

Self-Determination and the Third Generation of Inclusive Practices

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Abstract

This article proposes that the confluence of pressures brought about by school reform efforts worldwide, advances in research and practices pertaining to self-determination and student-directed learning, and new ways of thinking about and conceptualizing disability are requiring us, as educators, to reconsider our historical approaches and intervention models and to move from creating programs for students based upon their label to the design of truly individualized supports; from creating separate, congregate services to implementing inclusive practices; and from a focus on student incapacities and deficits to a focus on individual strengths. These influences have led to a third generation of inclusive practices. First generation inclusive practices focused on moving students from congregate settings to inclusive classrooms. Second generation inclusive practices focused on developing and validating strategies to support students with disabilities in inclusive classrooms. The third generation inclusive practices turn the focus from where a student is educated to what the student is taught. At the core of the third generation inclusive practices are a focus on promoting and enhancing the self-determination of all students, including students with disabilities and special educational needs; ensuring that the curriculum is universally designed and instruction is flexible for all students; implementing schoolwide interventions that benefit all students, such as positive behavior supports; and creating a vision for schools that include all students. Research suggests that implementing third generation inclusive practices enables students to achieve greater access to the general education curriculum and will lead to more positive educational and adult outcomes and empower students by enabling them to direct their own lives more effectively. Similarly, research shows that students who leave school as self-determined young people achieve more positive adult outcomes and attain a better quality of life and higher lifestyle satisfaction.

Key words: Self-determination, Universal Design for Learning, Access to the General Education Curriculum, Supports, Functional Models

Self-Determination and the Third Generation of Inclusive Practices

The thesis I would like to present in this paper is that the confluence of pressures brought about by school reform efforts worldwide, advances in research and practices pertaining to self-determination and student-directed learning, and new ways of thinking about and conceptualizing disability are requiring us, as educators, to reconsider our historical approaches and intervention models. These forces move us from creating programs for students based upon their label to the design of truly individualized supports. They

move us from separate, congregate services to inclusive practices. They emphasize individual strengths instead of incapacities, and focus on empowerment and self-determination.

Let me begin with the latter of these forces, new ways of thinking about and conceptualizing disability, for it is this force that may be the most powerful one in moving us toward what I call third generation inclusive practices (discussed in detail subsequently). Readers of *Revista de Educacion* will likely be familiar with these new ways of conceptualizing disability, but it is worth highlighting them at the outset of this paper nevertheless.

Functional Models of Disability

For much of history, disability has been understood in negative terms; as pathology, aberration, and something atypical. People with disabilities themselves were viewed as, in some way, diseased, broken, or needing to be fixed. Toward the end of the 20th Century, these conceptualizations began to be replaced by ways of thinking about disability that focused on disability as a function of the interaction between personal capacity and the context in which people with disabilities lived, learned, worked, and played. Two of these so-called functional models of disability, the World Health Organization's *International Classification of Functioning, Disability, and Health* (ICF), and the American Association on Intellectual and Developmental Disabilities' 1992 classification system (Luckasson et al., 1992). The ICF and AAIDD frameworks are «functional» classification systems because disability is seen as an outcome of the interaction between a person's limitations and the environmental context in which that person must function.

The WHO's ICF is forwarded as a biopsychosocial model of disability in which disability and functioning are viewed as outcomes of interactions between health conditions (diseases, disorders, and injuries) and contextual factors. These contextual factors include environmental and personal factors. The ICF proposes three levels of human functioning upon which these health conditions and contextual factors act: Body Functions and Structures, referring to the physiological functions of body systems and the anatomical parts of bodies, including organs and limbs; Activities, or the execution of tasks or actions by the person, and Participation, pertaining to involvement in life situations. The impact of health conditions and contextual factors on body functions and structures might result in impairments, defined as problems in body function or structure, while the impact on activity and participation factors may result in activity limitations or participation restrictions. The key element of the ICF is the notion that disability is a function of the relationship between the person, his or her health condition, and the social context.

