This paper (a version of which was included in Focusing on Students: The final report of the ISSP/Pathways Commission(Government of NL, 2007) will offer a theoretical framework to the model of Student Support Services delivered in the province of Newfoundland and Labrador (NL). The province follows an interagency approach in the delivery of a diagnostic and prescriptive service model, despite efforts in recent years to use the language of inclusion. In exploring the development of this model, we begin with a brief review of the history of special services, both from a global and a local paradigm perspective. While the history of special education is a “fascinating and complex story” (Kauffman, 1981 p.4) which has been affected by social, psychological and educational events, we will attempt to discuss it along separate themes so as to afford a stronger analysis. Central to this, will be an historical context for a paradigm of disability services, including legislative support of special education and the emergence of both a cascade model of service delivery and individualized planning. This leads to an examination of the effects that the School Reform movement has had on special education and how it directly contributed to the emergence of inclusive education. With this background established, we conduct an examination of the local model, including a number of studies which have provided a critical analysis of its effectiveness. This paper concludes with suggested directions of inquiry based on the themes that this paper identifies. What surfaces is not only a framework for critiquing the current model but the articulation of the development of a service system that echoes global trends as well as continued global struggles. The realization that the challenges facing classrooms in NL are shared by educators on a global scale might well offer comfort as we begin to chart the course for a renewed and effective model of caring for all students.

Evolution of special education

A review of current service in special education must begin with an examination of the social, political and cultural contexts from which it has evolved. Vachou (1997) writes that “such an analysis is particularly urgent during an era of radical transformation, when industrial and economic preoccupations occupy the centre ground of educational politics” (p.4). As the province begins its review of current delivery models (in particular the social and financial costs of such services) this historical context is particularly relevant. Philpott (2003) writes that “Education in the province of NL has a rich and colorful history, shaped and influenced by its ties with Britain, America and its eventual union with Canada. As a colony of England, much of its early educational system was reflective of British standards and religious pedagogy” (p.1).
Given the province’s rural profile and isolated status, its dependence on primary industry, it is no surprise that the evolution of educational services was affected by the province’s financial limitations and high levels of illiteracy. The eventual confederation with Canada in 1949 brought about what Rowe (1976) referred to as “…an economic and psychological revolution that would create the cultural flowering which has transformed the face of Newfoundland…” (p.12). Nonetheless, education in the years following confederation continued to reflect its origin, anchored in a church-run system which segregated students by denomination, gender and economic status. One dramatic example of this parochial mindset is that at one point in the capital city, four schools were operated by the Roman Catholic system within a one mile radius: one for males who could afford school fees, one for males who couldn’t and two others similarly structured for girls. Other religious denominations likewise operated schools in the same neighborhood under similar segregations. Such a system would remain relatively intact for nearly fifty years before it devolved, through an amendment of the Canadian Constitution (Philpott & Nesbit, 2002), into a more inclusive and cost effective model.

The evolution of public education in NL would be facilitated by the establishment of Memorial University, which helped open the province to global influences (Rowe, 1976). Central to this was the establishment of teacher training programs that helped raise educational standards in the province. The university recruited professors from outside the province who brought with them global paradigms of education, including a new view of the perspective of disability services. Following the Second World War, society had become increasingly aware of human rights, and by the 1950’s the education of students with physical and mental disabilities was a hotly debated topic (Smith, Polloway, Patton & Dowdy, 1998). This debate found receptive ears within a society that was already embroiled in civil and the rights of women. In the U.S., the 1954 landmark court case of *Brown vs. the Board of Education*, which led to the desegregation of schools, initiated the argument “that fighting for the rights of the minority with disabilities parallels fighting for rights of racial minorities” (Friend, Bursuck, & Hutchinson 1989, p.9). Driedger (1989) refers to a civil liberties argument for “disability” as “the last civil rights movement” where parents began the lobby for the education of all children, regardless of mental or physical ability, within their neighborhood schools. The debate, however, was more significant than mere educational placement options; it reflected the evolving paradigm of disability services, shifting from a medical model that focused on deficits to a more affirmative perspective that valued difference (Johnstone, 2001).

At the same time, this evolving paradigm of disability service was reflected in Canada with a federal study on services for children with disability. *One Million Children*, the final report of The Commission of Emotional and Learning Disorders in Children (Roberts & Lazure, 1970), called for a radical shift in education, social, and medical service delivery for disabled students, and helped validate the growing debate of the rights of these children. Three essential educational concepts grew out of this report that would go on to contribute to future discourse of service delivery models:

1. Every child has the right to the education required to realize his or her full potential;
2. The financing of education for all students is the responsibility of the educational authorities; and
3. Students with exceptional learning needs should remain integrated with other students as long as possible (Andrews & Lupart, 2000. p.35).

Shortly thereafter, an examination of the services for these children in Atlantic Canada was conducted. In 1973 the Kendall Report made a number of far-reaching recommendations including “the consolidation and co-ordination of educational services for handicapped children in the four Atlantic provinces and increasing emphasis on education and training for such children within the framework of the family and the local school environment” (cited in Rowe, 1976. p.172). As a result, Memorial University initiated a diploma program in special education that was eventually extended to a full degree status in 1979 (Philpott, 2003a). Special education in NL thereby began its slow and controversial trek through what Smith et al. (1998) refer to as its four phases of segregation, integration, inclusion and empowerment.

### Legislative defence

While the One Million Children report and the Kendall Report would have a dramatic influence on future models of education in Canada, it was the United States who first enshrined in law the educational rights of disabled students.

In both Canada and the United States full responsibility is given to the regions (provinces and states) for passing and implementing educational legislation; however it, was the U.S. that passed federal funding laws in 1975 to help ensure the education of all students. American Public Law 94, “The Education for All Children Act”, would call for a free and appropriate education for all children in the least restrictive, non-discriminatory environment by using a cascade of delivery models with written individual plans to meet their needs (Salend, 2001). Following its inception in 1975, this American law would be revised four times before reaching its current version now known as IDEA (Individuals with Disabilities Act, 1997). Canadian provinces would eventually follow suit with provincial legislation that ensured similar programs and delivery models (Weber, 1994).

The only children with disabilities who were receiving services up to the mid-1970’s in NL were blind and deaf students who, under government funding, were attending residential schools in Nova Scotia (Philpott, 2003a). Prior to this, any service for these children were viewed as charity, such as the work initiated in 1954 by NL philanthropist, Vera Perlin, who established a class in her church’s basement for “handicapped children”. Her work quickly led to the establishment of “The Association for the Help of the Retarded Child”, two years before the Canadian Association for Community Living was formed. Weber (1994) commenting on the history of parental organizations, identified that,

Political activism by parents and other advocacy groups on behalf of students with special needs, had - and continues to have - a powerful effect on the provincial governments...At the same time, it became an accepted, indeed encouraged, practice among professional educators, especially by the nineteen nineties, to involve parents far more extensively in day by day educational decision-making (p.10).
In the early 1970’s, this parental activism resulted in the NL government’s giving local school boards the option to enroll children with disabilities if they so wished (Encyclopedia of NF. V.5). This permitted schools to accept students with disabilities if schools had the will, resources and space. What emerged were highly segregated classrooms in the school building known as Opportunity Classes operated by well intentioned, though often untrained, workers. Placement that resulted from this optional clause continued until 1979 when the Minister of Education amended the Schools Act by changing the word if to shall and by so doing, established mandatory education of children with disabilities in NL schools (Philpott, 2003a).

