merits and barriers. Even though medical issues (i.e., visual impairment, hearing impairment, etc) can be clearly diagnosed and identified, this is more of a medical deficit model, examining mainly the physical and medical conditions and limitations of the child, and ignoring the developmental potential and strengths of the child. The U.S. model has moved away from a medical deficit model to a developmental strengths model through which the strengths and interests of the child are used to meet the needs of the child who has developmental delays, at the same time, accommodations or modifications are provided for meeting the needs of the child's physical, medical, or other conditions (i.e., children with visual impairment are trained with skills to navigate the environments, the physical environments are made accessible for the child as well, and other domains affected by this medical condition are also addressed developmentally and holistically).

In China, even though some young children are being served under the Learning in the Regular Classroom initiative, such inclusive models are being offered to a very limited number of young children mainly in urban cities (i.e., Beijing, Shanghai, etc). Although special instruction is offered in the same classroom, related services such as physical therapy, speech therapy, and occupational therapy are pull-out or segregated or separated, which are offered through the medical model mainly by the hospitals. Ideologically, there is a great emphasis on inclusion and the discontinuation of segregated programs and settings in China. However, when a solid infrastructure of inclusive services and programs is not built yet, a continuum of services including special schools needs to be available until pilot inclusive programs prove successful, and more support services and systems are established (i.e., training of regular education teachers, specialists consulting and collaborating closely with the team, special education teams in schools, resource classrooms, regional technical assistance centers, etc) (Ellsworth & Zhang, 2007). When such pilot programs and models have proven to be beneficial to all students involved, large-scale implementation may occur. Another model can be that if quality inclusive programs can be offered in several key schools in a city, if transportation is feasible and provided to students with disabilities to go to those schools, it might make sense to develop and offer a few high quality inclusive programs rather than make them available in every school when resources and trained professionals are inadequate at the initial stage of inclusive models development and implementation.

The key principle and implementation efficacy for making inclusion successful is that special education and services to students with disabilities need to be interdisciplinary, intradisciplinary, and collaborative in nature. Children with disabilities have needs that range from medical, physical, psychological, emotional, cognitive, and communicative, etc. In order to build inclusive education and services for them, professionals across disciplines (i.e. regular education, special education, school psychology, speech therapy, counseling, etc) need to share knowledge, expertise, skills, and develop effective communication and collaborative skills to support children and families. The ultimate goal of special education and related services is to provide services that promote successful educational, employment, and community living outcomes. This means that these services need to be child-centered and family-centered to promote the well-being and positive outcomes for children and families. Such philosophies or beliefs may not be valued in the Chinese society and other cultures yet.

Stage, Prevalence, and Outcomes of Inclusion for Young Children

Special education in the United States has transformed itself from 100% segregated in its beginning in 1970s to almost 80% inclusive in 2010s, offering mainly the inclusive model, and at the same time, keeping a continuum of services for a small group of students with disabilities in special education classes or schools. According to 30th annual report to Congress by U.S. Department of Education (2008), 91% of infants and toddlers with disabilities are served in home-based and community-based settings; 62% of preschoolers spent 40-80% of their time in regular early childhood settings; kindergarten to 77% of 2nd grade students spend 40-80% of their time in regular education settings. Inclusion in the U.S. began as accessing education and services in the regular education settings. It now has become a driving force for improving the quality of education for all, especially those from disadvantaged backgrounds.

Decades of research prove that inclusion is beneficial for both typically developing children and children with disabilities. Odom, Buysse, and Soukakou (2011) summarized important themes and findings regarding inclusion from a quarter of century research. They concluded that these following are the major themes and synthesis about inclusion.

1. Inclusion has multiple meanings but is essentially about belonging, participating, and reaching one's full potential in a diverse society.
2. Inclusion takes many different forms.
3. Universal access to inclusive programs is not yet a reality for all children from birth to age 5 with disabilities.
4. A wide variety of factors such as attitudes and beliefs about inclusion, child and adult characteristics, policies, and resources can influence how inclusion is implemented and viewed by families and practitioners.
5. Collaboration is a cornerstone of high-quality inclusion.
6. Specialized instruction, interventions, and supports are key components of high-quality inclusion and essential in reaching desired outcomes for children and their families.

