From identification to labelling: Using observations by regular kindergarten teachers to identify and assess children at risk of learning disabilities

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ESTHER FIRSTATER

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Acknowledgements

In memory of my beloved daughter Smadar, murdered in a terror attack, 16 years old.

To write a research study in a foreign country is an interesting, enlightening and enriching experience, but sometimes it is intimidating. In addition to the dilemmas, pitfalls and doubts usually involved in the writing of a research study, one also needs to learn the cultural codes of the country where the study is written.

I know that without the help, encouragement and guidance of Dr. Yolande Muschamp and Dr. David Skidmore, this journey would have been much harder. No words suffice to express my gratitude for their personal support at a difficult time and their desire to share with me their extensive knowledge, spreading before me the wide web of educational research and providing insights into its essence.

I am a school psychologist and all the years I have both worked in the field and taught various subjects in this sphere. I wish to thank Professor Lauder for the interesting opportunity he gave me to acquire an understanding of educational processes within a social-economic worldwide context.

Special thanks are due to Mrs. Gill Brooks Taylor, who succeeded in steering the complex process with great patience, efficiency and kindness.

And above all, I wish to express my gratitude to the kindergarten teachers who participated in the study, without whose perseverance, willingness to work hard over and above their exacting daily work, and their desire to learn and to develop, I would not have succeeded in completing this study.
Abstract

The aim of this study, carried out in Israel, is to examine the feasibility of using observation by regular kindergarten teachers during everyday activities in their kindergartens for the purpose of identifying and assessing children at risk of learning disabilities. The study focuses on the investigation of the teachers’ ability to carry out educational assessment and on their perception of the child at risk of learning disabilities. The theoretical framework is based on ecological system theory (Bronfenbrenner, 1992, 1979), ascribing the disability to a combination of inborn tendencies and environmental factors.

The research was motivated by dissatisfaction with the process of referral of children by kindergarten teachers and also with the way I myself dealt with the issue of children at risk of learning disabilities in my teaching. The study was carried out in the form of action research in the course of one study year, with the researcher teaching educational psychology to a group of nine regular kindergarten teachers, and it can be seen as a change in my way of teaching: I proposed to my students to learn in a different way the methods of identification and assessment of children with special needs in the kindergarten. They were asked to observe and document their educational assessment of a child they had identified as at risk of displaying learning disabilities during their school studies.

The main findings suggest that the children identified by these teachers as at risk of learning disabilities are children with behaviour problems. This is due to the teachers’ difficulties in coping with these children, stemming from three variables: the quality of the teachers’ professional knowledge, their perception of their working conditions, and their professional self-image. These variables lead to a situation where the process of identification turns into labelling even before the children enter school. These findings are relevant to the work of regular kindergarten teachers who include children with special needs in their kindergartens, to the way teachers are prepared for inclusion, and point to the need to change the functioning of the multidisciplinary team, and in particular the way the psychologist works with the teachers.
### List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>LD</td>
<td>Learning Disabilities</td>
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<tr>
<td>SEN</td>
<td>Special educational needs.</td>
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<tr>
<td>IQ</td>
<td>Intelligent Quotient</td>
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<td>LRE</td>
<td>Least restrictive environment</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ECSE</td>
<td>Early childhood special education.</td>
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<td>DAP</td>
<td>Developmentally appropriate practices</td>
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<tr>
<td>ADHD</td>
<td>Attention deficit hyperactive disorder.</td>
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<tr>
<td>EBD</td>
<td>Emotionally- behaviorally disturbed.</td>
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Chapter 1
Introduction

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1.1 Personal experience
1.2 Presenting the problem
1.3 Research Objectives
1.4 Theoretical issues
1.5 Methodological issues
1.6 Findings
1.7 Summary of the chapters

1.1 Personal experience
This study deals with early childhood special education. My involvement in this field is twofold: I am a school psychologist and also a teacher educator, teaching at teachers' colleges in Israel.

In my capacity as a school psychologist I have been assessing young children for 26 years, and as a teacher educator I teach pre-service and in-service pre-school teachers to work with children who have difficulties in the kindergarten. As a practitioner in both fields, I have had doubts, questions, drawn conclusions and found fault with my own work, and yet I have never had the opportunity to examine issues relevant to my experience through systematic research. It is a challenging experience to investigate an issue that integrates both areas of my practice, enabling me to develop new insights. As a researcher who is familiar with both situations, I’ve made an attempt to exploit the connections between them and bridge the gap between theory and practice by carrying out educational research.

1.2 Presenting the problem
The main focus of this study is the identification and assessment of learning disabilities of pre-school children. This subject is related to other issues in early childhood education, in particular pre-school inclusion, and the regular pre-school teachers’ role in educational assessment of children with special educational needs.
The assessment of pre-school children at risk of learning disabilities is a key issue when the inclusion of these children in regular kindergartens is discussed. The Law of Special Education (Israel, 1988) requires pre-school teachers to include children with special educational needs in their kindergartens, therefore their ability to identify, assess and intervene to assist them is of special interest. The place, role and practices of regular pre-school teachers in the process of identifying and assessing these children are very vague, often disputed and certainly not adequately researched.

The benefit of identification by the teachers is that it can target children for educational interventions prior to the development of more severe learning problems. (Taylor et al, 2000). From my experience, pre-school teachers refer children about whom they are concerned to professionals such as psychologists, speech therapists, occupational therapists and paediatricians for assessment and treatment. Although the pre-school teacher meets the child every day and during a variety of activities, within the framework of the assessment process kindergarten teachers usually do no more than mention their concerns to parents and provide other professionals with information about the child. This is problematic for two reasons: It conveys the message to pre-school teachers that they are not sufficiently qualified to assess the child themselves, so an expert has to handle it; and secondly, the assessment procedures used by most professionals, usually, do not reflect all the characteristics of the child and his/her state. These procedures are based on standardized tests, and are administered by strangers in strange environments that have little connection with the educational environment of the child or possible educational intervention programmes.

I maintain that the inclusion of a child with difficulties within a regular educational framework requires willingness by teachers to deal with the children’s diversity and calls for the necessary professional know how. Assessing a child's abilities is an important skill required of pre-school teachers, in order to enable a child with difficulties to have a good start within the educational system.

Learning disabilities, the main focus of this study, are defined as significant difficulties in reading, writing and arithmetic, in spite of average or above average intelligence (Siegel, 1999). Although these skills are only taught formally later in school, identifying sources of later difficulties already in the pre-school years, and remedial programmes for the development of relevant skills at an early age can be
carried out, thus enabling educators to minimize later failure. Therefore the perceptions of pre-school teachers, as the first professionals to get to know the child, are crucial to early assessment and access to educational intervention, thus preventing children from "waiting and failing" before receiving appropriate help, if the need for early identification and intervention is ignored (Gresham, 2002).

Pre-school teachers should play a more prominent role in the educational assessment process. They should therefore be trained to identify and assess the children in their natural settings, not rely only on professionals to do so; they should participate in collaborative assessment and play an important role in the interdisciplinary team required to deal with the inclusion of children with special needs. The identification and assessment of learning problems should be an integral part of the kindergarten teachers' work and they should be able to analyze a child's abilities, not only as deficits, but also as elements in the relationship that develops between the child and the teacher in their natural environment (Skidmore, 1996). When I reflected upon my personal experience, I came to the conclusion that both understanding and changing the practices of kindergarten teachers with regard to the assessment of children with special educational needs and changing my own practices in teaching the topic of early childhood special education to kindergarten teachers may make a difference.

1.3 Research objectives
The main objective of this study is to explore how regular pre-school teachers identify and assess pre-school children at risk of learning disabilities, when observing them in everyday activities in Israeli kindergartens.

Other objectives of interest related to the above topic are the following:

1. Understanding the regular pre-school teacher's role in early identification and assessment of pre-school children at risk of learning disabilities.
2. Understanding the relationship between the school psychologist and the pre-school teacher as it affects a pre-school child experiencing difficulties.
3. Through working with pre-school teachers on the identification and assessment of children with difficulties, acquiring insights into the experience of pre-school teachers in this sphere of their activity.
1.4 Theoretical issues
This exploration calls for a discussion of two main research paradigms used in the research of special educational needs: the psycho-medical paradigm, relating difficulties to intrinsic factors within the child, and the organizational paradigm that relates difficulties to variables in the educational system (Skidmore, 1996). These paradigms lead to different assessment methods and interventions.

The theoretical conception underlying this study is related to ecological theories regarding children with special educational needs and eco-behavioural assessment of children, derived from them. Ecological theories, claiming that a child's development is an interactive process between intrinsic predispositions and environmental systems (Bronfenbrenner, 1979), emphasize that the assessment of the child should be carried out within these environments. Assessment in natural settings enables us to view the child and his/her abilities and difficulties within a broader perspective, relating not only to intrinsic characteristics, but also to ecological factors within the educational system, such as the teacher-child relationship, class management practices and the curriculum, or quality of intervention. It enables us to broaden the mechanistic view of the child with learning disabilities as someone who should be ‘cured’, and to observe him/her in his/her class, in different settings, in real-life situations, and to consider additional ecological factors as possible sources of the difficulties. This study is based on the ecological-system theory related to learning difficulties and educational inclusion (Bronfenbrenner, 1979).

1.5 Methodological issues
The methodology chosen to explore these issues was qualitative research, with an action research design. I should mention that I was taught the positivist paradigm of research and practice. Conducting research within a constructivist-interpretative paradigm is also an experience of new learning, and I assume that this has affected the study and its findings.

The literature describes a great deal of research that has yielded many correlations between variables predicting later difficulties in schools, but one may ask - how much of this knowledge has reached kindergarten teachers? How does that knowledge affect pre-school teachers’ perception of early identification and assessment?
I presumed that qualitative research would best explore pre-school teachers' perspectives. The action research design was aimed at effecting a change in the role of pre-school teachers as assessors and in my own practice as teacher educator and school psychologist. By conducting the study on the basis of a constructivist approach, I hoped to be able to explore how pre-school teachers' ideas and conceptions develop, and to reflect on my practices as a teacher educator preparing them for including children with difficulties in their kindergartens.

Nine pre-school teachers participated in this study during the 2001-2002 school year as my partners in action research on the assessment of pre-school children, whom the pre-school teachers identified as at risk of learning disabilities.

1.6 Findings
The findings show the merits of eco-behavioural assessment in the kindergarten; however, they also show the limitations. Children were identified at risk of learning disabilities mainly owing to behaviour problems. This typology indicates that pre-school teachers' knowledge about learning disabilities and inclusion is mainly anchored in the psycho-medical model. Pre-school teachers assessed the child's abilities very skilfully, yet they related the difficulties to the child's intrinsic characteristics. The main variables affecting the identification were organizational factors: the pre-school teachers' working conditions and their effect on their professional self-image and behaviour to the child. The study shows how organizational factors, such as working conditions, in particular working alone, affects the educational practices, role perceptions and professional identity of pre-school teachers. This leads to the reinforcement of the labelling process and to assigning an institutional identity.

1.7 Summary of the chapters
The following brief description of the content of each chapter may be helpful to the reader: The first four chapters (chapters 2-5) provide a review of the relevant literature. They discuss the main concepts, theories and research studies related to this exploration. In each chapter I refer to both the Israeli context and to general and theoretical issues; however, the balance between them is different in each of these chapters.
The first issue to be discussed (Chapter 2) is pre-school education. Since the study takes place in the Israeli pre-school system, there was a need to provide a description of its specific setting. The Israeli pre-primary school system (in Israel we speak of kindergartens) is a separate system for children 3-6 years old. It is separate from primary schools and its unique features are that each class is an independent organizational unit, with a teacher working as the only professional educator. After describing and discussing the pre-school system in Israel, I proceed to general issues of early childhood education, in particular its effects on later school success, and I discuss educational theories related to early childhood education and to children's learning and development.

In chapter 3 I discuss issues related to special educational needs and inclusion. I begin by describing the special facilities available and Israeli legislation dealing with pre-school children. The main topic in this chapter is the rationale and effects of early interventions on children with special educational needs and their impact on later academic success, as well as variables affecting the success of inclusion. An important aspect of this issue is the regular pre-school teachers’ role in inclusion, and the unique characteristics of pre-school inclusion in Israel.

The children that were the focus of this study are defined as pre-school children at risk of learning disabilities, therefore the concept of learning disabilities is the subject of chapter 4, which is less Israeli context-bound. It analyzes the vague and disputed concept of learning disability and the different theories relating to it. Three models will be analyzed and the eco-system theory of Bronfenbrenner will be discussed in relation to LD. The ecological theory of Bronfenbrenner (1979, 1992) was the conceptual-theoretical framework of this study, since it is an integrated theory and combines biological variables, interacting with micro-system variables, in particular the teacher-child relationship, and mezzo system variables such as the curriculum (the programme), the teachers’ working conditions and the work of the multidisciplinary team. Theoretical issues related to LD will also be discussed, for instance the disputed relationship between intelligence and LD. The last section of this chapter deals with predicting LD in pre-school years. This topic will focus on the role of pre-school teachers in this respect.
The last part of the literature review (chapter 5) discusses the issue of preschool assessment and in particular identification and assessment of children with special needs. After discussing Israeli policy towards assessment of pre-school children, I show how the different models and theories discussed in chapter 4 affect identification and assessment. The focus is on traditional versus alternative assessment, showing that traditional assessment is based on a positivist paradigm and alternative assessment on a constructivist one, and the implications of such assessments for young children. I proceed to discuss eco-behavioural assessment as a more appropriate method of assessing young children, and in line with the ecological system theory (Bronfenbrenner, 1979). Eco-behavioural assessment, to be explored in this study, is based on the theoretical premise that a child should be assessed in his/her natural environment, and that the child's characteristics should be assessed as they interact with the environment.