The AAIDD 1992 (and, subsequently, 2002) definition and classification system followed the lead of the WHO ICF by proposing a «functional» definition of intellectual disability. Within this definitional framework, disability is not something that a person *has* or something that is a *characteristic of the person*, but is instead a *state of functioning* in which limitations in functional capacity and adaptive skills must be considered *within the context* of environments and supports. The manual's authors proposed that intellectual disability «is a *state* in which functioning is impaired in certain specific ways» (Luckasson et al., 1992, p. 10). A *functional limitation* is defined as the «effect of specific impairments on the performance or performance capability of the person» while disability is described as the «expression of such a limitation in a social context» (Luckasson et al., p. 10). Luckasson and colleagues (1992) noted, accordingly, that intellectual disability «is a disability *only* as a result of this interaction» (p. 10); that is, *only* as a result of the interaction between the functional limitation and the social context, in this case the environments and communities in which people with ID live, learn, work and play.

By defining *disability* as a function of the reciprocal interaction between the environment and the student's functional limitations, as these two models do, the focus of the 'problem' shifts from being a deficit within the student to being the relationship between the student's functioning and the environment and, subsequently, to the identification and design of supports to address the student's functioning within that context. Historic models of special educational services determined eligibility for special education and created the «programs» in which to deliver those services based on student labels, with the label

...serving as a proxy, essentially, for a presumed set of common deficits. Students were grouped by label, in homogenous and often segregated settings, and provided an educational program based upon presumptive need as a function of the category or level of impairment. Functional models of disability, in turn, led to the design of individualized supports instead of programs.

Individualized Supports instead of Label-Specific Programs

«*Supports* are resources and strategies that aim to promote the development, education, interests, and personal well-being of a person and that enhance individual functioning» (Luckasson et al., 2002, p. 151). Supports, then, are resources and strategies to enhance human functioning. Education itself is a type of support, enhancing human functioning by increasing a person's capacity to function in a wide array of environments. Students, of course, vary in the level, type, and intensity of supports they will need to succeed, even within the same disability categories; they vary, essentially, in their need for supports or support needs. *Support needs* is a psychological construct referring to the pattern and intensity of supports necessary for a person to participate in activities linked with normative human functioning (Thompson, Bradley, Buntinx, Schalock, Shogren, Wehmeyer et al., in press).

Human functioning is enhanced when the person/environment mismatch is reduced and personal outcomes are improved. Since human functioning is multidimensional, considering supports as a means to improve human functioning provides a structure for thinking about more specific functions of support provision.

Importantly, supports are individually designed and determined with the active involvement of key stakeholders in the process. This approach contrasts with traditional educational service delivery models designed in a top-down manner and delivered in the form of programs, as discussed previously. Supports added to a student's school day can take many forms but must be designed to alter the elements of the curriculum, a classroom, a lesson, or an activity only if necessary to enable students to be educated with his or her non-disabled peers. Many supports will be faded once the student participates in an activity with success and masters new competencies; however, if supports are more intrusive than needed, they will be more difficult to eliminate or reduce. When supports call unnecessary attention to the student, participation is accompanied by stigma. Sometimes the involvement of peers can help professionals design less intrusive classroom adaptations and accommodations (Janney & Snell, 2004).

Additionally, a supports model requires an active and ongoing evaluation of the ecological aspects of the disability, since the disability can only be defined within the context of the functional limitations and the social context. Thus, efforts to design supports focus heavily on changing aspects of the environment or social context and providing students with additional skills or strategies to overcome barriers in those environments. In education's case, this contextual focus involves modifications to the classroom and the curriculum.

There are a number of educational practices that evidence the impact of functional models of disability and that focus on a supports model. These include applications of Universal Design for Learning, the use of educational and assistive technology, the application of positive behavior supports, and promoting access to the general education curriculum, the latter of which is a central theme in the third generation of inclusive practices. These are briefly described here by way of illustrating how the educational process may differ as a function of the changing ways of thinking about disability.

Universal Design for Learning

Historically, content information, particularly in core academic areas, has presented through print-based formats (textbooks, worksheets) and lectures. Students who cannot read well or who have difficulty with memory or attention do not have access to the content presented exclusively through these mediums and,

thus, will not have the opportunity to learn that content. Applying principles of UDL to curriculum development by providing multiple means for presenting information and for students to respond to that information is an example of these functional models' emphasis on modifying the context, in this case the curriculum, to ensure a better fit between the student's capacities and that context.

Orkwis and McLane (1998) defined 'Universal Design for Learning' as: «the design of instructional materials and activities that allows learning goals to be achievable by individuals with wide differences in their abilities to see, hear, speak, move, read, write, understand English, attend, organize, engage, and remember» (p. 9).

