

# Community- Based Curriculum

## Instructional Strategies for Students with Severe Handicaps

*by Mary A. Falvey*

· P A U L · H ·  
**BROOKES**  
PUBLISHING CO.

Baltimore • London

**COMMUNITY-  
BASED  
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STUDENTS WITH  
SEVERE HANDICAPS

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**Paul H. Brookes Publishing Co.**

Post Office Box 10624

Baltimore, Maryland 21285-0624

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Typeset by Brushwood Graphics Studio, Baltimore, Maryland.

Manufactured in the United States of America by

The Maple Press Company, York, Pennsylvania.

**Library of Congress Cataloging in Publication Data**

Falvey, Mary A., 1950—

Community-based curriculum.

Bibliography: p.

Includes index.

1. Handicapped—United States—Life skills guides—Study and teaching—Addresses, essays, lectures. 2. Handicapped—Education—United States—Addresses, essays, lectures. 3. Mainstreaming in education—United States—Addresses, essays, lectures. I. Title.

HV1553.F34 1985

371.91

85-13253

ISBN 0-933716-49-4

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# PREFACE

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This book is intended to provide parents, educators, therapists, counselors, and other concerned individuals with strategies for developing and implementing appropriate educational programs for individuals with severe handicaps. The strategies and issues delineated in this book are stated in a manner that is easy to understand and are based upon research findings, other published work, and direct experiences of and research conducted by the authors. The strategies suggested in each of the chapters have been used effectively to teach students with severe handicaps to acquire and perform chronological age-appropriate and functional skills within a variety of integrated community environments.

Chapter 1, the Introduction, provides a historical overview of the services and rights provided to individuals with severe handicaps. A discussion of the characteristics of educational, work, and residential environments is included.

Strategies for assessing the skill repertoire of students participating in chronological age-appropriate and functional activities is included in Chapter 2, Assessment Strategies. Detailed discussions of how to conduct ecological and student repertoire inventories as well as how to collect data are included.

Defined and described in Chapter 3, Instructional Strategies, is the systematic use of instructional and teaching procedures. Each instructional and teaching procedure delineated is followed by an example of that procedure. Alternatives to punishment strategies are included.

Chapter 4, Community Skills, provides a rationale for and definition of developing and implementing community-based educational programs. Legal, logistical, administrative, programmatic, and fiscal barriers to implementing a community-based program are delineated with accompanying strategies for overcoming those potential barriers.

The importance of including parents and significant others in the design, development, and implementation of educational programs is emphasized in Chapter 5, Domestic Skills. In addition, strategies for facilitating parental and significant others' involvement are delineated. Considerations for facilitating the involvement of families of diverse cultural and linguistic backgrounds are included. This chapter also provides strategies for developing and implementing programs to teach domestic skills.

Strategies for teaching chronological age-appropriate recreation/leisure skills are emphasized in Chapter 6, Recreation/Leisure Skills. Numerous examples for teaching such skills across ages and environments are included. The chapter also contains interest inventories that can be used to ascertain an individual's likes and desires.

Chapter 8, Motor Skills, provides easy-to-understand definitions of common physical handicaps and discusses facilitating and inhibiting techniques that can be used with students with severe physical handicaps. This chapter emphasizes teaching functional motor skills that enhance good positioning, mobility, and movement.

Communication and interaction skills are described in Chapter 9, Communication Skills. Developing and implementing augmentative communication skills and systems are emphasized. Strategies for teaching students to initiate interactions are included.

Strategies for teaching functional reading, writing, and math skills are delineated in Chapter 10, Functional Academic Skills. The chapter focuses on teaching reading, writing, and math skills within a functional context.

Finally, the rationale and strategies for developing and implementing educational programs within chronological age-appropriate regular education schools are delineated in Chapter 11, Integration Issues and Strategies. Also included are strategies for moving students and staff from segregated to integrated school sites and facilitating interactions between students with severe handicaps and their nonhandicapped peers.

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# ACKNOWLEDGMENTS

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I would like to thank the hundreds of students with severe handicaps who have taught me so much about dignity, courage, and sensitivity. I also want to thank their parents and teachers who have allowed me the opportunity to establish friendships and learn more about effective intervention strategies.