The next chapter (chapter 6) deals with the research methodology. It discusses the theoretical issues concerning the decision to use qualitative methods and an action research design. Most research on children with LD surveyed in this research was carried out by academics; they determined the procedures, questionnaires and checklists to be used to identify variables putting a child at risk of learning disabilities. The pre-school teachers were not the focus of these inquiries, and the degree they benefited from them is doubtful. Their identifications and predictions were another variable in the research, however very little is reported about their perceptions, rationale and experiences with the identified child and thus the constructivist-interpretative approach was appropriate for dealing with this issue.

The next four chapters (7-10) present the findings. They explain how a child's identification and the specific characteristics ascribed to the identified child are an outcome of the pre-school teachers' knowledge and connected to their working conditions. Both these factors turned the identification process into a labelling and exclusion process. It revealed the teacher's role conflict that intensifies the child's difficulties as well as those of the teacher, lowers the pre-school teacher's self-image and promotes the child's exclusion, and in fact shows how processes occurring in pre-school years may in themselves put the child at risk of later learning disabilities.
Chapter 7 elaborates on the typology of the child identified by regular pre-school teachers as at risk for LD. The reports of their observations and the interviews reveal the nature of this typology: a boy with behaviour difficulties, displaying mainly overactive and restless behaviour and a lack of social skills. The most common cognitive difficulties perceived are in the language domain.

Chapter 8 describes how the child's typology is linked to the teachers' professional knowledge. The comprehensive assessments, covering a wide range of difficulties, reveal that pre-school teachers are skilful assessors when they observe the children in their natural setting. However, their academic and practical knowledge is anchored in the psycho-medical model, relating mainly to the child's intrinsic deficits. Their intuitive assessment is mainly based on comparing the child to perceived norms leading to normalizing judgments.

Chapter 9 marks a turning point in the study. It discusses pre-school teachers' working conditions as they themselves describe and experience them. These adverse working conditions are mainly due to two factors: Overcrowded classes make the teachers feel that they do not have enough time to deal with the identified child, and that his/her needs are not being met. Secondly, the teachers complain about a lack of support from the administration and other professionals. I assume that these working conditions lead to the use of reactive practices in dealing with the child's disruptive behaviour and to inability to implement professional knowledge. A second process that I relate to these working conditions is a role conflict between 'a policewoman's role' and an educational supportive role.

The last of the chapters dealing with the findings (chapter 10) describes the impact the child's characteristics and the pre-school teachers' inability to cope with his/her difficulties under the existing working conditions have on the pre-school teachers' professional self-image, and how all these factors combine to create the phenomenon I termed "the making of a pre school child at risk of LD."

The last chapter attempts to interpret the significance of these findings and their implications. Chapter 11 discusses the implications of the results and focuses on the pre-school teachers’ potential to provide a comprehensive assessment of the child in his/her natural environment and during everyday activities. This can be seen as evidence of the merits of eco-behavioural assessment in highlighting the child's difficulties in different eco-systems in the kindergarten and showing how
difficulties interact with specific activities in the kindergarten. It further discusses the effect of professional knowledge and in particular the belief in psycho-medical conceptions on the identification process. The findings also show why pre-school teachers have difficulties in adopting the eco-behavioural approach to assessment and in using observation as a basis for reflection.

The chapter concludes the study by pointing out its implications for pre-school inclusion and the pre-school teachers' role. Using eco-behavioural assessment within an education system that does not adhere to the tenets of eco-system theory such as the interactive nature of the origins of learning disabilities is problematic: Such assessment should relate to the human and physical environment of the child, the programme, the support of the interdisciplinary team, and also to the beliefs about inclusion. In my study, the use of eco-behavioural assessment only reflects the difficulties of the child in his/her natural settings; however, the study shows its potential value if it is based on a comprehensive educational philosophy, making it possible to assess the child's needs at the scene where they are going to be met.

My main conclusion is that the current assessment processes in the overall situation greatly impede pre-school inclusion. The inability of pre-school teachers to reflect on organizational factors, a process that might lead to changes in their self-perception and in their perception of the child posing difficulties, is detrimental to the adoption of practices more developmentally appropriate for all the children, and to accepting diversity among the children, minimizing the tendency towards exclusion. Recommendations, that are the outcome of the implications of this study, relate to pre-school teachers' empowerment, to the relationship between the teacher and the psychologist, and to pre-school teacher education.
CHAPTER 2
PRE-PRIMARY SCHOOL EDUCATION IN ISRAEL

Contents
2.1 Introduction
2.2 Structure of the pre-primary school system in Israel
2.3 Educational policy and objectives
2.4 Early childhood learning.
2.5 Summary

2.1 Introduction
When you look for an Israeli kindergarten, you will usually find a little one-storey house, surrounded by a play area; if it has two stories, it means there are two kindergartens. When you enter it, you will find yourself in a hall, not a very large one, with children's paintings or other pictures covering the walls. You will not see any desks facing a blackboard. Lining the walls there are various activity areas: a little family household with dolls and kitchen utensils, a doctors’ room, a play area with building blocks, a computer, a small library, sometimes a tape with headphones attached. The outside play area is a part of the educational environment and usually contains a sand-box, a water outlet, ladders, a see-saw, sometimes also an old car or other equipment such as stationary bicycles and skipping ropes. You may also find a small garden where the children are able to learn about the world of plants and experience seasonal changes, and in some kindergartens they have the opportunity to look after pets. The environment is organized so as to stimulate the children’s activity and their curiosity, to develop autonomy in choosing activities, and self-help skills. The facilities are geared to their stage of development, providing easy access (low toilets and taps, low shelves). There are no school bells; the timetable is flexible. The pre-school teacher decides on changes in activities, dividing the time between those that are pre-determined and teacher-led, and spontaneous activities freely chosen by the children. All in all, provision is made for learning various social and motor skills and for acquiring appropriate habits, as well as for free play and self-expression through artwork and drama.
To give the reader an idea of a typical day, here is a rough description: The children arrive at 8 o’clock in the morning, start with free play or table games, then they gather for 30-45 minutes, depending on their age. They sit in a circle on little benches or chairs and the teacher introduces a subject to talk about or she may read a story and discuss it with the children, they sing and sometimes they dance or play a social game. A meeting of the whole group should take only a small proportion of the time and most of the day should be devoted to small group or individual activities. Then the children again have time for free play or any activity they choose, so they get very busy: Some of them play in the various “corners”, acting out little scenes in small groups, one or two sit at the computer, some paint or use clay or other materials for creative work, sitting round little tables, some look at books or listen to stories, dramatize them with hand puppets or in other ways, others use various kinds of building blocks or explore other toys available in the kindergarten. It is the teacher’s responsibility to organize an appropriate environment for the children. After a short meeting and brunch (the children bring food from home), the children go out to play in the yard. Before the children leave at noon there is a meeting to summarize the day’s activities, the teacher may also read a story, add a short game or a motor activity. The kindergarten closes at 1.30 p.m.. In some kindergartens there is an opportunity for parents to leave their children in a day-care facility, which is usually open until 4 p.m. They have to pay an extra fee for this service.

In the course of the morning, the teacher invites a small group of 4 or 5 children for more directed and structured learning: children aged 3 to 4 for 10-20 minutes and the 5 and 6 year-olds for 20-25 minutes. Each group works with the teacher once a week on average. During these meetings the children practise skills in preparation for school, acquire basic spatial and number concepts, language and fine motor skills. It is done through discussion, didactic games and other activities, initiated by the teacher. No formal teaching of reading or arithmetic is introduced, but the children are encouraged to write their names on their paintings, to count and identify figures and to try and write them. Most of the directed learning is aimed at acquiring school readiness skills.

This is the setting for my study. This section will now focus on the main issues related to pre-school education in Israel. Section 2 will provide detailed information about the structure of the regular pre-primary school system. It is
important to describe the unique characteristics of the system, since the many organizational and educational duties of the pre-school teacher, the central figure in this system, stem from them. The third section discusses pre-school educational policy and objectives, relating not only to the Israeli context, thus leading to the fifth section, discussing the educational philosophies applied in the curriculum, relating ECE to the way young children learn.

2.2 Pre-primary school system in Israel

Israeli pre-school educational facilities include programmes and facilities for children from birth till the age of 6. In this study I shall deal with these pre-primary school education facilities - kindergartens for children 3 to 6 years old, who then enter the first grade in primary schools. The pre-school system is separate from primary schools. All kindergartens are under the supervision of the Ministry of Education Pre-primary School Education Department. This implies recognition of early childhood as a separate age group with unique needs, goals and educational programmes. It also involves independent use of the system's resources (Micholovitz, 1995).

There are separate kindergartens for Hebrew speakers (mostly Jews) and for Arabic speakers (Moslem and Christian Arabs, and Druze), as are almost all schools in Israel. Only institutions of higher education serve all ethnic groups, with Hebrew as the language of instruction. The pre-school teachers in this study work in Hebrew-speaking kindergartens and in Arabic-speaking kindergartens.

The kindergartens are differentiated according to the age of the children. Children aged 5 to 6 attend compulsory kindergartens. According to the Law of Compulsory Education, passed in 1949, every child 5 years old must attend, and the fees are covered by the state. From age 5, almost all of the children attend kindergarten.

Children aged 3 to 5 also attend kindergarten, but it is not ccompulsory. Nevertheless, the majority of the children do so: 65% of the Jewish 3-year old children and 43.2% of the Arabic-speaking children that age, and 81.9% Jewish and 54.8% Arab 4-year-old children. (Israel: Ministry of Education, 2003a). These kindergartens are run by the local authorities, women's organizations and by private individuals. The private ones are not financed by any public organization and the parents have to pay. Kindergartens run by local authorities and public
organizations charge graded fees according to family income. There is also public supervision of the fees charged by private kindergartens.

The pedagogical and administrative responsibilities are divided between the Ministry of Education and the local authorities: kindergarten teachers’ salaries and pedagogical supervision are the responsibility of the central government, and the aides’ salaries, building maintenance and equipment are paid for by the local authorities (Israel: Ministry of Education, 2003 b).

The issue of free education for children aged 3 to 4 has quite a long history. In the seventies, at a time of social and economic hardships, protests and riots on the part of the lower socio-economic group of immigrants from Arab countries led in 1971 to the establishment of a Committee for Children and Youth in Distress by the then Prime Minister Golda Meir. The committee proposed that education in day care centres for the 4 year-old should be made available to all children by implementing a graded fee system. In 1983 another policy-making decision concerning children 3 to 4 years old suggested enacting a free education law for this age group. Owing to budget decisions made year after year, the enactment of the law has constantly been postponed. Today free education for these children is available only in preferred national areas, determined on the basis of economic and political considerations (Israel: Ministry of Education, 2003a).

The kindergartens are organized in three different ways: The most common category are kindergartens operating as separate units, according to the 3 to 4 and 5 to 6 age-groups. The second organizational pattern is a cluster of kindergartens in one building, containing several kindergartens, not connected to a school, and functioning together ‘under one roof’ with a pedagogical and administrative head teacher. The third type is a kindergarten functioning as a separate unit within a school: Such kindergartens are situated inside the school precincts, and together with grades 1 and 2 (ages 5 to 7) form a single administrative and pedagogical unit.

The staff of each kindergarten comprises two women (very few men work as kindergarten teachers): a certified kindergarten teacher and a non-professional aide. In Hebrew there is a specific term for ‘kindergarten teacher’, and it also means a ‘female gardener’. She is called by her first name and not Miss or Mrs., but so are most teachers in Israel. All kindergarten teachers at all levels should be licensed by the Ministry of Education and they are graduates of teachers’ colleges.
In recent years, they have been granted a B.Ed. degree, and those who had previously completed a 3-year-programme and are certified kindergarten teachers, are encouraged to complete their B.Ed studies. Kindergarten teachers who work in separate kindergartens are considered as kindergarten head teachers and receive a higher salary. Teachers’ salaries, especially those of novice teachers, are quite low. Two factors, teachers’ salary and the adult-child ratio, are among structural determinants of the quality of early school education. (Howes & Hamilton, 1993).

The aide is a non-professional, usually paid only a minimum wage. She takes in-service staff development courses. Her duties are mainly maintenance, but since she interacts with the children, she also plays an educational role.

Pre-school teachers are trained in teachers’ colleges, like all primary school teachers. After four years they are now granted a B.Ed. degree. The programme includes academic courses and supervised pre-service experience (usually 1 or 2 days a week during the first three years and 10 ongoing days every year). It comprises the following courses: philosophy of education, educational and developmental psychology, educational research, early childhood education, pedagogy and teaching methods, language development, and inclusion of children with special needs; and general studies, such as literature, science, mathematics, Judaism, and two other compulsory courses - English and computer skills (Oranim, 2004).