This establishing of Equal Opportunities Legislation (Rothstein, 2000) as an argument for educational rights of children with exceptionalities echoed, in itself, a global trend seen in countries as diverse as Britain, Africa, and Greece, and was supported by the United Nations Declaration of the Rights of the Child in 1979 (Philpott, 2003a). The process, however, also initiated two concepts that have remained central to special education: the individualized plan and the cascade model.

The Individualized Plan

An Individualized Education Plan (IEP) was envisioned as the framework for management approaches to disability services in the school setting. Originating from the 1975 American legislation as an accounting procedure to ensure that funding mechanisms were properly implemented and that allocated teachers were working with the appropriate students, the IEP grew to be the model of documenting and accommodating a student’s individualized needs (Smith, 1990). Special education teachers designed these plans, which detailed the exceptionality of each student, his/her short-term and long-term goals, and the environment in which service would be delivered (Heward, 2000; Winzer, 2002). Legislated provisions stipulated informed consent and parental involvement in the development of this individualized plan, under the construct of collaborative decision making and parental empowerment (Brown, 1998; Rothstein, 2000). This parental involvement was reflected in NL’s initial special education policy of 1986 (Philpott & Nesbit, 2002).

The IEP, however, like the broader field of special education, would become affected by the evolving perspectives of disability services, in particular a shift towards inter-agency case planning. The growth of a larger societal trend towards empowerment of the client (Maclean & Marlett, 1995) underscored the inherent risks in large macro system approaches to client care, and favored the establishment of a more client-centered approach with greater sensitivity to the individual’s wishes (Perlmuter & Trist, 1986). This paradigm shift from the traditional clinical approach of management to one with more social concern (Welch, 1973) was reflected in what Greenleaf (1977) called a “bottom-up model of servant leadership”. Greenleaf advocated for a new approach to replace the traditional bureaucracy of the “top-down bureaucratic” process. Ungerleider (2003) spoke to this need for a student-centered model of education, where the need of the child supersedes the diagnostic criteria of policy. Stroul (1995) added to this with a call for the increased use of multi-agency teams in this planning process which prevents duplication of services, maximizes communication, and optimizes client empowerment. She states:
In order to best meet the needs of children and their families, integrated, multi-agency networks are needed to blend the services provided by mental health, education, child welfare, health, juvenile justice, substance abuse, and other agencies. These components must be interwoven into a coherent system with provisions for joint planning, service development, problem solving, funding, and evaluation of services (p.8).

This change in approach would eventually be reflected in NL’s schools with a shift away from the traditional IEP to the adoption of an interagency approach to planning, later to become known as the Individualized Support Services Plan (ISSP) as generated from the Model for Coordination of Services to Children and Youth with Special Needs in Newfoundland and Labrador (Government of NL, 1996). That document outlined:

The individual support services planning process is a method used to identify the child’s strengths and needs and to prepare an integrated approach to meet those needs. It is meant to be a collaborative process involving the child, the parents and service providers including school personnel, personnel from the Department of Health, Social Services, Justice and other relevant agencies working together to identify appropriate goals for the child and the approaches to achieve those goals. The strengths, needs and goals which are defined by this process are recorded, and this record is called an Individual Support Services Plan (p.5).

While initially envisioned for students who were accessing two or more service agencies, this ISSP would replace the IEP for all special education students, and introduce NL educators to a new approach to documenting and planning for the needs of students. In the following few years this new ISSP would become synonymous with special education in NL’s schools and the required documentation would become a hotly debated issue (Dibbon, 2004). Nonetheless, the initial process of program development, begun under the rationale of legitimizing special education resources and teachers, would continue to dominate the field.

**The Cascade Model**

The placement of students with disabilities along a continuum of educational settings (ranging from the regular classroom to a specialized facility) is a practice long established and anchored in legislation (Weber, 1994; Heward, 2000; Rothstein, 2000). This “cascade model” was first proposed by Reynolds (1962) as a means to outline the options of service delivery to individuals with disabilities in health care settings. It followed a pyramid model in which there was a continuum of placement options with the majority of individuals receiving care in their home settings and, depending on need, a minority would require services in a specialized facility. The model implied a preference towards the individual’s home environment but articulated that, depending on need, more segregated settings may be required. This cascade model was quickly adapted for use by educators in program planning for children with disabilities, following the American Public Law 94’s preference for the *least restrictive environment*, and continues to be the preferred model in Canadian schools (Jordan, 2007).
Educators viewed this cascade, or pyramid, approach with the regular classroom forming the base of the pyramid, the level where most children had their needs met without specialized planning. Moving up the pyramid, in decreasing numbers, other students would have their needs met in the regular classroom with some supports. Further up this pyramid, in lower numbers still, would be students who came out of the regular classroom at intervals to have their needs met in an alternate environment. Finally, at the very top of the pyramid was the recognition that a few students, because of highly specialized needs, required a separate classroom and curriculum. This resulted in students with very mild disabilities being accommodated in the regular classroom, while students with more significant or more intrusive needs received programming in placements that were more segregated. The needs of students with severe cognitive delays, for example, were attended to in separate classrooms while students with mild or moderate cognitive delay were in part-time regular and part-time separate classrooms.

While the IEP and the cascade model resulted in schools planning for students with disabilities, parents were challenging the quality of service that was being offered. Initial school placement for the majority of these children was often limited to placement options higher on this cascade which afforded minimal contact with age appropriate peers and a completely separate curriculum (Smith et al., 1998). In Canada, the 1982 Charter of Rights and Freedoms solidified the argument that discrimination based on physical or mental disability violated an individual’s rights, and fueled the debate over the interpretation of which placement on this cascade model was “least restrictive”. The courts were often asked to weigh in on this debate. Crockett & Kauffman (1998), in summarizing the legal interpretation of least restrictive environment, reported:

In law, the argument for least restrictive environment has never been an immutable rule of placement, but a rebuttable presumption favoring inclusion of children in regular classes and allowing segregation in certain instances…courts have given an equivocating answer to whether placement of a child with a disability in a regular classroom is, indeed, the least restrictive environment. The ambiguous answer, in each case, is this: It depends (p.75).

One Canadian court case that received wide-spread attention was Eaton vs. Brant County Board of Education (1997). In ruling on what was the least restrictive environment, the Supreme Court of Canada in their decision made the following observations:

The Tribunal set out to decide which placement was superior, balance the child's various educational interests (taking into account her special needs), and concluded that the best possible placement [for Emily] was in the special class. It also alluded to the requirement of ongoing assessment of the child’s best interests so that any changes in her needs could be reflected in the placement. A decision reached after such an approach could not be considered a burden or a disadvantage imposed on a child. For a child who is young or unable to communicate his or her needs or wishes, equality rights are being exercised on that child’s behalf, usually by his or her parents. Moreover, the requirements for respecting these rights in this setting are decided by adults who have authority over this child. The decision-making body, therefore, must further
ensure that its determination of the appropriate accommodation for an exceptional child be from a subjective, child-centered perspective, one which attempts to make equality meaningful from the child’s point of view as opposed to that of the adults in his or her life. As a means of achieving this aim, it must also determine that the form of accommodation chosen is in the child’s best interests. A decision-making body must determine whether the integrated setting can be adapted to meet the special needs of an exceptional child. Where this is not possible, that is, where aspects of the integrated setting which cannot reasonably be changed, interfere with meeting the child’s special need, the principle of accommodation will require a special education placement outside of this setting (at p.244-245).