UDL promotes flexibility in representing content (how instructional materials present the content), in presenting content (how educators and materials deliver content), in demonstrating content mastery (how students provide evidence of their learning). Flexibility in the presentation and representation of content information can be achieved by providing information in a variety of formats, including text, graphics or pictures, digital and other media formats (audio or video, movies), or performance formats (plays, skits). The development of curricular materials in digital (electronic text) formats allows for the use of computers to provide multiple output formats. For example, using specially designed media players, electronic text can be converted to multiple output formats, including electronic Braille, digital talking book format, and sign-language avatars, as well as allowing for output in multiple languages and allowing the user to modify features of the presentation, including font size and color and background color. Similarly, there are multiple ways students can provide evidence of their learning, including written reports, exams, portfolios, drawings, performances, oral reports, videotaped reports, and other alternative means.

There are, as well, pedagogical or instructional modifications that can provide greater access to content information. For example, the use of graphic or advance organizers has been shown to improve the comprehension of students with disabilities. Both graphic and advance organizers are, in essence, flexible ways of presenting content information to students.

The use of UDL to drive curriculum design is a perfect example of the impact of functional models of disability to education. These modifications alter the context, in this case the actual curricular materials, to enable learners with a wide array of abilities and experiences to have access to content information... it improves the 'fit' between the student with disability and the curriculum through which content information is presented.

Educational and Assistive Technology

The focus on providing supports to promote a better fit between a student's capacities and the educational context also places greater emphasis on the use of educational and assistive technologies. Traditionally, the role of technology in «special» education has been narrowly prescribed as of benefit only to students with more severe impairments who need some 'assistive' technology device, such as an augmentative communication device, to accommodate for that student's deficits. This was consistent with an understanding of disability that focused on fixing the person. Within a functional model and supports systems, however, the role of technology, including information, electronic, and assistive technologies, becomes critical to addressing not only the student's capacities, but the educational context. Computer assisted instruction, for example, involves the use of computer-based technologies to perform a variety of instructional roles, from initial delivery of content information to drill and practice activities. Research supports the efficacy of CAI with students with and without disabilities, including students with more severe disabilities (Wehmeyer, Smith, Palmer, Stock, & Davies, 2004).

Finally, technology can play a meaningful role in promoting the inclusion of students with disabilities in general education classrooms. Assistive technologies, such as augmentative or alternative communication devices, provide alternative means for students with disabilities to interact with their peers without disabilities, as well as to participate in classroom learning activities. Many devices can

promote peer interactions by providing a topic of conversation between the student with disability and a peer. Technology devices like iPods and BlackBerry® wireless handheld devices are socially desirable and can facilitate social interactions as well as provide needed supports.

Positive Behavior Supports

A final example the application of functional models and support paradigms to education, prior to discussing issues of access to the general education curriculum and third generation inclusive practices, involves the implementation of school-wide positive behavior supports. An ongoing concern for many teachers working with students with disability is how to manage their classroom to ensure a non-disruptive learning environment for all students and how to deal with challenging behavior problems exhibited by a few students. The field of positive behavior supports is an area of intervention and treatment that has moved from emphasizing the person with a disability as the problem to be fixed to recognizing that treatment and intervention must focus on the social and environmental context and the interaction between that context and the individual's limitations. Positive behavior interventions and supports go all out, as it were, to change the environment to make the exhibition of problem behaviors irrelevant or counterproductive for the person. Positive behavior supports focus on two primary modes of intervention, altering the environment before a problem behavior occurs and teaching appropriate behaviors as a strategy for eliminating the need for problem behaviors to be exhibited (Carr, et al., 2000).

Significantly for educators, positive behavior supports have focused attention on addressing problem behaviors in school settings and in addressing school violence (Horner, Albin, Newton, Sprague, & Todd, 2006) by providing interventions at an individual, classroom, or whole-school level. Positive behavior support has been demonstrated to reduce office referrals in schools, create classroom environments more conducive to learning, and assist students with chronic behavior problems to improve their behavior. Positive behavior supports involves the application of behaviorally-based approaches to enhance the capacity of schools, families, and communities to design effective environments that improve the fit or link between the students and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining school environments that improve lifestyle results (personal, health, social, family, work, recreation, etc.) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.