Specifically, much of the material included in this book was conceptualized and operationalized by very talented and committed students, parents, teachers, administrators, teacher trainers, and researchers. They are, in alphabetical order: Jacki Anderson, Diane Baumgart, Michael Birch, Bonnie Bolton, Chris Bonfiglio, Lou Brown, Jamie Burros, Diane Clark, Jennifer Coots, Betsy Crane, Jacque Davis, Abby Deschappelles, Steve Douglas, Elva Duran, Rose Ecker, Shellie Elkind, Melissa Emigh, Eileen Falvey, Marc Gold, Janette Gordilla, Stacy Graff, Connie Grainger, Lisa Jay, Nancy Kaye, Connie and Harvey Lapin, Donna Lum, Jeff Martin, Tim McNulty, Scott, Jane, and Peter Murphy, Ian Pumpian, Wayne Sailor, Jack Schroeder, Lynn Smithey, Steve Spinelli, Lizbeth Vincent, John Wakeman, Jerri Webb, Susan White, David Yoder, and Steve Zivolich.

I would also like to commend and thank the Whittier Area Cooperative Special Education Programs (WACSEP) and the Santa Monica–Malibu School District for their willingness to work with me in the development and implementation of integrated and community-based educational programs. Dr. Diane Klien must be thanked and commended for her valuable input into Chapter 9.

Richard Rosenberg, who proofed all the chapters and provided very valuable feedback and support—thanks, thanks. To Paul Brookes and Melissa Behm, thanks for your assistance, support and belief in me and this book. Finally, the specific contributors to the writing of this book: Katie Bishop, Marquita Grenot-Scheyer, and Michele Pelland, thanks for the great job you did! It sure was a pleasure working with each of you.

*In memory of*  
*William and Martha Falvey*

*Dedicated to*  
*Richard Louis Rosenberg*



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# INTRODUCTION

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**T**HIS CHAPTER PROVIDES teachers, parents, administrators, rehabilitation counselors, related service staff, and others with definitions of terms and characteristics of educational, work, and residential settings and services for persons with severe handicaps in integrated community-based environments. The term *severely handicapped* generally includes those children, adolescents, and adults who have been labeled: trainable mentally retarded, severely and profoundly multihandicapped, autistic, deaf/blind, and/or severely emotionally disturbed. Persons with severe handicaps have varying strengths and weaknesses and generally have only their degree of dependence on others in common with each other (Sailor & Guess, 1983).

Sontag, Burke, and York (1973) identified those characteristics that result in dependency as: "students who are not toilet trained; aggressive toward others; do not attend to even the most pronounced social stimuli; self mutilate; ruminate; self stimulate; do not walk, speak, hear or see; manifest durable and intense temper tantrums; are not under even the most rudimentary forms of verbal control; do not imitate; manifest minimally controlled seizures; and/or have extremely brittle medical existences" (p. 21).

Lehr and Brown (1984) defined persons with severe handicaps as those individuals who have an "inability to be their own advocates and to make informed decisions for themselves." (p. 41). This definition infers that all individuals who are severely handicapped cannot advocate for themselves or make decisions. Once a person has been labeled or characterized as "severely handicapped," others in society whose attitudes and expectations have been influenced by this and other definitions of severe handicaps often focus only on

the person's deficiencies and inabilities. As a result, nonhandicapped persons are not likely to assume and/or act upon the belief that persons with severe handicaps can be systematically instructed to effectively advocate and make informed decisions for themselves.

A definition of mental retardation often used to determine eligibility for educational, vocational, residential, and social services is that provided by the American Association on Mental Deficiency (AAMD), which defined mental retardation as: "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period" (Grossman, 1973).

Marc Gold (1980), on the other hand, defines mental retardation as "the level of power needed in the training process required for [the individual] to learn, and not by limitations in what he or she can learn" (p. 5). Gold further states: "The height of a retarded person's level of functioning is determined by the availability of training technology and the amount of resources society is willing to allocate and not by significant limitations in biological potential" (p. 5). Figure 1.1 compares the implications of the definitions provided by the AAMD and by Gold.