7. Inclusion can benefit children both with and without disabilities.
8. Professional development is likely necessary to ensure that practitioners acquire the knowledge, skills, and ongoing supports needed to implement inclusion effectively (Odom, et al., 2011, p37).

Odom et al. (2011) acknowledged that not all young children with disabilities are educated and served in inclusive settings in the U.S. yet. Each country will face different ideological and logistical challenges when designing and implementing inclusive programs and services for young children. In building a comprehensive, well-coordinated, and high quality inclusive system in countries including China, such a major investment and endeavor requires the collaboration of government, organizations, higher education institutions, individuals and advocates to have serious conversations, commitment, and actions to tackle their own challenges. With research and information disseminated widely for the international community, the resources and tools developed by countries such as the U.S. will prove to be extremely helpful in informing and guiding the development of this relatively new field--Early Childhood Special Education and inclusive and special education models in China and in other countries.

Critical Issues

The major critical issue regarding high quality inclusion for young children with disabilities in the United States is that the quality of early childhood programs is extremely uneven. Currently free public education is provided to preschoolers with disabilities, however, early care and education for young children birth to five who are typically developing is still private. This means, if families choose to place their child in a community-based early childhood center, depending on the availability of quality early childhood programs in the community and affordability of high-quality programs, many young children with disabilities may go to day care programs that have poor quality. Most public schools do not have preschool classes, meaning that preschool children will go to private daycare, community-based early childhood centers or programs. As researchers, policy makers, and practitioners advocate for high quality early care and education for all young children, funding is the most challenging obstacle. Now states across the country in the U.S. are encouraged to develop high quality coordinated early care and early childhood systems and develop standards for program and personnel training. Evidence-based practices, universal design for learning, and response to intervention are being weaved in professional development. Hopefully, in the near future, most of the early childhood programs will have early screening, identification, and prevention systems in place to support young children at risk and with developmental delays, provide support and intervention to all young children early enough, and have child progress monitoring for all young children, so that high quality systems are in place for all young children to prepare them ready for school.

The challenges for other countries including China will be to continue to develop public awareness, understanding, and support of early prevention and intervention. Chinese researchers and practitioners also need to address what constitutes high quality inclusion in Chinese ECE contexts (Hu, 2010). Chinese ECE face unique challenges of large class

sizes, a lack of furnishing, materials, and toys to support child-initiated free play, and the use of group instruction (instead of child-centered learning and teaching with an emphasis on self-discovery) as the predominant form of educational approach. China needs to first develop high quality ECE—developmentally appropriate programs—especially in rural areas to support the facilitation of inclusive practices. High quality ECE program (learning environment and curriculum) is the foundation for high-quality inclusion (Buysse & Hollingsworth, 2009). Policymakers, practitioners, and researchers need to examine the existing infrastructure and resources, and identify gaps in resources and systems. There need to be leading professional organizations (i.e., early childhood, special education, etc) at the national and/or provincial levels that are involved in developing policies, guidelines for personnel training, program quality, research and technical assistance centers, et al. They need to work very closely with government and organizations that provide funding for developing piloting programs and evaluating the effectiveness of these programs for implementation at local and national levels. Some possibilities include personnel training across disciplines (i.e., Early Childhood, Special Education, and School Psychology, etc), expanded certification or endorsement for early childhood teachers to be certified in early childhood special education or dual certification for regular early childhood and special education, trained paraprofessionals, and targeted inclusive program models (i.e., one or two inclusive classrooms in high quality schools in a district). Mostly importantly, there needs to be a greater awareness and understanding of developmentally appropriate and individually appropriate practices for educating all young children among all educators, family members, and administrators, so that high quality early care and education is accessible and provided to all young children.