These legal interpretations would prove essential both in holding to a philosophy of specialized programs for specialized need and in validating the perspective of parents/educators who did not see the regular class as the only placement option. At the same time, it supported the challenge to segregated settings which was already well under way and becoming known as The Regular Education Initiative. Groups such as The Canadian Association for Community Living were lobbying hard against the cascade model, while other groups such as the International Council for Exceptional Children and The Learning Disability Association of Canada advocated for a continuum of placement options, based upon individual needs and the best interest of the child (Smith et al., 1998). Ungerleider (2003) comments on this divisiveness: “Attaching funding to students with particular characteristics has also created an atmosphere where the parents of special-needs students are pitted against the parents of the rest of the student population. What parent does not feel their son or daughter is not “special” and deserving of additional attention in some way” (p.139).

In NL, this cascade model was also reflected in the 1986 Special Education Policy Manual (Philpott & Nesbit, 2002) and would serve as the framework for a policy entitled “Senior High Pathways” that outlined a service delivery model for students at the high school level. It proposed five programming pathways, similar to the pyramid structure in Reynolds’ initial model, which a student could follow towards high school completion:

**Pathway One**: The regular curriculum without support;
**Pathway Two**: The regular curriculum with instructional and evaluational accommodations to meet the exceptional needs of the individual student;
**Pathway Three**: A modified or adapted curriculum, based on the student’s individual needs;
**Pathway Four**: A mixture of core curriculum and individually designed curriculum to meet the needs of the individual student; and
**Pathway Five**: A completely alternate curriculum to meet the challenging needs of the student.

This model was well received and won the A. David Treherne Special Education Policies Award for the Canadian Council for Exceptional Children for excellence in program development (Philpott & Nesbit, 2002). As with the evolution of the Individualized Education Plan, this 1986
Pathways model would also undergo a significant revamping and expansion into what is now known as *Pathways to Programming and Graduation: A Handbook for Teachers and Administrators* (Department of Education, 1998). While subtle changes have occurred, the model remains in place in all of NL’s schools, and parallels both Reynolds’ initial articulation in 1962 and the Province’s own 1986 model. It does, however, hold to a medical view of learner diversity with a focus on comprehensive assessments that categorize students along a number of “disabilities”, prior to service delivery. The Department would articulate its own diagnostic criteria for students to qualify for services under each of these categories, whether such criteria were reflective of medical standards or not. The Department, for example, would outline “Emotional/Behavioral Disorder” as a condition even though no label exists in the paediatric literature. Likewise, the Department would also subdivide this and many other categories such as “Learning Disabilities” and “Physical Disability” as being mild or severe (with the later receiving low-ratio teaching support), even though no distinction is made in the literature.

**School reform movement**

While the evolution of services for students with disabilities in NL was reflective of global themes, including a cascade of services model as articulated in a written individualized plan, it would soon be affected by a push to alter education radically. By the late 1980’s, the rights of all students to a free and appropriate education were well entrenched in the legislation, and policy was clear as to how to develop individualized programs delivered along a cascade of placement options. Teachers were being well trained via an intensive course program in special education and, while few would have referred to it as a perfect system, there was a consensus that programming opportunities for exceptional students were significantly more established in 1990 than had been the case just one decade before. However, “even the most visionary of educators would not have been able to predict, from the vantage point of 1990, the shape that the province’s educational system would have in the year 2000. Most, however, could sense a rising wind of change that would sweep across the province in the next decade and create a radically different system of education” (Philpott & Nesbit, 2002. p.159).

The release of *A Nation at Risk* (The National Commission on Educational Excellence, 1983) resulted in the school reform movement that has since dominated the educational agenda (Lipsky & Gartner, 1997). The reform movement heralded sweeping changes in the structure and delivery of education in three main areas:

1. Higher standards, enhanced curriculum and a focus on educational outcomes.
2. A shift towards site-based management with less decision-making at the School Board level and more active involvement of parents.
3. An examination of special education so as to have one blended curriculum instead of two, parallel programs.

The impact of this movement on special education would be immediate and dramatic, both in its effect on curriculum changes and on the criticisms of traditional special educational programs that would quickly ensue. In NL this debate was immediate. The release of “Our Children – Our Future”, the report of the *Royal Commission of Inquiry into the Delivery of Programs and
Services in Primary, Elementary, and Secondary Education (Author, 1992) called for site-based management and increased local involvement in decision-making through the establishment of school councils. The report received wide support and became the basis for a major educational restructuring plan by the Department of Education. Adjusting the Course (Government of NL, 1993) detailed the government’s initial proposal for significantly reshaping the province’s secondary school system. Like many school reform documents across the country, it called for higher standards, improved curriculum and increased accountability for performance and decision-making.

The reform movement in NL was driven by four major forces: (1) declining enrolment and shifting demographics; (2) streamlining of services to prevent duplication; (3) financial restraints faced by the Provincial Treasury; and (4) a call for increased standards of competency among graduates (Philpott & Nesbit 2002). Within the next few years over 27 school boards would be reduced to five, a new curriculum framework would be introduced, and much debate in special education would arise. In fact, this debate was recommended in Adjusting the Course (1993), which called for a comprehensive review of special education as a whole. “Special Matters: The Report of the Review of Special Education” (Canning, 1996) dispatched a scathing critique of special education and made 220 recommendations for change.

While economic reform and management restructuring had become a reality, curriculum reform would not be abandoned. In 1995, the province became a partner in the Atlantic Provinces Educational Foundation (APEF) a joint curriculum framework implemented among the four Canadian Atlantic Provinces. Central to this curriculum was a focus on outcomes in which assessment and raised standards were interwoven within the revised program. A set of Essential Graduation Learnings served as the foundation of the curriculum to guide the work of all educators, including special education teachers. It reflected a focus on inclusion, where supports and services were mandated to assist students in accordance with their individual ability levels in achieving the approved regional curriculum. The curriculum that special education teachers were delivering to students of very diverse ability levels had to reflect the goals and objectives of the regular curriculum, and the regular classroom was seen as the preferred place for this to be done. The curriculum guides outlined many ways to teach a concept and equally diverse ways to measure acquisition of the curriculum content.

This shift towards recognizing multiple ways to teach/assess the curriculum that was increasingly accommodating of learner diversity was well supported in the literature. Tomlinson (1999 & 2000), for example, referenced it as a approach which has since become known as Differentiated Instruction, quickly gaining favor in American schools. This approach outlined strategies to empower classroom teachers in adapting their instruction and evaluation to meet the needs of diverse students, oftentimes without having to access special education support. Moreover, Universal Design (Orkwis & Mclane, 1998; Blamires, 1999; Jackson & Harper, 2002) would emerge as an approach to ensure that the initial design of the curriculum allowed for greater accommodation of diverse learners. Both of these concepts negate the need for individualized plans or special education placement for students on Pathway 2 in NL. Despite this solid current existence of a curriculum that reflects differing ability levels (curriculum developed via a concept that has since become known as Universal Design) with ample opportunity to Differentiate Instruction, students with special needs continued to require interagency plans and
comprehensive assessments to access any accommodation seen as being outside traditional teaching approaches (Philpott & Nesbit, 2002).