A key factor in the kindergarten teacher’s work is her autonomy. She has to deal with her class as an independent administrative and pedagogic unit. She is responsible for operating the kindergarten and coordinating the activities of the supporting specialized services (Israel: Ministry of Education, 1995). When children with special educational needs are included, she is also the coordinator of the interdisciplinary team working with the child, responsible for alerting the relevant professionals, when she identifies specific difficulties (Israel: Ministry of Education, 1996). Owing to the organizational structure of kindergartens in Israel, the teachers are less subjected to control from above. Being isolated from contact with other professionals during their daily work, they have few opportunities to consult others, even less so than teachers in schools. This increases their autonomy. However, such independence also has its disadvantages, in a world where teamwork is the dominant and preferred mode of work (Wagner, 2001). This is particularly significant when including a child with special needs that must
be dealt with by an interdisciplinary team (Wilson, 1998). The teachers' autonomy manifests itself in many ways and the kindergartens vary greatly in their educational environment, daily timetable and even in the underlying educational approach. This autonomy is unique to kindergarten teachers (Micholowitz, 1995).

The usual number of children in regular kindergartens is 35 with one preschool teacher and one aide, and the age of children does not affect this ratio. Some pre-compulsory kindergartens have an additional helper. The adult-child ratio is one of the frequently mentioned criteria for assessing the quality of preschool facilities. It mainly affects teacher behaviour and adult-child interaction opportunities. Pre-school teachers working with a large number of children tend to restrict the children's freedom and exercise greater control over their activities. They find their job more exhausting and spend more time in class management, pay less attention to the individual child, display less sensitivity, and engage less in conversation with the children (Howes and Hamilton, 1993). Class size is also a factor in my study of the ability of the teacher to carry out the daily programme smoothly, and it also has implications for the inclusion of children with special needs.

2.3 Educational policy and objectives
In Israel, awareness of the importance of early childhood as the formative years led to the acknowledgement of the need to allocate resources and devote a great deal of thought to the population of children at the age of 3 to 6. As early as 1976, the Minister of Education at that time declared that he prefers to invest in Early Childhood Education (ECE), because progress at that age makes future integration among different groups of the population more likely. He considered kindergartens to be at the forefront of the battle to close the educational gaps in Israeli society (Yadlin, 1976). Such a policy emphasizes the importance of ECE as a tool for dealing with issues of equality in society, and not only as a solution for working mothers. In Israel the pre-school system serves several social and national needs, such as allowing women to join the work force, offering equal opportunity to children whose families do not provide a supportive environment for optimal development, while viewing early education as the basis for normal cognitive, emotional and social development of the child (Micholowitz, 1992). As a matter of
policy, pre-school education focuses on adequately preparing young children to enter school.

Research on early learning indicates that early experience has lasting effects, and that childhood is the critical period of neurological development. (Rushton and Larkin 2001) All children enter early childhood programmes with minds eager to absorb knowledge, and early childhood is also the critical period for social development (Katz, 1997). Therefore readiness for school has been identified as the highest priority of educational reform and as the preferred focus of policy makers.

Great deal of research has been carried out as to the subsequent effects of ECE on school success, in particular studies related to the U.S.A. Head Start project, but also other ECE projects in the U.S.A and other countries. These studies have shown that, in spite of the gradual waning of the effects, ECE affects the number of children referred to special education classes, the number retained and the number who drop out.

More children who have participated in such projects complete higher schooling, earn more money and are less dependent on welfare (Haskins, 1989; Schweinhart, 1994; Srouffe et al, 1996). Academic achievement in school is also related to participation in pre-school programmes (Daniels, 1995). These results convinced policy-makers that ECE should be provided for all children - though in Israel not enough to finance it.

The educational conception and objectives of pre-school education may be found in the syllabus for kindergartens for children 3 to 6, written by the Pre-Primary School Education Department (Israel: Ministry of Education, 1995). The syllabus defines the responsibility of the kindergarten teacher for all the educational activities, lists the skills that should be developed by children at that age, recommends teaching methods and a framework for the children's activities, such as free play time, arts and crafts, directed learning activities and scheduled social activities (Micholowitz, 1995).

The quality of a kindergarten may be assessed according to two main criteria: structural quality and process quality. Structural quality refers to the adult-child ratio, group size, and staff qualifications. In high structural quality groups sizes are small, teachers and staff are qualified and compensated accordingly, all staff are supervised and evaluated, and have opportunities for
professional growth (Katz, 1993). Low adult-child ratio (or a small group of children) is correlated with more compliant and self-regulated behaviour by the children, more playing and less wandering about aimlessly, more involvement in conversation, and creative behaviour. However, children aged 3 and above appear to be less sensitive to the size of the group (Howes & Hamilton, 1993). In Israel structural quality cannot be considered sufficiently high, in particular owing to class size; the 1:35 ratio is relatively high and probably affects educational practice.

Process quality refers to the provision of developmentally appropriate activities, and to class management practices (Katz, 1993). It is mainly reflected in the child-teacher interactions and the types of activities in which children are engaged. High process quality means that the relationships between teacher and children are positive, communication occurs throughout the day, with mutual listening, talking, responding, and encouragement to use reasoning and problem-solving, and sensitive and caring teacher behaviour. Process quality is also manifested in a well-equipped physical environment, containing sufficient materials and toys and presenting daily opportunities for artwork, music, movement, the sciences, mathematics, playing with blocks, sand, water, and dramatic play. Another important component of process quality is the existence of materials and implementation of activities promoting understanding and acceptance of diversity (Katz, 1993). High structural and process quality may enable pre-school education to give children "a sure start for an unsure future" (Claxton, 1999).

2.4 Early childhood learning

Young children typically learn everywhere and at any time; they learn from chance experiences and from directed ones, and every experience contributes to their development (Israel: Ministry of Education, 1995). This statement from the syllabus for pre-school education in Israel reflects the educational philosophies and psychological theories of Dewey (1960), Erickson (1965), Piaget (1972), and Vygotsky (1978). In this section I discuss educational and psychological theories dealing with children's learning and affecting educational practice in pre-school education.
Educational philosophies and the curriculum stemming from them are based mainly on constructivist theories of learning and development. The underlying assumptions are that young children are active learners, drawing on direct physical and social experiences, as well as on culturally transmitted knowledge, to construct their own understanding of the world around them (Rushton & Larkin, 2001). Children learn best when their physical needs are met and they feel psychologically safe and secure. Their knowledge is constructed as a result of dynamic interaction between the individual and the physical and social environments. The child structures knowledge through active experimentation. Central to experimentation is making "constructive errors" that are necessary for mental development. Children need to form their own hypotheses and keep trying them out through mental actions and physical manipulations - observing what happens, comparing their findings, asking questions, and discovering answers, and subsequently adjusting the model or altering the mental structures to account for the new information (Bredekamp, 1997).

The domains of child development - physical, social, emotional and cognitive - are closely related. Development in one domain influences and is influenced by development in other domains. Development occurs in a relatively orderly sequence and later skills and knowledge build on those already acquired. Development proceeds at varying rates from child to child, as well as within different areas of a child's functioning (Rushton & Larkin, 2001).

For a child, play is the most effective way of learning, involving all developmental domains: motor, cognitive, and socio-emotional. Play provides opportunities for exploration, experimentation, and manipulation that are essential for constructing knowledge and contributes to the development of representational thought (Srouffe et al, 1996; Bredekamp, 1997). During play children examine and refine their learning in the light of the feedback they receive from the environment and other people. It is through play that children develop their imagination and creativity. During the primary grades, play becomes more rule-oriented and promotes the development of autonomy and cooperation, thus contributing to social, emotional and intellectual development.

Applying knowledge about child development when learning to teach young children is the basic tenet of the Developmentally Appropriate Practices’ – the DAP (Bredekamp, 1997). The most comprehensive application of the above-
mentioned principles to ECE was made in 1987 in the U.S.A. by the National Association for the Education of Young Children (NAEYC), for children from birth through age 8. DAP can be defined as practices that are both age-appropriate and individually appropriate for each child (Bredekamp, 1987). They reflect a growing consensus that the traditional scope and sequence approach to curriculum, with its emphasis on drill and practice of isolated academic skills, is not consistent with current knowledge of human learning and fails to produce students who possess the kind of higher-order thinking and problem-solving abilities needed in the 21st century.

Application of the principles regarding child development and learning generates the following educational practices: DAP is child-centred and maintains that the curriculum should be adapted to the specific population in class and avoid ‘adapting children’ to a pre-determined curriculum. It rejects formal teaching of pre-academic skills through paper and pencil activities, or listening to adult talk for long periods of time, since these methods are incompatible with a child's way of learning. DAP respects children's biological needs for movement and activity, and calls for active play and quiet, restful periods. The environment should be safe and secure, where everyone is accepted. The teacher encourages and fosters this atmosphere, as well as relationships with peers and other adults; she supports the children in their efforts and later allows them to function independently. The teacher's role is to support, guide and facilitate development and learning. (Bredekamp, 1987; 1992)

The Developmentally Appropriate Practice (DAP) sets out a curriculum relating to the social, physical, cognitive and emotional development of children (not only to their cognitive development), creating an educational environment in the kindergarten that is appropriate to the developmental level of the children and relates to their individual needs, developmental pace, temperament and background. It is optimally implemented when children are active, totally involved in the activity, exploring their environment and working with other children. The teacher does not transmit information, but rather facilitates the process of their reconstruction of knowledge. This is achieved by organizing an educational environment and schedule that stimulates the children to be active, to choose their activities spontaneously or from among activities the teacher presents, and to
explore daily various materials (sand, water, colours). (Micholowitz, 1992; Ministry of Education, 1995)

In Israel only some of the kindergartens implement this educational philosophy, and even then only a few of its components: The daily schedule is not determined by the children’s need for free play, but tends to be divided between pre-determined activities planned by the teacher, aimed at developing motor, social and cognitive skills, motivating the children to learn and providing opportunities to acquire knowledge. The objective is also to develop life skills such as self-help, norms of behaviour and social skills. In order to foster these skills teachers may choose from among different educational programmes and materials, developed by the Ministry of Education or other public and private institutions. Most of these programmes promote active learning and provide stimuli and materials enabling the children to reconstruct their knowledge. Most, though not all, try not to focus on isolated skills, and avoid paper and pencil activities which do not meet the child’s needs and are not appropriate to ways children learn.

The syllabus (Israel: Ministry of Education, 1995) sets down objectives and specifies skills and competencies that are to be developed in kindergartens, most of them aimed at developing pre-academic skills. They include cognitive and intellectual skills, including sorting, categorization, abstract thinking, problem solving, language and communication skills, oral expression, correct pronunciation and syntax, expansion of vocabulary and pre-literacy skills, as well as developing focused attention, concentration and perseverance.

The syllabus and other teaching programmes and materials for kindergartens are resources for the teacher to choose from when planning her teaching programme, using the knowledge and ideas according to her needs and those of the children in her care. The pre-school teacher has the autonomy to plan the teaching programme in her kindergarten, to use ideas and activities she finds appropriate to the characteristics of the children, to her professional philosophy and personal preferences.

The syllabus also elaborates the objectives and appropriate ways of teaching in each of these spheres. I present them briefly in order to give the reader an idea about the contents taught in kindergartens. Most of the topics relate to the child's everyday life and immediate environment: 1) Mathematics: numerical
concepts, geometric shapes. 2) Arts: music, plastic arts and drama. 3) Literature: teachers choose the books and stories to read to the children, and activities accompanying their reading. 4) Social relationships: the self, me and my family, me and my immediate neighbourhood, me and my country. 5) Science: plants and trees, animals, water, landscapes, climate. 5) The Bible: mainly telling the stories in the Bible. 6) Jewish, Muslim and Christian traditions.(Israel; Ministry of Education, 1995).

2.5 Summary
This chapter described the Israeli pre-primary school system and early childhood education. The most important issue discussed in this chapter is a child's development and learning, and the underlying educational philosophy and the curriculum appropriate for children in their early years. Developmentally appropriate educational practices facilitate a child's learning and are sensitive to a child's needs and learning preferences.
CHAPTER 3
INCLUSION OF PRE-SCHOOL CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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3.1 Introduction
The context of this inquiry is the Israeli pre-school education system and the study focuses on issues of pre-school inclusion of children with special educational needs, mainly taught by regular pre-school teachers. The children were identified in their classes as being at risk for LD. The aims of this chapter are to describe, discuss and analyze the main issues relating to inclusion of pre-school children with SEN in regular kindergartens: the specific underlying assumptions, the characteristics and goals.

The next section (section 2) describes ECSE (Early Childhood Special Education) in Israel. It relates to facilities offered to pre-school children with SEN, and to the Israeli Law of Special Education (1988), which regulates these facilities. In this section I shall also refer to the programme for the child encountering difficulties in the kindergarten: the policy, objectives and practices, described by the Ministry of Education (1996), to give the reader some idea of the educational policy of early childhood special education in Israel. The next section (section 3) deals with the rationale and contribution of early intervention to help children with special educational needs and reviews general issues regarding early childhood intervention and special education, and ways to meet the needs of pre-school
children with special needs. In section 5 I shall proceed to issues of inclusion, focusing on the pre-school stage. Inclusion of children with special educational needs is the outcome of an educational philosophy maintaining that children should be educated in their communities, not in segregated schools. This is expressed in many countries in laws and regulations based on the principle of 'the least restricted environment' (LRE): When an appropriate placement for a child with special educational needs has to be decided upon, priority will be given to placement in the least restrictive environment.