New Directions and Recommendations

As researchers reflect on the status, progress, and challenges for early childhood special education in the U.S., they also share wisdom and directions for the development of early childhood special education in China and other countries. DEC and NAEYC (2009) developed a joint statement on early childhood inclusion, defining early childhood inclusion for both fields, and focusing on identifying and promoting key components of high quality inclusive programs for all young children. DEC and NAEYC (2009) defined Early Childhood Inclusion as the following.

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports. (p43)

NAEYC and DEC (2009) have also reached consensus that in order to promote access, participation, and provide supports to all children, both organizations recommend all

early childhood programs to “(1) create high expectations for every child to reach his or her full potential, (2) develop a program philosophy on inclusion, and (3) establish a system of services and supports for all young children” (p44).

As inclusive practices and models mature and face new challenges in the U.S., we anticipate the new direction in this field will be that early childhood special education professionals will be working more closely with the regular early education colleagues by using the results, resources, and lessons they have learned from more than four decades of research and practices in early childhood and early childhood special education to inform and improve the quality of early childhood education for all, especially those who come from disadvantaged backgrounds (i.e., low-income, minority, children at risk for developmental delays and disabilities). Three unifying models that are gaining attention and popularity are: universal design for learning, response to intervention, and school-wide positive behavior support (SWPBS) which target all children in programs and schools. These models and practices will bring and unite the fields of early childhood and early childhood special education together because these practices and models will benefit all young children. As all young children receive high quality developmentally and individually appropriate practices and services, individualized and specialized instruction and intervention are also provided to those children with special needs and at risk for developmental delays and their families. Professionals across disciplines will continue to use the team approach to identify children’s needs, use the naturally occurring activities to embed individualized and specialized instruction and intervention to address their needs, and develop guidelines for child progress monitoring, and services and program evaluation.

Conclusion

Special Education in the United States began in 1975 when Public Law 94-142 (Education of All Handicapped Children Act) also known as, Individuals with Disabilities Education Act (IDEA) was passed. Four decades of development, practice, policymaking, and reforms have resulted in many well-established disciplines that have trained hundreds of thousands of advocates, researchers, and higher education personnel preparation faculty members, many of whom are family members of students with disabilities who then inform and train practitioners. Because of the collaboration of policy makers, researchers, faculty members, practitioners, and family members, early childhood special education has supported many young children with developmental delays and disabilities for them to have the ability to express themselves, make friends, learn pre-academic skills, and become confident young learners without needing special education services when they go to kindergarten or higher grades. Even though some of them will continue to need special education or related services for a while or for a long time, special education remains a consistent support to minimize the impact of disability for these students, help remove barriers for them in learning and daily living, and most importantly develop their fullest potential as students and citizens in classrooms and communities.

This paper identifies practices and critical issues in a comparative perspective with no intension of valuing one system over the other. The merits, progress, and challenges existing in those systems are discussed for informing practices and policies internationally. As educators, family members, and policy makers are engaged in the process of developing laws, guidelines, and policies, they should strive to have child-centered and family-centered philosophies guiding the development of special education and inclusive programs. If the purposes of providing special education and related services are to support children to be productive citizens of the society, they need to be considered as clients and customers of these services. By doing so, the best possible outcomes for their education, employment of individuals with disabilities, training of professionals in the new disciplines to support them, quality of life for them, and harmonious relationships among advantaged and disadvantaged groups for the society will occur and maximize. The ultimate result is that the investment in financial and social terms from organizations and government for individuals with disabilities and their families will yield positive outcomes for all, creating a win-win situation for all involved. Inclusion, when done with the best interests of individuals with disabilities and their families at its core, in its very unique ways, has promoted positive social and academic outcomes for students with and without disabilities from birth to college, better employment outcomes for individuals with and without disabilities (i.e, employment of more and more individuals with disabilities for satisfying and fulfilling jobs, the creation of new disciplines generates more jobs for professionals), and more importantly, a more caring, inclusive, supportive, diverse, and harmonious society for all.

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