**Criticisms of Special Education**

Within ten years the province of NL had moved through a rapid and profound restructuring of its educational system (based on the school reform principle of site-based management), a shift towards interagency case planning (to promote empowerment of parents and reduce duplication of service), an articulation of a new interpretation of the cascade model, and the creation of a new curriculum framework (reflecting the global shift towards differentiating instruction). However, swirling around such tangible changes in policy and approach was a different view of special education: inclusion. As outlined in the history of special education, inclusion did not appear at any one point in this history but rather evolved from factors such as differing interpretations of least restrictive environments, mounting criticism of special education practices and a society that was becoming increasingly supportive of diversity issues. In fact, the call for a blended curriculum that arose from the school reform movement echoed the criticisms that had been mounting for years.

Hockenbury, Kauffman and Hallahan (2000) attempt to organize this criticism into seven emergent themes, saying that special education:

1. has become a place [placement option] that should become a service;
2. is now a separate system but should be an integrated system;
3. identifies and stigmatizes students but should be offered without labels;
4. has no particularly effective methods and could be replaced by good general education;
5. returns few students to general education but should return most;
6. has changed incrementally but should be radically reformed;
7. is needed now but should not be needed if general education is reformed (p.4).

Fuchs and Fuchs (1995) add to this list by questioning the research base upon which special education practices are built. They call for more research into special education and bridging “the divide between research and practice” (p.526). However, Skrtic (1995), in a deconstruction of special education’s practices, questions whether additional research into a diagnostic/prescriptive approach to students’ needs is warranted and wonders whether a radically different view of diversity is needed. He argues that special education is anchored in “a theory of human pathology and organizational rationality”. The model, he posits, is based on a behavioral approach to diagnosing difference in order to rationalize a hierarchical system of fixed knowledge in which the student is a passive recipient of scientific interventions. Skrtic raises concern for the resulting marginalization and disempowerment of the student and his/her family. His criticisms are shared by Danforth (1999) who raises particular concern for special education’s reliance on a medical language to describe student need. Danforth cites Rorty (1991) in discussing the use of language in the professionalization of special education and how it can be used to rationalize interventions, practice, or lack thereof. Both Danforth and Rorty refer to this as the **validation trap** where only professionals have access to this language and therefore
parental involvement is limited. They call for removing this language barrier and creating a focus on promoting democracy in educational practices. In encouraging a move towards greater equality in education, Danforth recommends four essential steps:

1. Switch from a focus on “equal opportunities”, to one of social justice that provides opportunities for dignity enhancing and empowerment.
2. Demystify the power of the professional in the decision-making process.
3. Focus on nitty-gritty details of what actually works.
4. Acknowledge the complexities of the struggle.

The works of Skrtic, Danforth and Rorty echo Foucault’s (1977) discussion on the social construct of disability, where “via observation and normalising judgments and examinations” (p.195) subjects are individualized and thereby stigmatized as dis-abled. Foucault argues that the process of focusing on students’ deficits, through a process of assessment, creates a diagnostic/prescriptive model that rationalizes stigmatization and discrimination. Allan (1996), in reflecting on Foucault’s work, argues that the medical nature of special education focuses on the deficits of the child and thereby supports a pattern of difference. The resultant power and knowledge that professionals gather contribute to the marginalization of the students and their families.

The Emergence of Inclusion

Such criticism of a medical view of service delivery in contemporary schools, coupled with the school reform movement, advanced the presentation of inclusive education as a viable alternative to special education. While it can be argued that the entire history of special education has been one long road towards inclusion (Smith et al., 1998) the criticisms of special education would secure its place as the preferred perspective of learner diversity.

Crockett and Kauffman (1998), in reflecting on the debate surrounding inclusion, concluded that it it is a broad construct with many different definitions and interpretations. Bloom, Perlmutter, and Burrell (1999) attempt to define it as “a philosophy that brings students, families, educators, and community members together to create schools and other social institutions based on acceptance, belonging, and community” (cited in Salend, 2001, p.5). Clark, Dyson, Millward and Robson (1999) advocate for yet a broader view of inclusion that is linked with diversity in our global community. O’Brien and O’Brien (1996) support this by mirroring the school reform movement’s call for inclusion as a “cultural force for school renewal” (p.31) where the benefits will extend to all students, their teachers and the community at large. Banks et al. (2005) comment that “the ideas of culturally responsive classrooms and inclusive classrooms are not entirely the same, but they are similar. Specifically, both terms suggest that schools and teachers need to develop classrooms that are supportive of children and accepting of difference. Within both of these conceptions, children’s strengths are emphasized and differences are considered a positive part of a learning environment because they allow children to share and experience diverse perspectives. In the past, children with exceptional needs were largely taught in isolated special education classrooms, and special education was associated primarily with a deficit orientation” (p.255). Sergiovanni (1994) references this cultural shift as community-building
with a valuing of diversity that reflects the social fabric of our communities. Noddings (1992) argues that it is not merely about an evolving view of disability, but stresses that schools have a responsibility to promote an “ethic of caring” in our communities by way of positive classroom experiences for all children.

Touraine comments that these arguments are “the expression of the collective will... or even as appeals to modernity or to the liberation of new forces in a world of traditions, prejudices and privileges” (cited in Cooper, 1999. p.29). In recent years, writers such as Gale (2000) and Slee (2001) have built upon this notion of inclusion as an issue of liberation, and present an argument for social justice. Gale posits that all aspects of social justice have relevance to inclusive education including distributive justice (individual freedom and distribution of goods and services) and retributive justice (the process of attainment of goods and services within a social order). It is, however, the third aspect of social justice, recognitive justice (the inherent value and worth of all citizens), which he feels bears the most relevance. He argues that in order for a society to be just, three conditions are required:

1. fostering respect for different social groups
2. opportunities for group’s self-development and self-expression, and;
3. the participation of groups in making decisions that directly affect them (p.260).

Gale stresses that recognitive social justice approaches do more than permit participation in decision-making but add value to “the process that takes account of the interests of all participants or those that serve the interests of dominant groups” (p.264). This emergence of inclusive schools within a context of increasingly inclusive communities would challenge educators in both interpreting placement options and supporting students in achieving optimal achievement with regular curriculum. Banks et al. (2005) outline that “most educators understand that learning differences exist along a vast continuum, that human beings typically develop compensatory strengths (often formidable ones) to allow them to expand their learning even though they may have some areas of difficulty, and that strategic instruction can make a large difference in what students achieve. Many believe, moreover, that viewing disability as a type of insurmountable deficit is a socially constructed notion that is detrimental to children and should be challenged” (p.255). Hutchinson (2007), in exploring the Canadian context for this perspective, writes:

“Change in exceptional education is everywhere. Most provinces and territories have adopted one of the following terms: inclusive education, inclusive schools, inclusive schooling, or regular classroom first. Although the predominant approach in Canada is inclusive education, no jurisdiction uses the expression full inclusion. All provide alternatives to the regular classroom when the choice clearly does not meet the student’s need.” (p.13-14)
Critical Analysis of this evolution

While the evolution of special services in NL paralleled the global shift in thinking towards legislated rights, cascade of services, interagency planning, inclusive education and family empowerment, it would equally reflect the mounting criticisms. Ware (2000), commenting on the effectiveness of legislative rights, states that “…practice may align with the original intent of the law, but it can be argued that the spirit of the law remains elusive and unrealized” (p.45). This break between intent and reality surfaces in countries as diverse as Ireland, France, and America (Philpott, 2003a). Fulcher (1989), in exploring this breakdown, cites the work of MacDonald (1981) who outlines that there are really three types of policy: what is written, what is stated and what is actually done.