Inclusion is implemented by teachers, and the unique pre-school system described in the previous chapter, has to consider the role of regular pre-school teachers in including such children in their kindergartens and working with other professionals to absorb them and help them. Section 6 deals with the pre-school teachers' role as related to inclusion, mainly their attitudes, knowledge and training. The last section, section 7, deals with the specific issues to be considered in pre-school inclusion: the practices leading to successful inclusion, followed by a review and analysis of the research on children with special needs in regular kindergartens. Section 7 then sums up the main points relevant to this inquiry, in particular the role played in inclusion by the regular pre-school teachers.

3.2 Early intervention and special education facilities in Israel.

Research on children with SEN shows the importance of early intervention in determining its effectiveness. (Schweinhart, 1994) In Israel, the awareness of the important effect of early identification and intervention on the development of the child has produced a nationwide system of facilities, available from infancy. This system includes child development centers in hospitals and health organizations (there are four health organizations serving the population through national health insurance), and community clinics for the child and its family (the clinics are called 'Tipat Halav', which means "a drop of milk"). In these centers an infant born with special needs is provided with a developmental follow-up, family guidance and therapy by professionals. According to the National Health Law, children from birth to the age of six are eligible for developmental services by neurologists, pediatricians, psychologists, and other paraprofessionals such as physiotherapists, speech therapists and occupational therapists.
In Israel the legal basis for intervention, provided for children with special educational needs in kindergartens and schools, is The Law of Special Education (1988). The law and its amendments establish the legislative and conceptual framework for special education and inclusion in Israel. The Israeli Law of Special Education (1988) was inspired by the American law - The Education of All Handicapped Children Act P. L. 94-52 - which states that children with SEN have an equal right to free and statutory education in accordance with their needs. It reflects an attitude towards children with special needs calling for normalization, quality of life and inclusion. The Law of Special Education (1988), states that children with SEN have the right to special education facilities. Every person whose ability to learn adaptive behaviour is restricted and who is in need of special education, is eligible for special treatment. The main implication of the law for early childhood education is that children with SEN, whose needs should be met in special education classes, have access to free education in special kindergartens from the age of three, compared to free and statutory education from the age of five for typically developing children.

When a child reaches the age of three and is diagnosed as having disabilities or handicaps that require special education, the Ministry of Education offers several types of pre-school special education: The segregated kindergarten, called 'special kindergarten', is mainly intended for children with severe disabilities, such as severe and medium mental retardation, sensory disabilities (deafness, blindness), autism, C.P., and mental illnesses; these children are not considered eligible for special education by the placement committee, when they are examined at the age of three. The number of children in these kindergartens is 5 to 14, according to the category of their disability (compared to 35 children in regular kindergartens). A special education kindergarten teacher and a multidisciplinary team work in these kindergartens, compared to one teacher and one aide in regular kindergartens. The second type of facility offered is the integrated kindergarten: In a regular kindergarten a special educator works with a group of children with developmental delays and disabilities. Usually one third of the children in these classes are with SEN. (6-11 children with SEN in a regular kindergarten class of 35 children). The teaching practices are determined by both the regular and the special pre-school teacher, according to the children's characteristics and the teachers’ preferences. The special education services are
provided within the kindergarten. The third category of facilities is a learning centre for 'included' children (mainly for children five years old). The special lessons are given at regional or municipal learning centres. In these centers an interdisciplinary team of psychologists, speech therapists, occupational therapists, art therapists, and teachers specializing in remedial work meet children with special educational needs, who are integrated into regular classes and kindergartens and are in need of specific help. Some of these services are provided in the kindergarten class by special educators. The special education teachers who work within the kindergartens are called ‘special inclusive kindergarten teachers’. Usually this teacher works with the child individually in the kindergarten once or twice a week for one hour at a time (Goldgraber, 1999).

Inclusive settings and programmes were an outcome of the Law of Special Education (1998). The law was followed by regulations laid down by the director general of the Ministry of Education, entitled "The programme of inclusion in the regular system - intervention for children with special educational needs in regular classes and special classes" (Ministry of Education, 1998/9). It defines an 'included pupil' as a child with special needs, eligible for additional teaching hours and special services (section D-1) free of charge, on the basis of a decision by the inclusion committee. The inclusion programme relates to procedures, responsibilities and the financing of the inclusion programme. It specifies the prominent role of local authorities in providing 'local support centres' that have the resources to finance the teachers' lessons and the professional team's guidance. Thus the local centre allocates resources to kindergartens and schools, in order to provide a support system for children with special educational needs. Children with learning and behavioural difficulties, considered in need of support by the multidisciplinary school or kindergarten team, are referred to an inclusion committee, entitled to decide on their eligibility for an inclusion programme (as stated in a circular by the director general).

The inclusion programme, derived from the Law of Special Education (1988), provides children with SEN with intervention and support, in addition to the help of the educational team in the kindergarten. However, it is made available only at the age when free compulsory education is implemented, i.e. from the age of five. Thus it is only children that age who have access to an inclusion programme. This leaves a large group of SEN children without special education
services and support in regular kindergartens. Inclusion programmes and special educational facilities within regular kindergartens are not the common practice in pre-compulsory kindergartens and this may impede the inclusion of children under five, increasing the probability of later difficulties or failure. The inclusion of children under five is also problematic because of the ways it affects the pre-school teachers' duties and roles.

3.3 Early childhood special education – rationale.

The early special education facilities in Israel as well as in other countries are an outcome of awareness and research showing the contribution of early interventions to the development of children with SEN.

Early childhood special education is an integrated discipline, combining features of special education with methods of instruction, suitable for early childhood. It is also related to other disciplines such as medicine, welfare, social and psychological services (McCollum & Maude, 1993; Odom, & Wolery, 2003). The rationale underlying early childhood special education is the belief that by means of early identification and intervention, the development of children with atypical developmental characteristics can be accelerated and enhanced through a carefully planned programme and direct instruction (Wilson, 1998).

Professionals working in the field of early childhood special education, who previously adhered to a set of practices based on diverse theoretical perspectives, may now subscribe to an integrated theory of practice, endorsed by both researchers and practitioners, which may be perceived as a unified theory of ECSE (Odom & Wolery, 2003). The following are the main tenets relevant to this inquiry: a) The importance of strengthening the relationship between the teachers and the children, the parents and the teachers, and among the peers. b) The role of adults in mediating the children's experiences in order to promote learning. c) The children's participation in more developmentally advanced settings with occasional assistance, as vital for successful and independent participation in those settings (Odom and Wolery, 2003). Some of the tenets of this coherent theory are congruent with the underlying assumptions of the Israeli syllabus: "Educational Framework for children with difficulties- in regular, integrated and special kindergartens". This is the basic educational policy towards pre-school special education (Israel, Ministry of Education, 1996)
Early intervention provides an opportunity for optimal development of children with special educational needs by giving them a better start: It has proved to be effective in remediying or preventing developmental problems, in school fewer children have had to be retained in a class or referred to special education classes and other school programmes (Salisbury & Smith, 1993). The research and practice of early childhood special education has expanded as a result of findings showing that early experiences have a marked influence on brain physiology and structure, on facilitating development and enhancing learning (Garett & Kelley, 2000). The basic assumption underlying special education is that preventing the occurrence of early learning problems by means of early intervention is more effective than later remediation of difficulties encountered in school (Slavin, 1996). Early identification and treatment of LD may be the most effective means of reducing the incidence of such difficulties, even though some of the effects of intervention tend to fade out. (Fletcher & Foorman, 1994; Salisbury & Smith, 1993).

Studies of early intervention programmes with children at risk, such as Head Start (Mallory & Goldsmith, 1990), showed immediate effects of the programmes on intellectual performance: improvement on I.Q scores, readiness for school, and achievements on tests. This effect slowly decreased and in the third year (third grade) differences were no longer found. This is true for long-term effects as well, such as children requiring special education and retention. On the socio-emotional dimension there is a similar pattern of positive short-term effect, which disappears in a year or two (Haskins, 1989). The Consortium for Longitudinal Studies is an organization that agreed to gather data on children participating in early intervention programmes and has set uniform methods agreed upon. The members of the consortium are still considered as having an influence on educational policy (Kagan, 1993). The main findings of the studies were that fewer children were referred to special education (14% compared to 29% in the control group) and fewer children were retained in a class (25% of the programme's children compared to 30% in the control group). A considerable difference was found in third grade reading achievements. In the higher grades (fourth, fifth and sixth), no differences were found. In mathematics there were considerable differences in the third grade, significant differences in the fifth grade.
but not as great as in the third grade, and no differences in the sixth grade (Haskins, 1989).

A major factor in prolonging the effects of early interventions is the quality of the programme. A follow-up study of the High Scope Perry Pre-School Project revealed that, out of the participants, 27 years old at the time, 71% had finished at least 12 years of study (in the control group 35%), 29% earned at least $2,000 (in the control group 7%), 36% were house owners (in the control group 13%) and 59% were in need of welfare (in the control group 80%) (Srouffe, 1996; Shweinhart, 1994). In spite of the fading of certain effects, mainly reflected in results on intellectual achievement tests, lasting positive effects are apparent in other areas, such as fewer children requiring special education and more students finishing high school (Shweinhart, 1994).

3.4 Pre-school Inclusion - definition and rationale

The trend towards normalization, promoting inclusion throughout the educational system, also affected ECSE. Inclusion may be defined in the following way:

"...the practice of including all children as full time contributing members of a heterogeneous group of children" (Wilson 1998, p.184).

The conception of inclusion stems from a development in social values within the civil rights and normalization movement (Wolfensberger in Hanson et al., 2001) and from legal changes. These values and legal changes are the basis for the demand for inclusive experiences in educational and communal settings. Inclusion of young children with SEN was the goal of many educational initiatives and the subject of ample research; the results are not indisputable (Hanson et al. 2001).

Inclusion of children with special educational needs is the outcome of an educational philosophy claiming that children should be educated in their communities, and rejects the concept of separation of special education from regular education. It is expressed in the Law of Special Education (Israel, Law of Special Education, 1988 section 7b) through the principle of "the least restricted environment" (LRE). It states that when the placement committee decides on the placement of a child with SEN, it will prefer an educational institution that is not a special education institution. Priority should be given to place and educate the child in regular educational systems, and only when inclusion fails, due to the
difficulties experienced by the child and not those of the school, will he/she be placed in a special education framework. According to this law, extreme views on full inclusion, calling for the abolishing of separate special classes or schools and for including all children whatever their disability, have not been accepted in Israel (Fuchs & Fuchs, 1995). In the U.K the same principle is laid down in the Green Paper: Excellence for all children, stating that, whenever possible, and children with SEN should be educated in mainstream schools; however, not stating that all children in special schools should be immediately transferred to regular schools (Avramidis, Bayliss & Burden, 2000).

The goals of inclusion of children with difficulties in regular classes are the following: to avoid stigmas, created by segregating them, and the resulting emotional, cognitive and behavioural problems, such as low self-esteem, low achievements, low expectations leading to the phenomenon of self-fulfilling prophecy, and internalization of the stigma. Inclusion is intended to give the children a sense of belonging, to preserve their right to equal educational opportunities, and to meet their individual needs as equal members of the group. Thus inclusion may minimize the detachment, segregation and isolation of these children from the community, and enable them to adjust more easily to social life as people with equal rights (Nimrod, 1995).

Inclusion does not mean merely letting the children be present in the classroom. They must be treated as typical children, except in those areas in which they require special attention. Inclusion is perceived as the practice of providing an appropriate education in the least restrictive setting, relating to the child's educational needs and not to diagnostic labels, enabling the regular teacher to teach a child with learning and behavioural difficulties with the collaboration, support and guidance of experts, and combining teaching practices from both regular and special education to provide equal educational opportunities (Sharoni, 1990). It also means that the way inclusion is implemented does not merely assist the child experiencing difficulties in regular settings; the assumption is that changes introduced for the benefit of this child can improve the learning of all the children, and that inclusion requires restructuring the regular educational programme in order to promote effective absorption of children with special needs (Hart, 1992; Clarke, Dyson and Millward, 1999).
3.5. Pre-school teachers and inclusion

The teachers' attitudes towards inclusion are a major factor in its success. Successful pre-school inclusion significantly affects later school success, therefore teachers' perceptions, attitudes and beliefs, positive and negative experiences, are crucial for successful inclusion (Smith & Smith, 2000). Regular pre-school teachers' unique ways of working make their attitudes, skills, knowledge, training, and teaching practices powerful variables, affecting success or failure of inclusion. Exploring the teachers' attitude to inclusion, including its cognitive, affective and behavioural aspects (Daniel, 1998) is of great importance, because of its effect on their behaviour towards the children with SEN in class, their expectations and teaching methods.