The Gold definition places the onus of responsibility to advocate for individuals with severe mental retardation and ensure their quality of life on society rather than on the individual, who is generally considered powerless without the commitment of resources and the interventions that the society can and must provide. The AAMD definition, by contrast, does not infer that society has any responsibility with regard to the needs of persons with severe mental retardation, but focuses upon the individual's deficiencies.

The *competency/deviancy hypothesis* is another major contribution by Gold (1980) that can assist parents, professionals, and community members to make a qualitative difference for persons with severe handicaps. The hypothesis can be used to summarize acceptance in society of an individual or group of individuals. It states that "the more competence an individual has, the more deviance will be tolerated in that person by others" (p. 6). The implication of the hypothesis is that even when sophisticated technology is not available or has not been developed to increase or change a person's behavior, the focus of that person's intervention should be on teaching him or her competencies (Gold, 1980). For example, a student who is unable to walk due to severe cerebral palsy should be instructed to participate in activities that can be done in a sitting position and are valued by society, such as operating a computer.

Definitions and labels of persons with disabilities (such as *mental retardation*, *severely handicapped*, *autism*, etc.) are generally useful only for funding purposes. The specific educational, vocational, residential, and social service needs of a person cannot be determined on the basis of such definitions or labels. The emphasis, instead, should be on assessing individuals to develop an individualized intervention plan.

| Assumptions of AAMD definition                                                                                                                                                                  | Assumptions of Gold (1980) definition                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Retardation is considered a general phenomenon.                                                                                                                                              | 1. Mental retardation is not a general phenomenon. Every person labeled as retarded has areas of normal capability that are developed or underdeveloped.                                                           |
| 2. Intelligence is permanent.                                                                                                                                                                   | 2. Intelligence scores are of little use.                                                                                                                                                                          |
| 3. General intelligence is sufficient to describe all functioning and to imply future potential.                                                                                                | 3. No behavior clearly defines potential. Predictions describe what the predictor knows about the environment in which the person who is labeled as retarded will exist.                                           |
| 4. Adaptive behavior involves both spontaneous and trained adaptation.                                                                                                                          | 4. Adaptive behavior can be assumed for all persons.                                                                                                                                                               |
| 5. The developmental period for all is present.                                                                                                                                                 | 5. Development can continue to occur throughout life.                                                                                                                                                              |
| 6. It is useful to catalog individuals according to their tested intelligence and tested adaptive level.                                                                                        | 6. When testing and evaluation are the focus of attention, training is not likely to occur. When training is the focus of attention, evaluation must occur. So train, do not test.                                 |
| 7. Mental retardation is most meaningfully conceptualized as a psychological phenomenon, existing within the individual, rather than being a function of the context in which he or she exists. | 7. Mental retardation is most meaningfully conceptualized as a sociological phenomenon, existing within society, which can only be observed through the limited performance of some of the individuals in society. |

Adapted from Gold (1980).

**Figure 1.** Implications of American Association on Mental Deficiency (AAMD) and Gold (1980) definitions of mental retardation. See text for definitions.

Educational, vocational, residential, and social services for persons with severe handicaps have improved dramatically over the past two decades. Students with severe handicaps can no longer be legally excluded from schools, neighborhoods, recreational settings, places of employment, and other community environments. Litigation such as: *Brown v. Board of Education* (1954); *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* (1972); and *New York State Association for Retarded Children v. Rockefeller* (1972) has paved the way for demanding that the basic human rights of all individuals must be protected. Subsequent legislation such as Public Law 94-142 and Section 504 of the Rehabilitation Act of 1973 has further protected the educational, rehabilitation, and civil rights of persons with disabilities. Extensive research in professional journals such as *Journal of The Association*

for Persons with Severe Handicaps (JASH) has delineated findings, strategies, and procedures for ensuring equal access in school, vocational, residential, and other environments for persons with severe handicaps. In addition, numerous texts have been published recently summarizing some of the strategies and procedures for generating quality services for persons with severe handicaps (e.g., Bricker & Filler, 1985; Certo, Haring, & York, 1984; Sailor & Guess, 1983; Sailor, Wilcox, & Brown, 1980; Wehman, 1981; Wilcox & Bellamy, 1982; Wilcox & Thompson, 1980; Wilcox & York, 1980; and Wuerch & Voeltz, 1982).