The research on parental involvement in individualized planning meetings is remarkably clear in raising concern. Vaughn et al. (1988) found that parents assume a passive and minimal role in the meetings. This finding was consistent with an earlier study by Goldstein, Strickland, Turnbull and Curry (1980) in which it was observed that individualized planning meetings tend to be short (36 minutes on average) with parents contributing less than 25% of the discourse. In a later study, Able-Boone (1993) found it was usually the child’s mother who attended the IEP meeting. Harry, Allen and McLaughlin (1995) conducted a three-year observational study and identified what they referred to as a token role for parents. They found that parental participation declined over time and their involvement was usually limited to securing signatures for consent purposes. Turnbull and Turnbull (2001) state, “Too frequently, professionals interact with families in a way that connotes expert power and many parents believe that they can contribute little to educational decision making” (cited in Turnbull et al., 2002, p. 96). Yanok and Derubertis (1989), in a comparative study of regular and special education parental involvement in education, found that legislative provisions had done little to ensure the increased involvement of special education parents.

Turnbull and Turnbull (2001) identify four categories of impediments to parental participation: psychological, attitudinal, cultural/ideological, and logistical. Quiroz, Greenfield and Altchech (1999) add three other categories: communication, menu-driven approaches and “teacher-knows-best mind sets”. Rock (2000) states that the “barriers to parental involvement are complex, numerous, and varied” (p.32) and calls for increased sensitivity to these factors by teachers, and for specific strategies to address these issues effectively.

Even within an interagency planning model, concerns continue for the marginalization of parents and families. Nash (1990), commenting on parents’ involvement in interagency meetings, found that team members “tend to communicate in ways that reinforce power and status differentials … and that … such power differentials are likely to exist on early intervention teams if family members are perceived as lacking power and influence” (p.322).

Raffaele and Knoff (1999) build on this notion of power differentials, especially for parents who are economically or socially disadvantaged. They suggest that schools need to be proactive in addressing this, thereby facilitating true participation. Case (2000) polled parents of special education children and found that the “parent-professional relationship remains one of disparity,
with the professional persisting in the expert role” (p.287). Case also concluded that with interagency planning teams this problem was exacerbated by a lack of information sharing and a fragmentation of services. Tiegerman-Farber and Radziewicz (1998) add to this by stating, “If collaboration requires parent partnership, then schools are going to have to educate parents to function as equal partners” (p.184). They pose the issue of equality for parents in the planning process for their special needs child, citing that the reality of parental involvement differs from the theory. They write: “parents are not viewed as teachers of their children and are not accepted as advocates…. In fact, the very design of schools in terms of hours of instruction presents barriers for working parents [and that] most of the social problems experienced in schools can be traced back to the schism between parents and teachers (p.161).

Inclusive education has not been without its criticism, however, both in quality of service for children and teacher readiness to implement practices (Salend, 2001; Scrubbs & Mastropieri, 1996; Zigmond & Baker, 1995). While teachers tend to agree with the philosophy of inclusion, they call for additional resources, extra preparatory/collaboration time, and additional training (Semmel et al., 1991; O’Shea & O’Shea, 1998; Lupart et al., 1996; Salend, 1999; Edmunds, 2000; Maich, 2002; Dibbon, 2004).

This concern among teachers for their ability to implement inclusive education would rise in the province of NL where the delivery of the Pathways model and the development of ISSP’s eventually became so controversial (Dibbon, 2004) that Government would announce a review of the approaches in the spring of 2006.

**The NL Context**

Since the introduction of both the ISSP and Pathways model, much has been written about their effectiveness. There have been several studies and three Government commissioned reports commenting on the delivery of special education in the province. These studies give a local voice in the literature on special education practices and discourse which often echoes the concerns that have already been identified in the global literature. The provincial Department of Education releases annual indicators of students participating in special education programs. A review of both sources of information can offer insights into the model’s effectiveness.

**Enrolment Indicators**

Table 1 (attached) provides an overview of student enrolment in the province, namely, the numbers of students enrolled in special education and the number of teachers assigned to meet their needs. Data is presented for the past ten years beginning in the 1995-1996 school year. The province implemented the Pathways model in the fall of 1998, while ISSP’s were first introduced in 1996.

What surfaces in this table is a steady decline in the province’s school aged population over these years – reflecting a 30.5% drop in enrollment. While the numbers of students in special education also dropped, the percentage of students who required supports grew by 4.2%. In
1995-1996, for example, 11.84% of the province’s students were identified as requiring special education. That percentage has steadily grown to where 16.08% of the 2005-2006 school aged population require services. If current trends continue, nearly one quarter of the province’s children could be enrolled in special education within ten years. In a province with such a dramatic and steady decline in students, it is disconcerting to see a steady increase in number of students with disabilities. Similarly, the number of special education teachers has also increased by 11.8% in the past ten years. This reflects Government’s acknowledgment that it spends more resources on special education per capita than any other province does (Government of NL, 2003) yet the province continues to have among the lowest level of literacy in the country (International Adult Literacy and Skills Survey, 2005).

Tables 2 & 3 (attached) offer a closer look at the enrolment in special education since the Pathways model was implemented. Table 2 examines enrolment in non-categorical (mild delays) special education, as defined by the Department. Several interesting points are illustrated. First, there is a dramatic rise in the number of students who are seen as having speech/language delays/disorders. Since 1998-1999 this number has grown by 91.3%. A grade-level examination of this phenomenon (though not presented here) will show that this diagnosis spikes around Grades 3-4, the point at which the “Developmental Delay (0-8 years)” category ends, and children need to be identified with some other condition to continue qualifying for service.

Another interesting observation is that there are no students in the province identified with exceptional ability. In fact, the students who were recognized in this category disappeared from the model in 2002-2003 school year. Dibbon (2004) voiced this: “Teachers were concerned that oftentimes students on Pathways Two and Three ‘learn to be helpless’, that the average and above average students are held back academically and there is no time for enrichment activities for the gifted and higher academic students” (p.26). This underscores concern for the province’s trend of escalating enrolment in special education. If Sattler (2001) is correct in assuming that 3-5% of the population is gifted, then the 16.08% rate of current enrolment in special education climbs significantly and alarmingly. Suddenly, the projection of one quarter of the province’s children potentially requiring special education seems more imminent than predicted.

Table 3 (attached) examines those students identified with severe disabilities on the new Pathways model. It shows dramatic increases in three areas: learning disabilities, health/neurological, and emotional/behavioral. At the same time, there has been a 72.4% decline in the students with severe physical disabilities and a 39.1% decline in students with severe cognitive delay.

Overall, this data raises concern that an increasing percentage of students are being diagnosed with exceptionalities in a population that is declining dramatically. Additional distress arises when we see anomalies like the trend towards severe disabilities and the absolute disappearance of “strengths”. The question surfaces whether this model has created a culture of pathology, where weaknesses are identified and strengths are ignored. More critical would be the system’s absence of early identification and intervention. Banks et al (2005) state that early identification and intervention would reduce the number of special-needs students and the severity of the difficulties they encounter. They argue that student success would be improved if information
was more readily shared, and services coordinated when students begin school. The criticisms of special education, nonetheless, especially Skrytic’s (1995) comments regarding the theories of human pathology and organizational rationality, are echoed in these provincial statistics.