Negative attitudes towards children with disabilities generate feelings of shame in the child, and aversion towards the child on the part of parents or teachers, leading to the distancing of these children and raising them in segregated institutions. In the 1970s, research of children with disabilities revealed mainly negative attitudes, prejudice, aversion and stereotypes (Rutenberg, 2001). Unfavourable attitudes were also expressed towards the integration of children with disabilities, mainly because of a lack of self-confidence and the additional instructional or management skill required for integrating them (Avramidis, Bayliss & Burden, 2000). Negative attitudes towards children with SEN affect their academic success and lower their self-esteem, compared to their typically developing peers (Salend and Lutz, 1984; Jones, 1984). Such attitudes were found to be correlated with teachers' low expectations and the lowering of their demands of the child, thus avoiding making the required changes in their teaching practices when including children with SEN. Covert stereotyped attitudes, even when not expressed verbally by teachers, were sensed by pupils. Nonverbal clues may affect a child's self-esteem and achievement motivation (Weinstein, 1995; Nevo-Rot, 1997).

Adopting positive attitudes towards children with SEN is not merely a certain philosophical standpoint; translated into practice, it produces positive results for the young children and their families, affecting their cognitive, social and emotional development and their self-esteem (Schanin, 1990, Dunst, 2000). Progressive educational attitudes, which focus on the individual child, his/her abilities and needs, are correlated with greater acceptance, support and assistance.
Teachers' attitudes are often learned, and acquired on the basis of minimal evidence (Stoneman, 1993). Factors that contribute to viewing children with disabilities in terms of their strengths are essential to the success of inclusion. Caregivers in childcare centres in inner city neighbourhoods, writing portfolios on the children, included significantly more strengths-based themes in their post-treatment stories than in their pre-treatment stories (Campbell, Milbourne & Silverman, 2001).

Teachers base their actions and behavior on their personal beliefs about the disability (Avisar & Leiser, 2000). After the implementation of the Law of Special Education (1988) in Israel, researchers at first encountered resistance by teachers, a lack of belief in the possibility of making progress with the children, a lack of knowledge and professional skills, and fear of unfamiliar and strange experiences (Schechtman, Reiter & Schanin, 1993). This finding is not restricted to the Israeli scene: Margolis and McGettigan (1988) found that even some of the teachers who had more positive views, when confronted with the need to change teaching strategies and practices, lacked confidence and motivation. The professional groups most enthusiastic about inclusion were pre-schoolteachers and caregivers (Avramidis, Bayliss & Burden, 2000).

Research revealed that attitudes towards inclusion are dependent on several variables: the teacher's personality, professional background and willingness to cope with inclusion, as well as the organization of the pre-school (Schechtman, 1991). An ambivalent attitude towards inclusion is the outcome of the recognition of the importance of inclusion as well as of the difficulties teachers face in coping with it (Schechtman, Reiter & Schanin, 1993). Teachers identified class size, inadequate resources and lack of adequate teacher preparation as affecting the success of inclusion (Avramidis, Bayliss & Burden, 2000).

The child's characteristics are an important factor, affecting the teacher's attitude towards inclusion. The degree of disability influences the teacher's willingness to include children with disability; the more severe it is, or perceived by the teacher as more difficult to deal with, the less willing the teacher is to confront it. (Avisar & Leiser, 2000). Teachers identified children with emotional and behavioural difficulties (EBD) to be the most difficult category to include in regular classes (Avramidis, Bayliss & Burden, 2000).
Practical experience of inclusion forges more positive attitudes (Avramidis, Bayliss & Burden, 2000). Even young teachers, though still focusing on basic pedagogical skills, also increase their willingness to participate in teamwork and express more positive attitudes towards inclusion (Oshea et al., 1999).

Two main factors affect the teachers' ability to overcome difficulties and fears and adopt new attitudes and methods: the realization that they need to change their relationship to the children, and confidence in their professional skills and ability to make the change (Avisar & Leiser, 2000). Positive attitudes are related to the adequacy of the teachers' training and the level of their professional development. One of the barriers to inclusion is the lack of adequate pre-service training in regular and special education, and regular teachers' lack of knowledge and skills for working with pre-school children with SEN (Wilson, 1998). Teachers with substantial training in special education have more positive attitudes (Avramidis, Bayliss & Burden, 2000).

Although in recent years the attitude to inclusion has generally become more positive, teachers are concerned with their lack of knowledge about children with disabilities, and about the inadequacy of training programmes to enable them to meet the needs of children with SEN in their classes. Teachers do support inclusion, but suffer from a lack of the necessary time, skills, training, and resources to implement inclusion in a satisfactory way (Dinnebell et al., 1998; Scrugs & Mastropieri, 1996).

Since a lack of knowledge in working with included children is one of the barriers to successful inclusion, the starting point is to introduce a change in teacher training programmes; teachers must be capable of working in an inclusive class with understanding and empathy for children with SEN. Teachers should have staff development courses, supervision and follow-up research to guide them, they should be partners in the change processes; staff development should focus on the acquisition of knowledge, the development of teaching skills, and personal growth (Margalit, 2000).

Pre-school teachers' training for inclusion should avoid the two-track training model, separating special education and early childhood education, and it should become more interdisciplinary, crossing the disciplinary lines and expanding the teachers' professional role (Wilson, 1998). The focus in ECSE professional development is on preparing pre-school teachers for the task of
Reducing the children's developmental impediments by using validated instructional strategies and making data-based decisions; however, it should also promote social competence of the children in their classroom, promote teacher sensitivity and responsiveness, teacher-child interactions and support for positive behaviour. The writers conclude that there are insufficient guidelines for converting these principles into practice (Rimm-Kaufman et al., 2003).

Regular kindergarten teachers should include children with SEN in their kindergartens and work with other professionals, helping them to absorb them. Interdisciplinary collaboration is a critical workplace skill for early childhood professionals, and pre-school teachers should be trained with this aim in view. In this respect the guidelines for converting theory into practice are also insufficient (Rimm-Kaufman et al., 2003).

In educating teachers for the inclusion of children with SEN, the focus should not be merely on providing information, knowledge about disabilities or on teaching skills. It is imperative to deal with values' clarification, cognitive perceptions and emotional aspects. There is a need for an empathetic attitude to the teachers' difficulties, and for helping the teachers develop the feeling that they have, in fact, chosen to work with these children and are committed to inclusion (Schechtman, 1991). The course I teach, "Early Childhood Special Education", the framework for this inquiry, was aimed at providing teachers with knowledge, but also at changing attitudes, and investigating certain aspects of inclusion. The traditional preparation provided by colleges and universities through course work and a practicum does not meet the needs of early intervention and ECSE. In-service education is of the utmost importance. Regular pre-school teachers are one of the most important groups demanding more training, owing to the spread of inclusive education (Garett & Kelley, 2000).

Teachers describe what makes inclusion more successful and thus also promote positive attitudes towards inclusion. Early childhood teachers (K-3) described four elements that made the difference between feeling successful or unsuccessful. Training, class load, (class size multiplied by the number of children with special needs), support, and the time required for lessons planning, making adjustments, and collaboration with relevant personnel (Smith & Smith, 2000). Class size is an influential factor affecting feelings of success. The smaller the class, (13-21 compared to 18-21), the more likely teachers are to perceive
themselves as being successful in working in inclusive kindergartens (Smith & Smith, 2000).

Pre-school teachers, as the first teachers the children encounter, have the important task of making their entry into the educational system successful, and prevent children with SEN from failing later, and being referred to non-inclusive settings. That is why their attitudes are of such importance.

3.6 Children in pre-school inclusion - what works for them?

This section will deal with ECSE practices and inclusion of children with SEN, and their relationship to positive outcomes.

In a comprehensive review of pre-school inclusion in the U.S.A., Odom and his associates (2000) summarized the main research findings regarding pre-school inclusion. They found positive outcomes on developmental measures for all children, both those with SEN and those developing typically; the behaviour of children with disabilities was positively affected by participation in class with typically developing peers, and the attitudes of typically developing children towards children with SEN became more positive. The introduction of individualized instructional techniques and curricula in inclusive settings produced positive behavioural and developmental outcomes. Contrary to the above positive effects, they found that social interactions between children with SEN and the others were fewer, and they were more at risk of peer rejection. It is a much replicated finding in pre-school education research (Odom, 2000).

Social participation of children with SEN is considered as a major difficulty in pre-school inclusion. Whether it is indexed by the number of social exchanges, pro-social behaviours and friendships, or assessed via observational or peer socio-metric measures, diverse groups of pre-school children with disabilities are less preferred playmates by typically developing children (Guralnick, 1999). It appears that quality programs for pre-school inclusion should focus not only or mainly on better developmental outcomes, but also on improving social performance. The enhancement of positive relationships becomes central to successful inclusion in the early years (Wilson, 1998). The success of pre-school inclusion within kindergartens is facilitated by an early childhood curriculum focusing on learning through play, on making friends and cooperating, on a less restricted schedule and less formal achievement assessment (Hanson et al., 2001).
Enlancing social inclusion is the key to successful pre-school inclusion. The social experiences of children in pre-school settings should occur within a supportive and sensitive environment. They need to experience security, to feel self-confident and to have a secure base from which to explore and develop their own relationships with other children (Rimm-Kaufman et al., 2003). The caregiver’s warm and developmentally appropriate interactions with young children are essential to a nurturing social environment (Arnett, 1989; Srouaffe et al., 1996). Pianta (1999) claims that a regulatory system, comprising three factors - the individuals’ characteristics, information exchange processes and the difference in maturity and experience between teacher and child - contributes to the children’s social and academic competencies in school. Research has revealed that children who experience sensitive teaching in childcare settings tend to display greater social competence with their peers and more on-task behaviour. Children with socially bold behaviours show more self-reliance, fewer negative classroom behaviours and less off-task behaviour (Rimm-Kauffman, 2003).

Manlin (1999) mentions three factors contributing to successful inclusion: administrator preparation, teamwork among the educators, and professional input. Teachers in a successful inclusive setting worked together for the benefit of the education of all the students in a school, rather than assuming a territorial attitude regarding special education or general education. It appears that collaborative teamwork is a key factor in successful inclusion: collaboration between general education and special education staff, including training for collaboration, providing time for collaborative planning, and flexible scheduling (Smith & Smith, 2000). The regular kindergarten teacher should play the central role in the intervention, with the support of the special educational team; well-defined role expectations of the members of the team working with the child will maintain the teacher’s feeling of responsibility for the child (Porter, 1997). A study examining the work of a team comprising regular and special education teachers, including both young and experienced teachers, reported satisfaction by the team members and beneficial effects of teamwork, contributing to an improvement in their ability to cope with problems (Oshea, 1999). Research on the main features of successful school inclusion, which may be appropriate to kindergartens in this context, found that successful inclusion was affected by collaborative team work, a shared
framework, family involvement, effective use of support staff, and meaningful individual educational plans (Giangreco, 1997).

3.7 Conclusion

The main goal of early childhood special education is to give children with SEN a better start in the education system. If they are identified early, appropriately assessed and their needs are met in special kindergartens or preferably in integrated or regular ones, they may have a better start. Success is greatly dependent on the regular pre-school teacher, her knowledge, attitudes and the amount of support she and the child receive.
CHAPTER 4
LEARNING DISABILITIES – DEFINITION AND PREDICTION

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4.1 Introduction
The population of children with special educational needs is very heterogeneous and includes various categories of disabilities and difficulties on different levels of severity. Students with learning disabilities with no physical sensory or mental handicaps are the largest group within the population of children with SEN, estimated as up to 15% of the total school population (Brown et al., 1996; Taylor et al., 2001). The children who are the subject of this inquiry are best defined as ‘at risk for learning disabilities’. Although specific learning disabilities - in reading, writing, spelling and arithmetic - are manifested clearly only when formal learning is introduced, difficulties exist in earlier years and if not treated, become cumulative (Pierce, 1992). Pre-school education plays an all-important role in identifying and predicting them, in order to minimize the risk of later failures.

The aim of this chapter is to deal with theoretical issues concerning the broadest category of SEN, labelled learning disabilities. Section 2 discusses the issue of defining LD. It will focus mainly on the Israeli definition, and also on American definitions, because of their influence on the Israeli perceptions. Since various disciplines propose different definitions and paradigms of LD, section 3
analyses three theoretical positions, attempting to explain LD. The next section, section 4, presents an integrated theory that may be able to define and explain learning disabilities. It is Bronfenbrenner's bio-ecological system theory (1979), perceiving LD from the standpoint of interrelations among different eco-systems, and not reduced to one explanation. After explaining the concept, I devote section 5 to the relationship between LD and intelligence. Intelligence is a central concept in the definitions of LD and its role is controversial. In the last two sections I discuss issues related to the prediction of LD during pre-school years: section 6 focuses on risk factors and the role of pre-school teachers in predicting them, and section 7 provides a summary of the main behaviours displayed in pre-school years that are likely to predict LD.

4.2 Learning disabilities - definitions

Definitions of learning disability are controversial, vague and even chaotic (Siegel, 1999). The lack of a precise definition leads to subjective assessments; increasing numbers of students are identified as learning disabled and request interventions and concessions (Shalit, 1997; Siegel, 1999). In this section I cite two frequently used definitions, and that of the Israeli Ministry of Education.