Turnbull, Turnbull, Soodak, and Erwin (2006) discussed the impact of positive behavior interventions and supports at several levels of activity. First, the approach recognizes that «a student's behavior is affected by the philosophies, policies, procedures, practices, personnel, organization and funding of education agencies and other human service agencies involved in the student's education» (p. 185). As such, the first level of intervention will necessarily focus on systems change, that being the process of changing those features of the agency or agencies. Included in such systemic efforts are service integration efforts that bring together a wide array of supports in a unified and easily accessible manner.

Second, as has been emphasized, positive behavior interventions and supports emphasize altering the environment. Turnbull et al. (2006) noted that such environments are usually altered by:

- Making different life arrangements by building on student strengths and preferences, identifying student and family priorities, building social and friendship networks and promoting health and wellness;
- Improving the quality of the student's physical environment, including increasing the predictability and stability of events in school building, minimizing noise and other irritants;
- Making personal accommodations for students;
- Making instructional accommodations for students (p. 185).

A third level of action for positive behavior supports is to focus on skill instruction to enhance the possibility that students will act appropriately. Such activities can extend from teaching specific

behavioral patterns or routines (how to behave in school hallways between classes) to instruction to promote general problem solving and self-management skills.

Once again, the focus on positive behavior supports attempts to modify the context in which students learn, in this case school and classroom settings, to ensure a better fit for the student. There are both capacity building and context modification activities involved.

School Reform and Access to the General Education Curriculum

Worldwide there has been a greater emphasis in education on accountability for student outcomes, and these broad reform efforts have, to sometimes greater or lesser degrees, included students with disabilities. These reform efforts share common themes and structures, including the establishment of standards, curriculum alignment to achieve those standards, and establishing accountability criteria to measure progress toward those standards. Each are discussed briefly as they have been applied to the education of students with disabilities.

Standards Setting

School reform efforts begin with and are centered on the establishment of standards. The process of setting standards to facilitate change in the educational system involves the establishment of content or performance outcomes that serve as exemplars of high quality outcomes of the educational process. Not only are these standards the basis for accountability assessment procedures, but they also form the basis for establishing the general education curriculum and, thus, directing instruction for all students. Two aspects of the standards setting process are critical if students with disabilities are to benefit. First, standards should be set across a broad array of content areas if the general education curriculum is to be appropriate for all students, including students with disabilities. Second, if students with widely varying skills, backgrounds, knowledge, and customs are to progress in the general education curriculum, the standards upon which the curriculum is based, as well as the curriculum itself, must embody the principles of Universal Design for Learning, as discussed previously, and be written to be open-ended and inclusive, not close-ended and exclusive. The terms open- and close-ended refer to «the amount of specificity and direction provided by curriculum standards, benchmarks, goals, or objectives at both the building and classroom levels» (Wehmeyer, Sands, Knowlton, & Kozleski, 2002). Close-ended standards are specific and require narrowly defined outcomes or performance indicators, like writing a paper or taking a test. Open-ended standards do not restrict the ways in which students exhibit knowledge or skills and focus more on the expectations that students will interact with the content, ask questions, manipulate materials, make observations, and then communicate their knowledge in a variety of ways (orally, through video tape, writing and directing a play, etc.). Open-ended designs allow for greater flexibility as to what, when, and how topics will be addressed in the classroom (Stainback, Stainback, Stefanich, & Alper, 1996) and are more consistent with universally designed curriculum, ensuring that more students, including students with more severe disabilities, can show progress in the curriculum (Wehmeyer, Sands, et al, 2002).

Establishing a Vision and a Mission that Includes All Students

A mission statement is a statement of the overall purpose of an organization. Values statements identify the priorities for an organization, and vision statements detail where the organization wants to be in the future. At the campus level, administrators and faculty need to have the latitude to decide how they will implement instruction so as to achieve the standards. This often begins with a process that:

- Determines a shared mission and vision for all students in the school.
- Sets goals that involve all students
- Ensures a fit among vision, goals, and standards/curriculum.
- Identifies targeted outcomes.
- Sets standards for professional practice and identifies needed inservice and training; and
- Identifies how the organizational structure of campus facilitates or hinders goal achievement, implementation of the plan. Students with disabilities need to be reflected in these actions.

Such efforts communicate the commitment of the school's leadership that diversity is valued, and that whatever is necessary to ensure that children with diverse backgrounds and abilities are successful will be done. This is a necessary, but not sufficient step in ensuring inclusion and access for students with disabilities. There are many schools in which the mission and vision statements declare their intention to educate all children, but that mission and vision is not followed up with action to achieve that goal or guarantee that best practices will be used to achieve the outcomes articulated in the mission.