**Provincial Studies**

While there has been no in-depth evaluation of the Pathways model in NL, there have been several studies conducted that have examined the perceptions and experiences of parents, teachers and students who participate in this model. More importantly, when these studies are combined, the themes that materialize could potentially serve as a guide to informing future practice and policy.

Young (2004) conducted a study of the experiences of NL students returning to school after onset of psychiatric illness. She interviewed a number of students and found that “communication and collaboration was limited or non-existent in their back to school transition. Consequently, respondents struggled academically and emotionally.” (Young, 2004, p.77). These students felt that teachers were not trained and that there was no interagency planning or sharing of knowledge of their needs. Subsequently, echoing the words of a highly articulate group of students, Young concludes:

> What emerges is a clear call for drastic changes so that students with psychiatric disorders have options for obtaining a high school education in a safe and positive environment. The existing system, even with its well-articulated interagency approach to supporting students with diverse needs is failing. The policy and practice are as far apart, for these students, as could possibly be. While knowledge and services are clearly needed, sensitivity to the needs of students is paramount. (p.92)

This concern for the degree of effectiveness of the current system is reiterated in two studies that examine the perspective of parents. Moody (2003) explores the experiences of parents with children who have learning disabilities, and finds a similar breakdown in communication. “Professionals, while concentrating on specific problems, seemed to be working in isolation and lacked a team approach to sharing with each other their focus, the objectives/goals for a particular problem, and progress made” (Moody, 2003, p.78). These parents raised concern for a breakdown at every level, from initial identification of the problem to accessing agreed on supports. Moody reports that the parents’ resulting awareness of the system’s failure to meet the needs of their child results in the emergence of a private system of support where these families have to hire private practitioners to provide the service that the education system is mandated to deliver. “Mothers… therefore felt it was their responsibility to get the information from outside support professionals … so as … to present at school meetings when looking for resources that could improve a child’s learning environment” (Moody, 2003, p.79). Moody concludes that these families encounter untold stress, in both advocating for the needs of their children and the financial burdens encountered in accessing private services.
This development of a private system of special education was also reported in a separate study by Philpott (2004). In examining the experiences of parents with children who have obsessive compulsive disorder, Philpott reports findings similar to those of Moody: a breakdown in communication, significant family stress, conflict between home and school, and the emergence of a privatized system of support. In a scathing critique of the province’s interagency approach, Philpott summarizes parents’ experiences:

Parents’ growing disillusionment is heightened by the promises inherent in the language that reflects a political paradigm of shared decision-making, role parity and care provision. They frame this politicization of care as a sincere recognition of the legitimacy and severity of their child’s needs. Parents are disappointed, yet they must continue to play the game. They become cynical about the language of a policy that articulates something radically different than they experience. They interpret the process as one that articulates procedures to care for children yet fails to ensure that the child, or the family, feel cared about. While the language of the policy frames a model that is built upon care, parents seldom see caring displayed in their child’s daily school experiences or in how they are treated. The process is seen as politicizing an image of care that covers an absence of it (p.28).

While the experiences of parents mirror those of students, four separate studies on the experiences of teachers underscore the need for radical change. Walters (1999) and Edmunds (2000) both explored teachers’ perceptions of their readiness to implement current models. What arises is concern for resources, training and time for collaboration, planning and meeting. While there is general agreement in the philosophy of models, concern surfaces for the ability to deliver what the model espouses. Maich (2002) offers an in-depth study into teachers’ perceptions of collaboration, as articulated in provincial policies. Maich concludes that classroom teachers recognize this break between the language of a policy and their actual ability to deliver it in their practice. Maich writes: “As a result of barriers created by a lack of practical supports in the schools … they did not practice collaboration in ways typically recommended in the literature, or even to the extent that they desired” (p.3).

A recent study by Younghusband (2005), exploring teacher stress in the province, offers further validation of this breakdown, and affirms that teachers share the stress that families report. She also reports the breakdown between what the policy says, how it is articulated and the system’s ability to deliver it. She concludes:

In the current study, Pathways was identified as a major concern by teachers because of the need to modify the curriculum in different ways to accommodate the diverse needs of students. Frustration and accountability fears were high regarding this problem as teachers talked of struggling to meet their students’ needs. Feelings of inadequacy and reduced self-confidence were understandable. “Impossible” was a frequently used adjective to describe the delivery of Pathways as the teachers tried to live up to demands placed upon them in this regard.
Concern was also raised in a provincial review of classroom services. *Supporting Learning: The Ministerial Panel on Educational Delivery in the Classroom* (Government of Newfoundland & Labrador, 2000a) noted that a recurrent theme throughout the Panel’s consultations was “a focus on educational delivery for students with special needs, most often referred to as special education (p.26).” Special education, they claimed, “dominated many Panel meetings and discussions in that the delivery of special education services, under the emerging “Pathways” model, involves not only the special education teacher but also the regular classroom teacher and a range of other professionals within and outside the education, health and justice systems” (p.26). The Panel noted the level of attention special education has received in recent years, yet they were “perplexed by the degree of confusion and turmoil that still surrounds this area centering around teacher deployment, student assistants, Pathways and integration” (p.26). They called for stability in the entire area of special education, particularly in the way student support services are deployed, fundamental changes in the student assistant model, creative ways which would effectively and efficiently use present resources, clarification around who should qualify for what services, and the need to address the issues of “remedial” students. Of the Panels 86 recommendations, 9 were specific to special education.

Four years later, however, Dibbon (2004) found that little had changed. In his review of teacher workloads in the province, Dibbon noted that since the Pathways framework was introduced to the Provincial School System in the mid-1990’s, teachers have been expressing their concerns about the way the program has been implemented and the implications that it brings for teacher workload. He writes that in the minds of many of these teachers the policy is having an indirect and negative impact on students. There was also serious concern expressed about the amount of time and effort involved in the ISSP and related documentation processes. From a workload perspective, the main concerns focused on the excessive amounts of paper work and documentation, the many hours of evening and weekend work preparing ability-level resource materials and, for some, the many after-school meetings. There was also concern expressed that “due to a lack of sufficient resources at the school, district and department levels, it often takes far too long to carry out assessments and referrals that are required... (p.26).” Many other teachers had issues surrounding the composition of their class(es) and they were adamant that the composition of the class must be taken into consideration when students are being assigned, particularly students who are on Pathways 2, 3, or 4.

Surprisingly, the findings of these studies reproduce the criticisms that emerge in the global literature on special education. It appears to be well known that traditional models often result in family disempowerment, breakdowns in service and resulting frustration among all stakeholders, yet the province continues to hold to a diagnostic prescriptive model of support. Within a rapidly evolving social paradigm of inclusiveness, the province continues to diagnosis difference, focusing upon weaknesses in a highly medical view of diversity. What has resulted is a culture of pathology, where an increasing percentage of students are being diagnosed with disabilities and resources are being allocated despite being clearly ineffective. Ironically, the resultant concern is shared between students, teachers and parents who unanimously say that what the policy states is not what happens in the province’s classrooms.