The American definition of LD in the Public Law 94-142 Individuals with Disabilities Education Act (IDEA) defines LD in the following way:

"A specific learning disability means a disorder in one or more of basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems, resulting primarily from visual, hearing or motor handicaps, mental retardation or emotional disturbance, or environmental, cultural or economic disadvantage"

(USOE 1977)
The following definition of learning disorders is proposed by the National Joint Committee on Learning Disabilities (NJCLD 1998). It is considered the most consensual definition in U.S.A and Israel (Shanny, 1999):

"Learning disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical skills. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction and may occur across the life span. Problems in self-regulatory behaviours, social perception and social interaction may coexist with learning disabilities, but do not by themselves, constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilities (e.g. sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction) they are not the result of those conditions or influences" (NJCLD 1990, 1998).

The main characteristics of these definitions are also found in the definitions of the DSM-4 (APA, 1994) and ICD (World Health Organization, 1992) and in that of the Israeli Ministry of Education (1996a):

"Students with learning disabilities manifest specific disorders in acquiring basic learning skills (reading, writing, arithmetic) and in their use. This is due to distortions in cognitive processes, hypothesized to have a neurological basis. Their intellectual ability is average and above, but some function at a lower level. They display various difficulties in their cognitive functioning such as in language and thinking functions, spatial and time orientation, memory, attention and concentration, motor functions, perceptual-motor coordination, organization and so on. Very frequently they have problems in adapting to situations requiring flexible responses."
The disorders are sometimes accompanied by emotional difficulties due to recurring failure, leading to the development of low self-esteem, decline in motivation to learn, and anxiety. Not all these phenomena are necessarily to be found. Their difficulties do not stem mainly from handicaps, low intelligence, primary emotional problems or environmental factors such as cultural diversity or inadequate teaching, although these may occur alongside learning disabilities.

When the level of a pupil’s skills and achievements are significantly lower than expected in view of his/her chronological age, intellectual ability and class grade, the pupil will be diagnosed as suffering from a learning disability (Ministry of Education, 1996a). A common feature of these definitions is that LD is considered an intrinsic disorder in basic psychological processing, diagnosed in a severe discrepancy between achievement and intellectual ability, commonly measured by means of IQ tests (Sternberg & Grigorenk, 2001).

4.3 Learning Disabilities - three positions

Research in special educational needs and also the analysis of the concept of learning disabilities may be conducted using three main paradigms (Skidmore, 1996). The definition of LD, the causes, assessment, and intervention are related to the conceptual paradigm adopted. The analysis of the concept ‘learning disability’ may be based on the psycho-medical model, the organizational model, and the sociological model (Skidmore 1996).

The psycho-medical paradigm views LD as an objective fact, caused by neurological or psychological deficits ("something is wrong in the child"). It stems mainly from a positivistic approach, independent of social and cultural variables. This is a very dominant position in the research of LD in U.S and Israel. A survey of the definitions of learning disabilities reveals that, although not all of them mention the neurological factor (Hammil, 1990), there is quite a consensus that the causes are intrinsic to the individual, whether constitutional-neurological, as claimed by the neurological-psychological theory, or psychological-cognitive, as asserted by the information processing theory.
Neurological theories focus on neurological deficits or dysfunction as the main cause of failure to acquire learning skills. This attitude is expressed, though cautiously, in the definitions cited in the previous section, in phrases such as "presumed to be due to central nervous system dysfunction" (NJCLD, 1998; Ministry of Education, 1996a); and indeed, until Kirk (1962) described it in educational terms, the terminology used came from neurological discourse, the most common terms being 'minimal brain damage' and 'minimal neurological dysfunction'. Using modern techniques - MRI, Pat scan - research found differences in neurological functioning between readers and non-readers (dyslectics) (Bigler, 1992; Galaburda & Kemper, 1979; Shaywitz & Shaywitz, 2004). The validity of the connections made between neuroscience research findings about a child's brain and the development of educational practices or policy is still questionable and should be carefully examined (Bruer, 1997).

Neurological explanations appear in definitions of difficulties in the acquisition of the ability to read (dyslexia), the most common characteristic of students with learning disabilities. Dyslexia is defined as a disorder manifested in children with average or above average intelligence, who have difficulty in acquiring basic reading skills, despite conventional instruction and cultural opportunity; it is dependent upon fundamental cognitive disabilities, frequently constitutional in origin (Critchley, 1970; Siegel et al., 1985). A definition of dyslexia recently revised by the Orton Society (1995) states: "a specific language-based disorder of constitutional origin, characterized by difficulties in single word decoding, usually reflecting insufficient phonological processing abilities" (pps.16-17). The neurological explanations of dyslexia perceive it as a language-based dysfunction, and locate it in the left hemisphere (Shaywitz et. al., 2004).

Difficulties in the sphere of mathematics (dyscalculia) are explained by neurological theories as neurological deficits originating in the right hemisphere. They are sub-typed as non-verbal learning disabilities. (Rourke et al., 1990). Arithmetical disabilities are correlated with such psychological deficits as poor performance on visual-motor tasks, weakness in arithmetic computation and reading comprehension (not decoding), strengths in rote learning, verbal ability and difficulty in solving nonverbal problems. Children with nonverbal LD are considered more at risk of emotional, behavioural or social problems, perceived as
integral to this syndrome (Little, 1993; Siegel, 1999; Rourke et al., 1990; Rourke & Del Dotto, 1994).

Information-processing theories, emphasizing cognitive dysfunction, criticize the neurological explanation of LD. Within the same psycho-medical paradigm, they claim that brain research is still in its early stages and the conclusions drawn are premature (Bruer, 1997). The main explanation should focus on psychological-cognitive explanations as mediating variables. These theories explain LD as information-processing deficits, mainly in the following areas: phonological awareness, knowledge base, meta-cognition, and automaticity (Pierce, 1992). Deficits in phonological processing are considered the most powerful predictors of difficulties in reading acquisition, particularly in encoding (Wolf & Bowers, 1999; Felton, 1992; Shatil, 1995; Badian et al., 1990; Tallal et al.; 1996; Padget, Knight & Sawyer, 1996). Other difficulties in processing, related to RD, are dysfunctions in verbal coding, verbal semantic disorganization (Vellutino, Scanlon, and Spearing, 1995) and low language processing skills (Stanovich, 1989). A pioneer study of the roots of phonological skills found a correlation between young children’s (3 years old) recall of rhyming children’s songs and their phonological awareness, and these skills predicted success in reading at an early stage of learning (MacLean & Bryant, 1987). Intervention programmes focused on these deficits. Training children in phonological processing and its application to reading led to great improvement in reading (Ball & Blachman, 1991), suggesting that early identification and intervention in this sphere may prevent or minimize later reading problems.

The organizational paradigm represents a second explanation of LD. According to this paradigm, LD are correlated with certain factors in the schools' organization. ("Something is wrong in the school or in the kindergarten"). The focus here is not on the child's deficits, but rather on factors in the institutional system (Skidmore, 1999): The teachers’ practices, the curriculum and the behavior of the educational staff are contributing factors to learning disabilities. The main variables related to LD are effective classroom procedures, teacher development and teamwork. A study, examining the reading instruction of four experienced first-grade teachers at two demographically similar schools, found that children who were at the greatest risk of experiencing reading difficulties, due to their lack
of pre-literacy skills, did best with the teacher who used the most structured, systematic methods of teaching phonics during the first half of the first grade (Juel & Minden-Cupp, 1999-2000). This paradigm focuses on environmental factors within the educational system that may affect LD.

The Applied Behavioural Analysis approach may represent another perspective within this paradigm: LD is not considered an external expression of neurological or cognitive etiology, but rather learned maladaptive behaviour; learning and behavioural failures are the outcome of a lack of appropriate reinforcements. This approach claims that identifying the contingency of antecedents, behaviour and its consequences, and setting observable behavioural objectives and learning new contingencies may improve a child's learning and prevent failure (Alberto & Troutman, 1990). Research shows that the use of behavioural approaches contributes to the development of relevant and effective instructional interventions to help students whose problematic behaviours result in the avoidance of academic tasks (Burke, Hagan-Burke & Sugai, 2003).

The main assertion of the sociological paradigm, the third one to be considered, is that society defines LD as "something is wrong in society". Society defines who is exceptional and what the function of special education in society is. The basic assumptions of this model are constructionist: No objective risks exist per se; the risk is a product of socially conditioned ways of perceiving it. From this perspective special education is seen by society as

"a sorting mechanism, contributing to the reproduction of existing social inequalities by siphoning off a proportion of the school population and assigning them to an alternative, lower status educational track" (Skidmore 1996, p37).

This paradigm is supported mainly by statistical figures showing the over-representation of minorities in special education. In the U.S.A., coloured students are disproportionately represented in special education (Katzman, 2003). In Israel, it appears evident owing to the over-representation of children from lower classes and new immigrants from Ethiopia in special education schools and classes or in vocational schools (Svirski & Svirski, 2002). The need to show high percentages of
success in the examinations at the end of 12 years of schooling causes schools to label and exclude certain students and direct them to vocational schools or special classes, using the term LD for the purpose.

Coles' theory, the interactionist-contextualist theory, challenges the psycho-medical model and may represent the sociological paradigm. Coles (1987) claims that there is little evidence for the assumption that children identified as suffering from learning disability have a neurological abnormality. Even if the neurological factor does exist, it is minimal and becomes influential only when there are other contributing ecological and social factors: inappropriate learning opportunities, poor family relations, labelling affecting the child's self-esteem and self-confidence, society's attitudes and stigmatization (Pierce, 1995; Shany, 1999). According to this paradigm social and other environmental factors have a much higher correlation with school achievements than variables defined as biological or medical in origin (Meisels & Atkins-Barnett, 2000).

4.4 The bio-ecological theory - an integrative model.

When considering the first three paradigms, it appears that they are excessively dichotomised: Is it an either or issue? The ecological systems theory (Bronfenbrenner, 1979) may present an integrated and comprehensive view of LD. The bio-ecological system theory may be useful as an approach to the competing theories about LD. It combines the child's biological disposition and environmental forces, coming together to shape the child's development, by highlighting the interaction of intrinsic variables and external stimuli: the home, school, neighbourhood, community and society jointly influence the child's development. It may explain how environmental factors interact with multiple systems to influence educational outcomes and the performance of children with unique personal characteristics (Sontag, 1996).

"Human development occurs through processes of progressively more complex reciprocal interactions between bio-psychological human beings and individuals, objects and symbols in society".

(Bronfenbrenner, 1995 p.620).
Children are shaped not only by their intrinsic personal attributes, but also by the ever-widening environments in which they develop. Three elements determine the effective functioning of individuals: the individual's genetic potential, the environment, and mechanisms of reciprocal organism-environment interaction, called proximal processes. A child's development occurs within contexts and is an outcome of proximal and distal variables influencing the child in that context (Bronfenbrenner, 1979). These interactions or proximal processes constitute the mechanism by which genetic potential for effective functioning may be realized. The effectiveness of proximal processes is determined by biopsychological characteristics of the child and the immediate and distant environments in which they occur, and on the developmental outcome being examined (Bronfenbrenner & Ceci, 1994).

This theory is not deterministic; biological characteristics are not perceived as determining a person's destiny, and thus the causes of LD are not reduced to one explanation (Skidmore, 1996). This makes a multi-dimensional approach to LD possible: LD is perceived as a multi-dimensional concept, explained as resulting from interrelations between the child's personal characteristics, strengths and weaknesses, and environmental characteristics (Margalit & Tur-Kaspa, 1998). The eco system theory emphasizes the multiple factors affecting identification and intervention in the case of children with learning disabilities. The theory proposes a series of widening concentric circles, influencing child development, with the smallest circle in the centre representing the child. The child is nested within the other environments that are also nested each within a larger one.
Figure 1. Learning disabilities and ecological system theory.
A micro-system is a "pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics..." (Bronfenbrenner, 1979, p.22). The micro-system includes the physical and human immediate environment with which the child has direct contact, in particular the child's family, educators, and peers. According to this theory, no system is considered a micro-system, unless it is in direct contact with the child for a substantial period of time. Bi-directional interactions with the people in this system have the most immediate effect on the child. Bi-directional influences mean that adults affect the children's behaviour, but the children's biologically and socially influenced characteristics, temperament, physical attributes, and capacities also affect the adults' behaviour.

Bi-directional interactions between the child's personal characteristics and the educators' functioning may affect the degree or level of LD. Poor proximal processes result when strong dependency on environment or self-regulatory difficulties do not elicit qualitatively optimal familial and educational support, guidance, special care or intervention, thus leading to poor learning in the long run (Haring et al., 1992; Srouffé et al, 1996; Wilson, 1998).

The most salient feature of childcare ecology is the interaction between parents, and teachers, and children. The prominent one is responsive teaching, generally perceived as consisting of quick responses to children's needs or leads, adaptation to children's styles, and elaborations on children's behaviours (Bredekamp, 1987; Pine 1992).

Factors such as the quality of early interventions, effective class practices or quality kindergartens may be correlated with the level of LD in this system. According to Vygotsky, the quality of the teacher's mediating activity may enhance the child's cognitive abilities. Social mediation affects the child's cognitive development by explaining reality, transmitting cultural messages and mediating the learning of environmental rules (Kouzulin & Presseisen, 1995). Feurstein's theory of 'mediated learning' provides a more comprehensive view of the qualities of a good mediator (Feurstein & Feurstein, 1993) The child's mediated learning experience determines the child's ability to learn; effective
mediation may counteract weakness in cognitive functioning and create intrinsic motivation to learn.