Curriculum Mapping

Many schools use a curriculum mapping process to operationalize its mission or vision statement. This process involves the collection of information about each teacher's curriculum, including descriptions of the content to be taught during the year, processes and skills emphasized, and student assessments used, using the school calendar as an organizer. Through a variety of review steps involving all school personnel, a curriculum map for the school is developed. Through this process, schools can find gaps or repetition in the curriculum content. Schools can then be sure they are teaching all parts of the curriculum framework, performance objectives, and other standards at the appropriate grade/course (Jacobs, 1997). This can be used to identify where in the curriculum students with disabilities can receive instruction on content from the general education curriculum that is based on the student's unique learning needs.

Whole School Interventions

Whole school interventions are, quite simply, those that are implemented throughout the school campus. Such interventions have the effect of minimizing the need for more individualized interventions. For example, if all students in a school receive instruction using universally designed materials, there will not be a need to make individualized adaptations for students with disabilities, and all students will benefit from using the materials. The same is true for implementing empirically validated, high quality instructional strategies. When this happens, all students benefit. Positive Behavior Supports, discussed previously, is an example of a schoolwide intervention.

Inclusion and Access to the General Education Curriculum

We come now, to the point of considering how the above documented trends—changing understandings of disability, the shift to a supports paradigm, and pressures of school reform and related practices—effect how we, as educators understand and advocate for inclusive practices. All of the above-referenced initiatives, from the focus on changing the context (curriculum) to setting a vision and mission, from curriculum mapping to universal design for learning, have as their primary objective greater inclusion of students with disabilities in the general education curriculum.

Accordingly, research has shown that the *place* where students with disabilities have access to the general education curriculum is the general education classroom (Lee, Wehmeyer, Palmer, Soukup, & Little, 2008; Soukup, Wehmeyer, Bashinski, & Bovaird, 2007; Wehmeyer, Lattin, Lapp-Rincker, & Agran, 2003). Simply put, if students with disabilities are to achieve greater access to the general education curriculum, it will be in the context of the general education classroom with students receiving the supports—including high quality instruction, and curriculum modifications—they need to succeed.

Turnbull, Turnbull, Wehmeyer, and Shank (2004) have suggested that this emphasis on access to the general education curriculum constitutes one of several major themes in a third generation of inclusive practices. The first generation of inclusive practices focused on changing prevailing educational settings for students with disabilities from separate, self-contained settings to the regular education classroom. First generation inclusion was additive in nature. That is, resources and students were «added» to the general education classroom. The second generation of inclusive practices was more generative in nature, in that instead of focusing on moving students from separate settings to regular classroom settings, second-generation practices focused on improving practice in the general education classroom. Research and practice during this phase emphasized aspects of instructional practices that promoted inclusion, such as collaborative teaming and team teaching, differentiated instruction, developing family/school/community partnerships, and so forth. Fortunately, most educators believe that ensuring access to the general education for students with disabilities is important and raises expectations held for students (Agran, Alper, & Wehmeyer, 2000).

The most salient characteristic of the third generation of inclusion is that the focal point for such efforts switch from advocacy and supports with regard primarily to *where* a student receives his or her educational program, which Turnbull et al. (2004) suggest was the focus of the first two generations of inclusive practices, to a focus on *what* the student is taught. The third generation of inclusion presumes a student's presence in the general education classroom and instead of a focus on integration into the classroom, the emphasis is on the quality of the educational program in that setting. Nothing about the first or second generations of inclusion is either obsolete or unimportant. In fact, both remain critical to ensure high quality educational programs for students with disabilities. The need to consider issues pertaining to third generation inclusive practices is, in fact, an outcome of the success of these first two generations' efforts. That is, as more students with disabilities are educated and successfully supported in the general education classroom, the expectations for students has become higher and higher, such that we are at a point in the evolution of inclusive practices where we need to consider how we maximize participation in the general education classroom and progress in the general education curriculum.

Self-Determination and Third Generation Inclusive Practices

According to Turnbull et al. (2004), the final piece of the puzzle with regard to third generation inclusive practices is the emphasis on promoting self-determination and student directed learning. This is because the functional models of disability are strengths-based instead of deficits-based and require a consideration of and focus on promoting student capacity and because a critical element in providing an array of supports is enabling the student to become, as it were, his or her own support.