As teachers compete for the necessary resources to do their job, there is an indication that the collegial model may be weakening. Dibbon (2004) presented evidence that teachers are
beginning to blame each other for the high workload associated with the current Pathways model. For example, some classroom teachers see the special needs teacher as having an easy time with just one or two students at a time, and conversely, some special needs and special education teachers feel they are isolated from the rest of the staff and are carrying the brunt of the load of coordinating the special needs program. All are asking for help.

This cry for help, echoed by parents, was heard with the 2007 release of *Focusing on Students: The final report of the ISSP/Pathways Commission* (Government of Newfoundland, 2007). That document identified a “crisis of knowledge and leadership in the area of special education” (p.10) and set forward 75 recommendations that would set forth a plan of change. Central to the report was a challenge to dramatically shift from a system that documents and diagnoses difference to one that embraces the needs of all students in more inclusive learning environments. In doing so, there is an articulate call for shared leadership, by the Department of Education, the teachers union, the university and the school districts, to “create informed learning environments characterized by a pedagogic thoughtfulness towards working with families” (p.118). Sadly, however, in releasing the report, the Minister of Education announced that they were accepting 70 of the 75 recommendations, choosing not to accept 4 that were specifically aimed at giving parents a greater say. Within one month of the report’s release, outraged parents formed “Our Children First”, a coalition of disability groups united as a public “watchdog group” to pressure the Minister to accept all recommendations and to ensure their voice is not silenced. NL parents will no longer accept anything less than democracy in the education of their children.

### Summary

NL’s current model of Student Support Services has evolved from global trends in the provision of services to exceptional children. The current *Pathways* model echoes the *Cascade of Services* approach first developed in 1962 and now used in schools around the world as a means to recognize individual needs and to streamline delivery of services. The province’s *ISSP* reflects the individualized planning and documentation process developed as legislation began to mandate educational placement and specialized services. It has evolved with changing paradigms of case planning, to reflect an interagency model of collaborative decision-making striving towards empowerment of the child and family. This evolution reflects the global movement from segregation to integration and onwards towards inclusive approaches.

The challenges that the province now faces are equally reflective of global struggles. In fact, even a cursory glance at the literature reveals similar global criticisms of policy and practice. Chief among those is the clear breakdown between what policy outlines, how systems interpret it and what actual services are delivered to children/families on a daily basis. An examination of numerous studies on local practice reflects this breakdown in delivery and calls for change to limit the frustration of all stakeholders, and the blatant disempowerment of families. NL’s current model originally set out to do that, but somehow it has resulted in stress and confusion, as articulated by students, parents and teachers. Somewhere, between the initial development and subsequent evolution of policies that were anchored in knowledge, the province has drifted off course.
Not surprisingly, this *policy drift* is also supported by the literature. Wincott, (2006) in examining how policy diverges with implementation, comments:

Policy drift should not be seen as an alternative to notions of policy *inertia* - it is tempting to suggest that it is society that drifts away from the policy *status quo*. Strictly speaking it is social realities that change more than the policies themselves (although the latter may also alter – either insufficiently to keep up with social changes or even be subject to degradation). Policy drift may be best understood as a form of *mission drift* where social policies lose their normative moorings (p.25).

The process of establishing a contemporary mooring for learner diversity in NL should be guided by this literature. Its themes clearly negate blame and validate the struggles that the province is currently facing as typical in the evolution of policy and service. Certainly, it affords an opportunity to balance future initiatives with current knowledge so as to address the breakdown in services, and to create a model that will result in the empowerment that the literature calls for. Essential to this is a need to explore the power differentials that now marginalize families and place educators in adversarial roles with parents. Perhaps a point of departure for this process will be an examination of how the province continues to hold to a medical model of disability that has resulted in a hierarchy of “expert knowledge”. Central to this will have to be a frank discussion on why special education in this province tends to be managed by psychologists at the district level, and guidance counsellors at the school level, neither of whom has training in the area of adapting instruction (Philpott, 2003b). In order to move from diagnosing difference to embracing the needs of all students in our classrooms, leadership will have to move back into the hands of teachers.

Equally urgent is a need to define what exactly the province means by *inclusive education*. In the absence of a clear articulation of inclusive education (globally or locally), misinterpretation dominates the delivery of services. Nowhere is this more evident than in NL, where the current curriculum is reflective of the principles of *Universal Design*, with ample opportunities for *Differentiating Instruction*. Banks et al. (2005) argue that developing an inclusive practice goes beyond understanding special education policy and identifying specific instructional strategies that will help students with disabilities. Teachers must also know how to develop a supportive classroom community in which all students feel safe both with the teacher and with each other.

While re-establishing such a contemporary mooring for future perspectives of diversity “…may seem a Herculean task, it is politically more optimistic than the pessimism of structural approaches which in education have not offered policy makers a viable agenda. The politics of negotiations, discourse and their associated strategies derive from the view that policy is made at all levels and responsibility for the decisions made in one arena should be located with the social actors who make them” (Fulcher, 1989, p.16). In NL this process is increasingly led by parents who are determined to rewrite the discourse that defines service delivery to their children and politically demand effective programs. Perhaps no other aspect of contemporary education in this province typifies how far we have come since confederation as well as the direction we are taking. Parents in this province are demanding that democratic education is one that prioritizes
the needs of the individual child and welcomes the family as a true partner in planning and decision-making.

**Table 1: Enrolment and Teacher Allocation**

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Enrolment</th>
<th>Special Education Students</th>
<th>% Change</th>
<th>Special Education Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995-1996</td>
<td>110,456</td>
<td>13,075</td>
<td>11.84</td>
<td>819</td>
</tr>
<tr>
<td>1996-1997</td>
<td>106,205</td>
<td>12,486</td>
<td>11.76</td>
<td>994</td>
</tr>
<tr>
<td>1997-1998</td>
<td>101,608</td>
<td>12,039</td>
<td>11.85</td>
<td>943</td>
</tr>
<tr>
<td>1998-1999</td>
<td>97,401</td>
<td>13,341</td>
<td>13.70</td>
<td>976</td>
</tr>
<tr>
<td>1999-2000</td>
<td>93,957</td>
<td>13,099</td>
<td>13.94</td>
<td>1006</td>
</tr>
<tr>
<td>2001-2002</td>
<td>86,898</td>
<td>12,838</td>
<td>14.77</td>
<td>1000</td>
</tr>
<tr>
<td>2002-2003</td>
<td>84,268</td>
<td>13,034</td>
<td>15.47</td>
<td>970</td>
</tr>
<tr>
<td>2003-2004</td>
<td>81,458</td>
<td>12,369</td>
<td>15.18</td>
<td>950</td>
</tr>
<tr>
<td>2004-2005</td>
<td>79,439</td>
<td>11,986</td>
<td>15.09</td>
<td>938</td>
</tr>
<tr>
<td>2005-2006</td>
<td>76,763</td>
<td>12,342</td>
<td>16.08</td>
<td>916</td>
</tr>
<tr>
<td>Change Over 10 Years</td>
<td>-30.5%</td>
<td>-5.6%</td>
<td>+4.2%</td>
<td>+11.8</td>
</tr>
</tbody>
</table>