A meso-system comprises the interrelations among two or more settings in which the developing person actively participates (for instance, in the child’s case, the mutual relations between the home, the school, and the neighbourhood peer group; for an adult, the relationship between the family, the workplace, and social life)..." (Bronfenbrenner 1979, p.25). The meso system consists of the connections between the children's immediate surroundings, the interactions and interrelations between two of the micro-system components, each of them relating directly to the child: the relations between the family and the teachers; the family and other professionals; the teachers and the interdisciplinary team working with the child. Research revealed correlations between the parents' involvement as home tutors and academic progress of children with learning difficulties (Thurston & Dasta, 1990).

An exo-system contains one or more settings that do not involve the developing person as an active participant, but where events occur that affect, or are affected by what happens in the immediate environment of that person..." (Bronfenbrenner 1979, p. 25). The exo system comprises interrelations among social settings such as the parent's workplace or health and welfare services in the community. In this system an important factor influencing children with SEN is the organizational structure of the multi-disciplinary team and of the pre-school system.

Indirectly, the social-economic processes in this eco-system have an enormous effect on the child, since they affect the economic status of family and therefore the parents’ opportunities to hire private agencies to provide support for the child with LD, access to high quality schools or kindergartens, and opportunities for tertiary education. When a child is born premature, it is not inevitable that it will have developmental difficulties; these are predicted only if it interacts with environmental factors such as poverty. If the needs of this child for more special care are not met by the family, beset by economic problems, the experience of greater parental stress will influence the parent – child relationship.

Poverty affects the child's development owing to its influence on parenting practices and the parents’ access to social support networks (Eamon, 2001).
relationship between poverty, cognitive development, and low achievements has been well established empirically, and early interventions were found optimal in promoting the cognitive development of children living in poverty (Campbell & Ramey, 1994). Socio-economic factors, such as unemployment, the mother’s employment, single parenthood (mostly the mother’s) and young motherhood, affect the quality of parental care and educational opportunities of children with LD. Children of unmarried mothers display more developmental problems, cognitive delays or behavioural problems in kindergartens (Musick, 1993). Children of poor families are born with low weight, correlated with cognitive difficulties that may be prevented. Children brought up in poverty are more at risk of behavioural, emotional and cognitive deprivations, and are more likely to drop out of school (Srouffé, 1996). Effective interventions for pre-school children at risk of school failure create positive effects such as higher I.Q., less need for special education, higher salaries and lower divorce rates (Jones, 1999), conclusively showing long-term benefits of early intervention. It is a cost-effective way of fighting the effects of poverty on a child’s life (Shonkoff & Meisels, 1990).

Parents' social networks are another factor related to children with SEN. A correlation was found between parents’ participation in support groups during early intervention programmes, and their children’s improved development (Dunst et al., 1990). Teachers should pay attention to social aspects that may aggravate LD, and be able to identify children susceptible to the development of these difficulties (Shany, 1999).

"The macro system refers to consistencies, in the form and context of lower-order systems (micro, meso and ecological) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies..."

(Bronfenbrenner, 1979, p.26)

The macro system includes cultural and legislative contexts within which the other three contexts operate (Wilson, 1998). It constitutes the cultural blueprint that partially determines the social structures and activities that occur in the more immediate system levels. Components of the macro system include material resources, opportunity structures, alternatives available throughout life, lifestyles...
and customs, shared knowledge and cultural beliefs (Bronfenbrenner, 1992; Eamon, 2001). Bronfenbrenner (1992) proposed the concept of "a cultural repertoire of belief systems" (p.228). Parents' and teachers' beliefs shape the values, goals, child rearing and educational practices, including expectations and attitudes towards children with LD. From this theoretical viewpoint, the over-representation of children from lower classes, minorities and immigrant families in special classes, low groupings and vocational schools may be viewed as related to social expectations.

The legislative measures such as the right for concessions on tests for LD students (writing tests under different conditions such as providing more time, the opportunity to be examined orally, to use an English dictionary in English tests) mainly benefit middle class students. Coles claims (1987) that the LD classification stems from the need of middle class parents to differentiate themselves from other, more disparaging classifications in special education. Most of the children diagnosed as having LD are middle class, since this designation is preferred to other labels such as mentally retarded, slow learner, emotionally disturbed, or culturally deprived. These terms are mainly in use for children from low socio economic groups or minorities, although in recent years the term LD has also been adopted with reference to them. This also reflects social injustice, manifested in the dominant representation of students of higher socio-economic status in this category: 50% percentile of family income of students diagnosed as having LD and concessions in S.A.T. is higher by 50% than the family income of the whole student population (Kelman & Lester, 1997). In Israel, research found that in schools with high parental involvement and high socio-economic status there are better chances for psychological assessment leading to more accommodations in exams, which improves the chance for higher achievements (Margalit & Ayalon, 2004).

A prominent cultural aspect is the linguistic debate about the use of the terms "disability" or "difficulty" for the failure to learn academic skills such as reading and arithmetic, as terms also affecting attitudes. Sternberg & Grigorenko (2001) claim that one should not use the term 'disability' for a difficulty related to a culturally determined skill, just as, in the past, one could not claim that a person has a "hunting disability", because "what constitutes a problem in adapting to education and society depends on where and when a child is born" (p.336). Ability
and disability are relative to the period and society a child is born into, and to abilities needed and valued in that society at that time.

The linguistic controversy has implications for educators, because it affects their values, and their accountability for these children’s success or failure. It also influences the teachers’ expectations, as the label 'disability' has the connotation of an intrinsic, biological disorder and may lower their expectations of these children (Clarke, 1997) and their feeling of accountability for their success.

The chrono-system is not an additional concentric circle, but rather a separate system, referring to the time dimension of development; consistency and change throughout the life span, and the effects of early experiences on later ones. It involves temporal changes in the children’s environment, producing new conditions that affect development. These changes can be imposed externally or arise from within the organism. The changes can include events such as the death of a family member, a teacher’s mid-year retirement or a change in the family structure that may change the conditions of that child’s life (Berk, 2000).

Children attend kindergartens from the age of 3-4. They arrive with pre-conceived attitudes towards their abilities, learning, and relations with peers and teachers, and what happens to them in kindergartens during these three years will in turn affect their later development in schools. Living with a stigmatic label generating rejection during this early and formative period may have effect on the child’s later years.

This model seems to encompass the competing theories, showing that there may not be only one cause for LD; it may be understood as the outcome of interrelations between the child’s personal characteristics and the environment. This provides a conceptual framework for examining the multiple influences on children's educational experiences.

4.5 Intelligence and learning disabilities.

The identification of learning disabilities by means of the ability - achievement discrepancy is usually defined operationally as an IQ - achievement discrepancy, raising the issue of intelligence as related to academic achievements. (Watkins Kush and Schaefer, 2002; Siegel 1999). Achievement that is not
commensurate with IQ is considered a key indicator of LD. Typically, the criteria will state that an individual's achievement score must fall a standard amount of points (15) below that individual's IQ. The IQ - achievement discrepancy, central to most definitions of specific learning disabilities, means that academic performance and achievements fall significantly below the level expected in view of their IQ (Kranzler, 1997). Most definitions relate to this discrepancy by comparing achievements in reading, writing and arithmetic to age (class grade) and intelligence. (Mercer, Jordan & Allsopp, 1996). Demonstrating this discrepancy requires a psychological assessment of IQ, in order to establish the diagnosis of LD and declare the child eligible for remedial education or special classes, or for accommodations in examinations (Watkins, Kush & Glutting, 1997). The extensive use of IQ tests does not reduce the need for debate about their use or misuse, and about their usefulness in the identification of LD.

There are certain problems with the discrepancy model: The dispute concerns intelligence, in particular its measurement in IQ scores; and the need for showing academic achievements is not easily applicable to pre-school children. The discrepancy between academic achievement and IQ required in order to meet the special education criteria for LD is rarely found in young children, and the identification process may be delayed for years (Taylor, Anselmo & Foreman, 2000).

The discrepancy model was criticized, in particular by researchers of reading difficulties, who opposed the notion that poor readers with discrepancies are a unique group qualitatively different from other poor readers. These researchers have argued that the IQ is irrelevant to the definition of reading disability and that reading achievement should be compared to age or grade (Siegel, 1989; Stanovich, 1991; Fletcher et al., 1994; Stanovich & Siegel, 1994). Children experiencing difficulties should be helped, whether such discrepancy exists or not (Sternberg & Gregorienko, 2001). Every child with low achievement should get help, not on the basis of labels but of needs.

The most disputed concept in this model is intelligence itself, specifically when measured by IQ tests, and in view of the nature and nurture debate. The notion that measured IQ differences among races, ethnic backgrounds or socio-economic status are genetically based, minimally affected by social and cultural
variables, was strongly debated. Gould (1981) in his book "The Mismeasure of Man" claimed that the notion that some groups are less intelligent than others (due to race, class, ethnic origin or gender) misuses IQ tests for the preservation of social ranks and distinctions; the notion that IQ is innate ("in the blood") is dangerous, because it justifies social prejudice. "Determinists’ arguments for ranking people according to a single scale of intelligence, no matter how numerically sophisticated, have recorded little more than social prejudice" (Gould, 1981, p. 27).

The empirical findings, showing that school achievements are significantly correlated with I.Q scores (Kamphaus, 1993; Kranzler, 1997), and that IQ measured in pre-school years is strongly associated with academic achievement (Cassidy & Linn, 1991) should not be explained by genetic causation but rather by social factors, and the eco-system theory: The same social variables - social class, gender, educational opportunities, and early stimulation - explain both academic success and the IQ level. The ecological model maintains that interrelations among personal characteristics and environmental factors affect the child's intelligence.

Another challenge to traditional IQ tests as measurements of intelligence comes from the psychologists Gardner (1992) and Sternberg (1985). Their theories originate in a constructionist position, and consider social contexts. Gardner explains the correlation between IQ scores and academic success by the fact that both focus only on most culturally valued verbal and mathematical (logical) intelligence, and ignore the value of other forms of intelligence children may have (musical, spatial, interpersonal and intra-personal), not sufficiently appreciated in schools, but maybe very helpful later in life. Intelligence is the ability to solve problems or produce products within a community or cultural context; it should be assessed in the natural environment of the child’s life, and it may be developed by education (Gardner, 1992). Their main claim is that there is no single score that may describe the multidimensional and variable human intelligence (Yekovich, 1994). Environment shapes intelligence, and intelligence shapes environment, thus intelligence is a broader concept than cognitive abilities, required for academic success, but rather a behaviour adaptive to environment, displayed when children work on tasks, in particular when these are novel or unfamiliar (Sternberg, 1985). Teachers may perceive children’s intelligence not
only in their success in academic or information processing tasks, but also in the way they cope with novel assignments not related to academic tasks, as in adapting to the social environment or in problem solving during play. The possibility that IQ tests measure all aspects of intelligence is questionable and a reduction of the concept of intelligence to one dimension, instead of viewing it as multi-dimensional.

4.6 Predicting learning disabilities in pre-school children

The importance of pre-school education in ensuring a better start in school makes the prediction of LD a highly significant factor. LD definitions and assessment methods should enable pre-school staff to identify the indications predicting LD. In pre-school years learning disabilities may be detected through developmental delays. These are identified and their extent is determined by comparing performance to norms determined according to chronological age. High frequency of developmental delays is found among children with learning difficulties, when compared to a control group (Blumsack, Lewandowski & Waterman, 1997). According to the ecological theory, behavioural difficulties and delays are interrelated with environmental factors that can be analyzed within the framework of the ecological model.

Since specific LD in reading, arithmetic, spelling and writing may be manifested only when the child enters school, the best approach is to investigate delays and disorders in various developmental domains, as predicting these disabilities. Instead of looking for causes of LD, a better strategy is to identify risk factors. A risk factor is any characteristic, condition or circumstance that increases the probability that a disorder will develop. It is essentially a statistical concept, differentiated from a cause (Srouffe et al, 1996). LD is interrelated with a-typical social, behavioural and affective development. (Margolis & Tur-Kaspa, 1997) and therefore may be identified in pre-school years. However, there is a need for a word of caution: Development in early years is discontinuous and discrepancies may be temporary behaviours that appear a-typical or predicting LD may disappear in later years, especially when dealt with appropriately during those years. (Haring et al, 1992);
The important role of pre-school teachers in identifying LD is discussed in literature, however there is no consensus about their ability to fulfil this role. Research revealed that one third of the teachers studied were unable to show a clear understanding of the indications which place children at risk of learning difficulties (Browning, 1997). However, other research brought evidence of the ability of pre-school teachers to identify LD. Teacher assessments of children's intelligence or ability have been shown to be quite consistent with performance on standardized tests, including IQ: median correlation of 0.66 was found between teacher judgments of achievement and objective measures (Hoge & Butcher, 1989; Hoge & Colardarci, 1989). Correspondence was found already in pre-school (Stoner & Purcell, 1985). Pre-school teacher ratings of children's social competence predicted their third grade spelling and math achievement, as well as IQ scores. (Perry, Guidubaldi & Kehle, 1979). First grade teacher ratings on interest - participation and attention span – and restlessness scales correlated with student grades over the next 3 years (Alexander, Entwisle & Dauber, 1993). Teachers' judgments of pre-school children's cognitive ability were predictive of school achievement at age 18 (14 years later). They were more predictive for children whose IQ they estimated more accurately, and the children whose IQ they underestimated were from lower socio-economic strata. (Alvidrez & Weinstein, 1999). Children ranked by pre-school teachers as making unsatisfactory progress performed poorly in pre-academic tests, phonological processing and working memory tests; 71% of these children also had learning problems in the first grade (Taylor et al., 2000)

It appears that pre-school teachers may play an important role in early identification and assessment of children at risk of LD, using their sensitivity, if they enhance their knowledge of factors and variables indicating possible LD. Teacher judgments of children's classroom behavior likely contribute to decisions to place students in learning disabilities programs; hence, teachers may already play an important, though unacknowledged, role in the assessment process (Shaywitz et al., 1990). Pre-school educators should become aware of the behaviours that have been detected as having predictive validity as risk factors of later specific learning disabilities - developmental areas such as auditory and visual perception, cognitive development, knowledge of basic concepts, speech
and language development, gross and fine motor development, visual-motor
development, socialization and social behaviour, and self-help (Gridley, Mucha &
Hatfield, 1995).