In order to develop and provide quality services and opportunities to students with severe handicaps, the characteristics of educational, work, and residential environments, experiences, and opportunities must be identified. Following is a discussion of those characteristics that must be present within educational, work, and residential settings.

## EDUCATIONAL CHARACTERISTICS

In order to describe the characteristics of educational settings appropriate for students with severe handicaps, the following areas must be evaluated: assessments and curricula; instructional methods; instructional settings; and instructional personnel and resources.

### Assessments and Curricula

Both assessments and curricula for students with severe handicaps must be *functional, chronological age appropriate, and reflect transitions*. Functional assessments refer to assessments that describe and define in specific and objective terms those skills within the student's repertoire that allow him or her to participate in a wide variety of integrated community environments (Falvey, Rosenberg, & Grenot-Scheyer, 1982). Ecological and student repertoire inventories, described in detail in Chapter 2, are excellent examples of functional assessments. Chronological age-appropriate assessments refer to those assessments that measure behaviors expected by nonhandicapped age peers within a broad array of integrated community environments. Information gathered from such assessments assists in the development of a functional and chronological age-appropriate curriculum.

Functional curricula refer to curricula that facilitate the development of the skills essential to participate within a diversity of integrated environments. This is not a new concept. In 1926, Annie Inskeep published a textbook on teaching students with mental retardation, the first chapter of which stated: "The dull and retarded should be taught everything they are capable of learning that will [assist them to] function in life" (p. 1). She goes on to provide the reader with curriculum development strategies for teaching functional curricula. In the decades following Inskeep's publication, the literature departed from em-

phasizing functional curricula in favor of stressing the teaching of developmental skills (i.e., those skills and skill sequences performed by “normally developing” children—for example, Greer, Anderson, & Odle, 1982; Smith, 1968; and Stephens, 1971). Recently, a return to a functional skills approach has been evident in publications (e.g., Wilcox & Bellamy, 1982; Brown, Falvey, Pumpian, Baumgart, Nesbit, Ford, Schroeder, & Loomis, 1980; and Sailor & Guess, 1983). In order to determine if a curriculum activity is functional, teachers must ask themselves: If the student does not learn to perform a particular activity, will someone else have to do it for him or her (Brown, Branston, Hamre-Nietupski, Pumpian, Certo, & Gruenewald 1979)? If the answer is yes, the activity is more likely to be functional than if the answer is no. For example, Jennifer, an 8-year-old student with severe handicaps, was directed to put pegs in a pegboard; when she did not comply, it was not necessary for someone else to do it for her. However, when Jennifer was not systematically instructed to shop for groceries, someone else had to do it for her. Grocery shopping is therefore a functional skill, while putting pegs in a pegboard is not.

Chronological age-appropriate curricula refer to curricula that result in teaching activities that are performed by nonhandicapped age peers, regardless of the students’ mental ages. Teaching students with severe handicaps to perform chronological age-appropriate activities will facilitate interactions with nonhandicapped peers within a wide variety of environments.

Assessments and curricula must be based upon the *wants, needs, preferences, and culture of the student*. Since interviewing students with significant communication difficulties regarding their wants, needs, preferences, and culture often does not furnish a complete picture, other strategies for obtaining this critical information must be considered. First, observing the student’s reaction to a variety of environments, materials, activities, people, and other stimuli can yield information relating to the areas just mentioned. Second, interviewing parents, siblings, and significant others and facilitating their input regarding the student’s wants, needs, preferences, and culture can be useful. Assessment and curriculum decisions based upon the joint recommendations of the student and these other individuals will more likely result in a more functional educational program for the student.

Finally, assessments and curricula must reflect the student’s needs with regards to *transition*. Transition refers to preparing the student for subsequent environments, expectations, norms, rules, and so forth. For example, a student participating in a preschool program located on a nursery school campus must be systematically taught the skills necessary to participate in that setting as well as subsequent settings (e.g., an elementary school campus). In addition, students graduating from school programs must be systematically taught to participate not only in high school, college, and/or university environments but also in work and community environments. Students of all ages must be

regularly taught to participate in activities within nonschool environments (e.g., home, neighborhood, work, recreational environments), in order to facilitate their transition from school to nonschool and postschool environments.