The international literature in special needs education documents that an effective education for students with disabilities must include instruction to promote student self-determination. Research has linked higher self-determination to positive adult outcomes, including employment and independent living, for youth with special educational needs (Emerson et al., 2001; Wehmeyer & Palmer 2003; Wehmeyer & Schwartz 1997), as well as to a higher quality of life (Lachapelle et al., 2005; Nota, Ferrari, Soresi, & Wehmeyer, 2007; Wehmeyer & Schwartz 1998). Further, most school standards for all students include a focus skills leading to enhanced self-determination (e.g., goal setting, problem solving, decision-making, self-advocacy, self-management, and others) and when instruction is available school-wide to address these component elements, all students benefit (Wehmeyer, Field, Doren, Jones, & Mason, 2004). Finally, there is evidence that students with special educational needs can acquire the knowledge and skills to become more self-determined if provided such instruction (Algozzine Browder, Karvonen, Test, & Wood, 2001).

What is Self-Determination?

There are now numerous frameworks that serve as a basis for instructional design to promote self-determination (Wehmeyer, Abery, Mithaug, & Stancliffe, 2003), as well as specially designed instructional methods, materials, strategies, and assessments to promote and measure self-determination (Wehmeyer, Agran, Hughes, Martin, Mithaug, & Palmer, 2007; Wehmeyer & Field, 2007). The framework that guides the presentation of relevant interventions in this article is based on a model of self-determination (Wehmeyer et al., 2003) in which self-determined behavior refers to «volitional actions that enable one to act as the primary causal agent in one's life and to maintain or improve one's quality of life» (Wehmeyer, 2005, p. 117). An act or event is self-determined if the individual's action reflects four essential characteristics: (a) the individual acted autonomously, (b) the behaviors were self regulated, (c) the person initiated and responded to event(s) in a «psychologically empowered» manner, and (d) the person acted in a self-realizing manner. Self-determination refers to self (vs. other) caused action; to people acting volitionally, based upon their own will. The word volitional is defined as the act or instance of making a *conscious* choice or decision. Conscious means intentionally conceived or done; deliberate. Volitional behavior, then, implies that one acts consciously... with intent. Self-determined behavior is volitional and intentional, not simply random and non-purposeful.

The concept of causal agency is central to this perspective. Broadly defined, *causal agency* implies that it is the person who makes or causes things to happen in his or her life. One frequent misinterpretation of self-determination is that it means «doing it yourself». When self-determination is interpreted this way, however, there is an obvious problem for most students with special educational needs, who frequently have limits to the number and types of activities they can perform independently. However, the *capacity to perform* specific behaviors is secondary in importance to whether one is the *causal agent* (e.g., caused in some way to happen) over outcomes those specific behaviors are implemented to achieve. Thus, students who may not be able to 'independently' make a complex decision or solve a difficult problem may be able, with support, to participate in the decision-making process, and thus has the opportunity to be the causal agent in the decision-making process, and consequently, act in a self-determined manner.

Wehmeyer (Wehmeyer et al., 2003) has argued that self-determination emerges across the life span as children and adolescents learn skills and develop attitudes and beliefs that enable them to be causal agents in their lives. These skills and attitudes are referred to in this model as *component elements* of self-determined behavior, and include choice making, problem solving, decision making, goal setting and attainment, self-advocacy, and self-management skills.

Self-Determination and Standards-Based Reform

There are two ways that promoting self-determination provides access to and promotes progress in the general education curriculum. First, educational standards frequently include goals and objectives that pertain to component elements of self-determined behavior, including educational emphasis on teaching goal setting, problem solving, and decision-making skills. In virtually every set of school standards, students are expected to learn and apply effective problem solving, decision-making, and goal setting processes. By identifying where in the general education curriculum all students are expected to learn skills and knowledge related to the component elements of self-determined behavior, teachers can promote self-determination and promote progress in the general education curriculum.

Second, in addition to addressing the component elements of self-determined behavior when they occur in the general education curriculum, teaching young people with and without disabilities self-regulation, self-management, problem solving, goal setting, and decision making skills provides an effective means to enable students to more effectively engage with and progress through activities in the general education curriculum. Several models exist to define efforts to promote access to the general education curriculum for students with disabilities (Janney & Snell, 2004; Nolet & McLaughlin, 2000). A model proposed by Wehmeyer, Sands, et al., (2002) to promote access to the general education curriculum placed particular emphasis on the role of self-determination in two levels of curriculum modification to enable students to engage with and respond to the curriculum.