Source: Department of Education
<table>
<thead>
<tr>
<th>Exceptionality</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
<th>03-04</th>
<th>04-05</th>
<th>05-06</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Visual Impairment</td>
<td>36</td>
<td>44</td>
<td>33</td>
<td>37</td>
<td>47</td>
<td>50</td>
<td>53</td>
<td>35</td>
<td>-2.8</td>
</tr>
<tr>
<td>Speech and/or Language Delay/Disorder</td>
<td>1159</td>
<td>1392</td>
<td>1838</td>
<td>1876</td>
<td>1831</td>
<td>1797</td>
<td>2103</td>
<td>2217</td>
<td>+91.3</td>
</tr>
<tr>
<td>Mild/Moderate Physical Disability</td>
<td>100</td>
<td>165</td>
<td>102</td>
<td>151</td>
<td>90</td>
<td>92</td>
<td>121</td>
<td>142</td>
<td>+42.0</td>
</tr>
<tr>
<td>Mild/Moderate Learning Disability</td>
<td>2968</td>
<td>2705</td>
<td>2667</td>
<td>2557</td>
<td>2758</td>
<td>2702</td>
<td>2812</td>
<td>2800</td>
<td>-5.7</td>
</tr>
<tr>
<td>Mild/Moderate Health/Neurological Related Disorder</td>
<td>243</td>
<td>183</td>
<td>216</td>
<td>279</td>
<td>279</td>
<td>312</td>
<td>331</td>
<td>363</td>
<td>+49.4</td>
</tr>
<tr>
<td>Mild Hearing Impairment</td>
<td>71</td>
<td>109</td>
<td>93</td>
<td>116</td>
<td>119</td>
<td>125</td>
<td>103</td>
<td>120</td>
<td>+69.0</td>
</tr>
<tr>
<td>Exceptional Ability</td>
<td>1400</td>
<td>1112</td>
<td>1024</td>
<td>1070</td>
<td>1034</td>
<td>758</td>
<td>-</td>
<td>-</td>
<td>-100</td>
</tr>
<tr>
<td>Mild/Moderate Emotional/Behavioural</td>
<td>537</td>
<td>567</td>
<td>650</td>
<td>662</td>
<td>784</td>
<td>753</td>
<td>744</td>
<td>697</td>
<td>+29.8</td>
</tr>
<tr>
<td>Developmental Delay (0-8 years)</td>
<td>774</td>
<td>965</td>
<td>1088</td>
<td>1099</td>
<td>1164</td>
<td>1157</td>
<td>1266</td>
<td>1339</td>
<td>+73.0</td>
</tr>
<tr>
<td>Mild/Moderate Cognitive Delay</td>
<td>2424</td>
<td>2353</td>
<td>2154</td>
<td>2198</td>
<td>2095</td>
<td>1947</td>
<td>1887</td>
<td>1864</td>
<td>-23.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2478</td>
<td>2309</td>
<td>1766</td>
<td>1706</td>
<td>1752</td>
<td>1389</td>
<td>1297</td>
<td>1684</td>
<td>-32.0</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>113</td>
<td>163</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>12190</td>
<td>11904</td>
<td>11631</td>
<td>11751</td>
<td>11953</td>
<td>11195</td>
<td>10880</td>
<td>11261</td>
<td>-7.2</td>
</tr>
</tbody>
</table>

Source: Department of Education
Table 3: Categorical Allocations

<table>
<thead>
<tr>
<th>Exceptionality</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
<th>03-04</th>
<th>04-05</th>
<th>05-06</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate/Severe Hearing Impairment (Criteria A)</td>
<td>68</td>
<td>91</td>
<td>67</td>
<td>49</td>
<td>60</td>
<td>55</td>
<td>65</td>
<td>56</td>
<td>-17.6</td>
</tr>
<tr>
<td>Moderate/Severe Visual Impairment (Criteria B)</td>
<td>32</td>
<td>37</td>
<td>27</td>
<td>24</td>
<td>27</td>
<td>67</td>
<td>21</td>
<td>26</td>
<td>-18.8</td>
</tr>
<tr>
<td>Moderate Global/Severe/Profound Cognitive Delay</td>
<td>778</td>
<td>736</td>
<td>710</td>
<td>638</td>
<td>614</td>
<td>583</td>
<td>536</td>
<td>474</td>
<td>-39.1</td>
</tr>
<tr>
<td>(Criteria C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Physical Disability (Criteria D)</td>
<td>123</td>
<td>98</td>
<td>86</td>
<td>94</td>
<td>61</td>
<td>46</td>
<td>39</td>
<td>34</td>
<td>-72.4</td>
</tr>
<tr>
<td>Severe Emotional/Behavioral Difficulty/Disorder</td>
<td>49</td>
<td>82</td>
<td>82</td>
<td>75</td>
<td>89</td>
<td>96</td>
<td>115</td>
<td>83</td>
<td>+34.0</td>
</tr>
<tr>
<td>(Criteria E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Learning Disability (Criteria F)</td>
<td>64</td>
<td>91</td>
<td>71</td>
<td>106</td>
<td>112</td>
<td>184</td>
<td>188</td>
<td>250</td>
<td>+290.6</td>
</tr>
<tr>
<td>Severe Health/Neurological Related Disorder</td>
<td>37</td>
<td>60</td>
<td>73</td>
<td>101</td>
<td>118</td>
<td>143</td>
<td>142</td>
<td>158</td>
<td>+327.0</td>
</tr>
<tr>
<td>(Criteria G)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1151</td>
<td>1195</td>
<td>1116</td>
<td>1087</td>
<td>1081</td>
<td>1174</td>
<td>1106</td>
<td>1081</td>
<td>-6.1</td>
</tr>
</tbody>
</table>

Source: Department of Education
References


Department of Education. (1994). *Adjusting the course: Restructuring the school system for education excellence*. St. John’s, NL: Government of NL.

Department of Education. (1999). *Special education policy manual (draft).* St. John’s, NL: Government of NL.

Dibbon, D. (2004). *It’s about time: A report on the impact of workload on teachers and students.* St. John’s, NL: Memorial University of Newfoundland, Faculty of Education.


Government of NL. (2003). Premier’s address to St. John’s Board of Trade
Business Outlook 2003: Check against delivery. Retrieved November 24, 2006, from
http://www.releases.gov.nl.ca/releases/2003/exec/0115n06.htm

Government of NL. (2007). Focusing on Students: The final report of the
ISSP/Pathways Commission. St. John’s, NL: Author.


American parents’ involvement in special education. Exceptional Children, 61(4), 364-
377.

River, NJ: Prentice Hall.

education. Exceptionality, 8(1), 3-11.

Hutchinson, N.L. (2007). Inclusion of exceptional learners in Canadian schools. Toronto, ON: 
Pearson Canada.

environments. U.S. Office of Special Education Programs.

Publishers.

Ltd.

Kauffman, J.M. (1981). Historical trends and contemporary issues in special education in the
United States. In J. M. Kauffman & D. P. Hallahan (Eds.), Handbook of special

Lupart, J., McKeough, A., & Yewchuk, C. (1996). Schools in transition: Rethinking regular and
special education. Scarborough, ON: Nelson.


care. In International perspectives in community care for older people (pp. 159-169).
Maich, K. (2002). *When pathways cross: Special education teacher collaboration under “Pathways to Programming and Graduation”*. Unpublished master’s thesis, Memorial University of Newfoundland, St. John’s, NL.


Young, M.C. (2004). A phenomenological study of students’ experience in returning to school after the onset of a psychiatric illness. Unpublished master’s thesis, Memorial University of Newfoundland, St. John’s, NL.