### **Instructional Methods**

*Systematic and appropriate use of instructional techniques* must be employed; that is, instructional procedures must be based upon the student's performance and upon his or her need for specific instructional techniques. These techniques must facilitate learning and must be faded systematically over time to increase the student's independence. *Instruction must occur frequently enough* to provide the student with the opportunity to learn to participate in new activities. In addition, instructional arrangements should vary and should include opportunities for individual, small- and large-group instruction. Students must be exposed to a variety of instructional arrangements involving other students, including nonhandicapped peers.

In order to systematically verify students' acquisition of new activities, *data collection* must occur. Students' abilities to perform new behaviors, and the instructional interventions used to enhance the students' involvement, must be routinely documented through data collection.

In addition, students must be taught to perform activities in response to *natural cues and correction procedures*. Natural cues and correction procedures refer to "information typically available to persons in natural environments [that] is equivalent in intensity, duration, and frequency to that which is naturally occurring" (Falvey, Brown, Lyon, Baumgart, & Schroeder, 1980, pp. 111–112). Assessments and curricula must include information about the natural cues and correction procedures occurring in each natural environment that will be taught. The student must be instructed not only to perform skills in natural environments but also to perform those skills in response to the natural cues and correction procedures operative in those environments. For example, the motor skills necessary to cross the street are only one set of skills necessary for street crossing; the student must be systematically instructed to cross the street in response to the natural cues (e.g., lights, "Walk/Don't Walk" signs, absence of cars).

Since students with severe handicaps have difficulty generalizing skills, *zero inferences* (i.e., no inferences) should be made in relation to a student's abilities to transfer skills from one setting to another (Brown et al., 1979). Zero inferences result in directly teaching or at least verifying a student's skill acquisition and performance across a variety of environments.

### **Instructional Settings**

When teaching students with severe handicaps, instructional settings must exhibit a variety of characteristics. First, *natural environments* must be used when teaching. Natural environments refer to those environments that are



frequented by nonhandicapped peers (Brown et al., 1979; Sailor & Guess, 1983; and Wuerch & Voeltz, 1982). In order to facilitate generalization of skills, instruction should occur within a wide variety of natural environments. Instruction can only be effective if the number of students receiving instruction is reasonable. To determine what constitutes a reasonable number of students in a given instructional environment, the percentage of nonhandicapped students to students with severe handicaps should reflect the natural proportions of the population (Brown et al., 1979); in other words, the number of students with severe handicaps should comprise no more than 1%–2% of the total number of people present. In addition, in order to assure that instruction will directly result in the students' acquiring skills necessary to function in their own community and neighborhood environments, instruction must occur in those communities and neighborhoods.

Second, instruction must also occur in school environments that are *used by nonhandicapped peers, too*, in order to facilitate the acquisition of social skills and chronological age-appropriate behaviors by students with severe handicaps (Certo et al., 1984). Similarly, students with severe handicaps must be provided access to community environments that include nonhandicapped peers for instructional and interactional opportunities. Third, some students with severe handicaps do not possess all the skills and/or will never acquire all the skills required in a variety of natural environments. These students should not be excluded from those environments; rather they should be provided opportunities to acquire the skills. If a student is unable to acquire a skill, the *principle of partial participation* (Baumgart, Brown, Pumpian, Nisbet, Ford, Sweet, Messina, & Schroeder, 1982) should be used. This principle refers to allowing a person access to environments and activities even if he or she is unable to perform all the skills independently. Partial participation is more acceptable and appropriate than denying that person access to a particular environment or activity. Individualized adaptations can be developed and employed to assist the student in performing skills at the maximum level of independence.

### **Instructional Personnel and Resources**

Students with severe handicaps need and have a right to specially trained teachers and support service staff (Sontag, Certo, & Button, 1979). Only teachers and support staff with the proper training should be hired to teach these students. Training must include, at the least, skills necessary for developing and implementing functional and chronological age-appropriate curriculum, for using appropriate instructional procedures, and for teaching within a wide variety of integrated, community-based environments. Since students with severe handicaps often exhibit numerous and varied difficulties, deficits, and/or delays, the resources and expertise of a variety of *support staff* are necessary. Support staff might include speech, physical, and occupational