The first level of modification involves curriculum adaptations. Curriculum adaptation refers to any effort to modify the *representation* or *presentation* of the curriculum or to modify the student's *engagement with the curriculum* to enhance access and progress. Adaptations to the way curricular content is *represented* refer to the way in which the information in the curriculum is depicted or portrayed, specifically how curricular materials are used to depict information. The dominant representation mode is print, usually through texts, workbooks, and worksheets. There are a number of ways to change that representation, ranging from changing font size to using graphics. Adaptations in curriculum *presentation* modify the way teachers convey or impart information in the curriculum. Such presentation has, historically, been through written formats (chalkboards or overheads) or verbally (lectures). These primary means of presentation have drawbacks for many students who read ineffectively (or don't read at all) or who have difficulty attending to or understanding lecture formats. There are a variety of ways of changing the presentation mode, from using video sources, to reading (or playing an audiotape of) written materials to web-based information.

Curriculum adaptations that modify the student's *engagement* with the curriculum impact the ways students respond to the curriculum. Again, the typical means of student engagement within the curriculum involves written responses or, perhaps less frequently, oral responses or reports. However, students can respond or engage with the curriculum in multiple other ways, including artwork, photography, drama, music, animation, and video. Each of these could enable students to express their ideas and demonstrate their knowledge.

The second level of curricular modification to achieve access involves curriculum *augmentation* (Wehmeyer, Sands, et al., 2002). With curriculum augmentation the standard curriculum is enhanced with meta-cognitive or executive processing strategies for acquiring and generalizing the standard curriculum (Wehmeyer, Sands, et al., 2002). Such augmentations don't change the curriculum, but add to or augment

the curriculum with strategies for students to succeed within the curriculum. The most frequently identified curriculum augmentations instruct students in cognitive strategies or learning-to-learn strategies that enable them to perform more effectively with content in the general education curriculum, including reading, writing, note-taking, memory, and test-taking strategies. While primarily developed with students for learning disabilities (Deshler, Ellis, & Lenz, 1996), these strategies can be used with other students.

Promoting self-determination contributes to *both* levels of curricular modification (adaptation, augmentation) to promote access to the general education curriculum. For example, Kame'enui and Simmons (1999) identified one of the six basic design principles of curriculum adaptation to be the use of «conspicuous strategies.» Kame'enui and Simmons noted:

To solve problems, students follow a set of steps or strategies. Many students develop their own strategies, but a considerable amount of time may be required for the student to identify the optimum strategy. For students with disabilities, such an approach is highly problematic because instructional time is a precious commodity and these learners may never figure out an efficient strategy. Learning is most efficient when a teacher can make it conspicuous or explicit (p. 15).

Kame'enui and Simmons illustrated both the core role that problem-solving plays in learning, and the difficulties students with disabilities experience as a function of their non-strategic approach to content and activities and their difficulty with goal-oriented actions. Students who learn effectively set learning goals and objectives to reach those goals and then use problem-solving and self-regulation skills to tackle the activities to achieve those goals. Promoting self-determination includes efforts to teach problem solving, goal setting, and self-regulation or self-management skills. By augmenting the general education curriculum to explicitly teach these skills, teachers are not only promoting self-determination, but are providing skills students can apply to learning situations. Teaching students self-directed learning strategies serves as an effective curriculum augmentation as well, with skills such as self-monitoring or self-instruction serving as effective 'strategies' that students can, in turn, apply to the learning process.

Conclusions

This article proposed that the confluence of pressures brought about by school reform efforts worldwide, advances in research and practices pertaining to self-determination and student-directed learning, and new ways of thinking about and conceptualizing disability are requiring us, as educators, to reconsider our historical approaches and intervention models, to move from programs for students based upon their label to the design of truly individualized supports; from separate, congregate services to inclusive practices; and to focus on individual strengths instead of incapacities. At the core of the third generation inclusive practices is a focus on promoting and enhancing the self-determination of all students, including students with disabilities and special educational needs. There is sufficient evidence that doing so will achieve greater access to the general education curriculum, more positive educational and adult outcomes, and will empower students by enabling them to direct their own lives more effectively.

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