4.7 Pre-school behaviours and skills predicting learning disabilities

Research has yielded an ample body of information about risk factors predicting
LD. (Al- Yagon, 2003) In this section I present the main predictive variables
found in pre-school children; they may be detected by staff directly working with
them.

Pre-academic skills are an important domain where such predictive variables
can be found, namely the acquisition of basic concepts and skills required for later
learning in school. Pre-academic skills are good predictors of learning abilities
(Badian, 1999), mainly the understanding of quantity and numerical concepts, and
pre-reading skills and emergent literacy.

The children's ability to manipulate quantity and use numerical concepts
may be indicative of later acquisition of arithmetic skills. Their ability to compare
quantities, to solve everyday arithmetic problems (how many plates to put on the
table if there are four chairs around it?), to grasp numerical concepts when adding
and subtracting objects, to understand that adding means more and subtracting –
less, all these predict later success in arithmetic. Other abilities are grasping the
one to one principle (that every object is counted only once) and understanding the
cardinal principle (the number counted last in a serial group of objects indicates
the quantity of objects in the group) (Srouffe et al, 1996). Whether by organizing
an environment stimulating the child's manipulation of quantities or by direct
teaching, the kindergarten teacher may improve the child's grasp of pre-academic
concepts that will later minimize difficulties in arithmetic.

Pre-reading skills is a major domain of predictive value. Emergent literacy
- the relationship of pre-school children to the “written word” - may reflect their
pre-literacy skills. It involves understanding that reading is a means of exchanging
ideas. Showing an interest in books, paging, the ability to differentiate between a
written text and a picture, curiosity about a written word, understanding the role of
writing as a means of communication, pretending to read by moving a finger along
a written text, trying to identify words - all these are some of the behaviours that may be described as pre-literacy skills. (Levin, 2002) A child's failure to display such behaviours may be indications of later difficulties in reading, in particular reading comprehension (Shatil, 1999). These skills are greatly influenced by the parents' reading to the child, talking and providing a literacy-rich environment. However, teachers also bear the responsibility to foster these skills (Wolery, 1999). It is their responsibility to develop pre-literacy skills in order to minimize later failure in learning to read, in particular in the sphere of reading comprehension.

Pre-reading skills are related to language skills. Every definition considers language skills as a sub-type of learning disabilities and as the most predictive variable for reading difficulties (McCardle, Scarborough and Catts, 2001). Using a path analysis, significant paths were found leading from early language abilities at age 3, through expressive and receptive language and language awareness in kindergarten, and via word decoding in grade 2 to sentence reading in grades 3 and 4 (Olofsson & Niedersoe, 1999). Research shows that 40%-70% of pre-school children with language difficulties have RD in later years (Bashir & Scavusso, 1992). The components of language to be identified and assessed are phonology, morphology, syntax, semantics and pragmatics (Srouffe, 1998).

Kindergarten teachers should identify and intervene when detecting difficulties in phonological processing. The awareness of phonemes as constituting a word and the ability to manipulate them is a basic phonological skill. Research shows that early practice of these skills minimizes later failure in reading (Tallal, 1996). Children can play at identifying phonemes in words (the first and last phoneme in a word), adding phonemes to words and subtracting them, finding specific phonemes in words, differentiating between long and short words, differentiating between similar phonemes, dividing words into syllables, specifying the order of syllables, mixing up sounds in multi-syllabic words, and rhyming - thus minimizing later difficulties in decoding and reading (Seldin, 1998; Shatil, 1995). Children who have oral language problems will have difficulties in the acquisition of reading (Menyuk & Chesnick, 1997).

The significant language behaviours that may predict learning disabilities and require identification and intervention are the following: delayed speech,
inadequate vocabulary, using two- or three-word phrases instead of strings of words, using pat phrases to communicate, making off-topic comments, raising a hand but unable to produce an answer. When a child does not seem to understand instructions or questions, watches others to see what they are doing, or has difficulties in expressing wishes or needs, wants to speak but is unable to retrieve words or tells stories in random order—such difficulties are potentially predictive of LD. Adequate language skills should include knowledge of basic concepts (size, colour, quantity, and space orientation) and of opposites, the ability to express ideas and describe experiences, and to tell a short story, using correct syntax (Ministry of Education, 1995).

Research supports the effectiveness of evaluating children's cognitive performance in pre-school years to predict their future academic performance. Performance on cognitive tasks differentiated between six- to eight-year-old children with or without mild learning problems (Scott et. al, 1996) and also between these same educational groups of four- and five-year-old children (Scott and Perou, 1994; Scott et al., 1996). Cognitive performance at the pre-school level is related to later educational status (Scott, Fletcher & Martell, 2000). Pre-school teachers should observe the following cognitive functioning:

1. Generalization - the ability to find a common characteristic in different objects.
2. Classification and categorization - the ability to arrange objects into groups according to common features such as size, shape, colour.
3. The ability to arrange objects in a logical series according to size, or understanding serial concepts such as time and various processes.
4. Understanding the relationship between cause and effect.
5. Memorization - poor memory, manifested in difficulties in audio- and visual recall, such as lack of ability to recall a list of several (3 to 5) units.

Another major group of predictive variables relates to behavioural and social domains. ADHD (Attention Deficit Hyperactive Disorder) is one of disputed predictive variables. The relations between ADHD and LD are controversial; it is not clear whether it is an integral component in LD definition. In addition to behaviours typical of these children, such as inattentiveness, impulsive behaviour, and hyperactivity, it also includes a ‘learning disorder’ or low achievement (Marshall & Hynd, 1997). No doubt it is the most frequently discussed behaviour...
problem, connected with LD. The identification rate for ADHD children is 3-5% (Maynard, Tyler & Arnold, 1999). There is a correlation between LD and ADHD and they overlap, but they are different syndromes. The co-occurrence of ADHD and LD varies from 20% (Javorski, 1996) to 50% (Riccio & Jemison, 1998). This means that though not all LD children are also ADHD and not all ADHD children are LD, it is important to identify and intervene early, since, like a vicious circle, behaviour problems lead to learning difficulties and these increase behaviour problems. Behaviours related to ADHD are also mentioned on every list of signs predictive of LD.

ADHD is mostly disputed on medical grounds and also by adherents to the environmental model. It was mainly criticized for identification and maintenance of disability as sickness (Ballard, 1997). The psycho-medical model identifies the cause of this behaviour in bio-chemical-neurological dysfunction, and these children are treated with medicines, the best known being Ritalin. However, even those supporting this model accept that medical treatment is insufficient and that without an environmental educational programme the change is not fully achieved (Barkley 1990). An educational programme includes clear expectations, rules, and instructions, maintained consistently and reinforced by opportunities for active learning and success (Ballard, 1997). The behaviour of these children, most of them boys, is very challenging to teachers; however, they have an important role in helping them. A supportive and stable environment in early childhood may divert the course of development of severe attention and behavioural disorders.

'Labels of forgiveness' (Slee, 1995; Reid & Maag, 1997), implying that children are not to blame for their deviant behaviour is controversial. Such labelling is applied to children with LD, diagnosed for minimal brain dysfunction and AD(H)D, since these are thought to have some neurobiological basis, thereby exculpating the individual of responsibility for his/her actions. Children with 'emotional and behavioural difficulties' may be choosing to behave badly, while those with AD(H)D may be seen to have no choice. This divides children into "bad" and "good but sick" (Reid & Maag, 1997).

Children's attention difficulties may be revealed in a lack of ability to select the relevant or important stimulus or to focus on an assignment and avoid distraction, in their moving rapidly from one activity to another, in their lack of
ability to plan, perform and control their activities, and to remain attentive and concentrate on complicated tasks. Indications of attention difficulties can be perceived by teachers when a child is distracted by every little noise or other irrelevant stimuli, moves from one game to another without completing any of them, or is totally focused on one activity and does not pay attention to what is going on around him/her, does not hear when called or unable to stop playing, and has difficulties in processing more than one instruction at a time. These children have difficulties in remaining attentive, in particular during routine or more monotonous assignments. These behaviours get them into trouble in class through disruptive and aggressive behaviour. Therefore it is not surprising that ADHD has co-morbidity with behavioural disorders (Barkley, 1990; Taylor, 1994).

Learning disability is not only an academic or achievement problem; it correlates with behavioural and affective problems. It is related to anti-social behaviour, difficulties in accepting authority and keeping rules, in adaptive behaviour, self-control, and in curbing aggressive behaviour. The most frequently mentioned behaviours of pre-school children are temper tantrums, screaming, negative behaviours such as annoying others, aggression and cursing. Research shows a consistent relationship between emotional and behavioural regulation of infants and toddlers, and adaptive social behaviour at school age; parents and educators report that children with learning difficulties are late in developing self-regulation processes. (Eisenberg et al., 1997). Research reveals that environmental factors, in the micro and meso contexts, are related to children's behavioural problems. A correlation was found between socio-economic status and anti-social behaviour, due to socialization experiences in an environment of poverty, affecting stress factors in the family and low parenting quality (Dodge, Petit and Bates, 1994). Here too, teacher - child relations in early years may divert the course of events through behavioural intervention, on the basis of behavioural analysis.

Behaviour disorder is related to social behaviour. There is a dispute as to whether the social-behavioural difficulties are primary and part of the LD syndrome. Research within the psycho-medical paradigm claims that social incompetence stems from neurological-psychological factors, located in the right hemisphere and caused by impairment in social cognition or perception (Rourke et al, 1990; Dimitrowski et al., 1998). More consensual opinions maintain that these
behaviours are by-products of and correlated with LD. (Margalit and Tur-Kaspa, 1998) Research, based on the neurological-psychological paradigm, studied 20 nonverbal LD children and found all of them socially inept, withdrawn, isolated and having difficulties in maintaining friendships, and maladaptive to new situations (Gross-Tsur, et. al, 1995).

When observing social interactions of children with LD with peers in school, we find that they are inclined to have negative interactions; they are rejected by peers and display poor social skills (Kavale & Forness, 1996). They feel lonely and socially detached (Margalit et.al, 1997). Social loneliness, the feeling of not belonging, is considered as stemming from immature social skills. The child is withdrawn, plays alone most of time, or watches other children playing and does not ask to join them. The fewer friends a child has, the greater is his/her sense of loneliness. Children with LD are considered as more at risk of a sense of loneliness than others, because of their social difficulties (Neuberger & Margalit, 1998).

One of the sources of social difficulties is lack of social competence. Social competence is a child’s ability to communicate with peers, to positively respond to them, to attract their attention and interest, to gain their appreciation, to lead and be led, and to be engaged in interaction with them. When children have social competence they are usually more popular and increase their social interactions, and thus have more opportunities to acquire social skills (Srouffè, 1996). Possible causes of lack of social competence are the following: inefficient social cognition, miscommunication, and emotional difficulties. Studies found that kindergarten children, who were later identified as LD, were rejected by their peers already in the kindergarten (Vaughn et al., 1990). Early patterns of peer play disruption within the classroom context have implications for children's capacity to learn critical socially mediated skills. Research indicates that pre-school play is the primary context in which children acquire essential social knowledge and interactive skills. Pre-school children, who display disruptive peer play behaviour early on, are at risk of later maladaptive social relationships (Pellegrini & Boyd, 1993).

The evidence showing the importance of social inclusion in the kindergarten places the responsibility on the teachers — in the micro context,
according to the ecological model. In my opinion, the child's social status in the kindergarten is determined by the teachers' attitude and behaviour towards him/her. A sensitive, accepting teacher, devoting time to the individual child and more involved in each child's activities, serves as a model for the children and prevents rejection or neglect of the child by the other children, enabling him/her to participate in social interactions and learn social skills.

Finally, I wish to discuss the category of predictive behaviours related to perceptual and motor skills. Although these are distinct functions, difficulties in either of them and in the integration between them may be early indications of LD. (Sharoni, 1990) These disabilities characterize children who have no constitutional or innate disabilities, and their motor skills are not restricted as in cases of C.P or severe retardation, but the quality of their sensory-motor functioning is inadequate. Perceptual ability determines how the child perceives information and responds. Difficulties in sensory processing have been linked to LD, although research results are controversial (Sharoni, 1990), and in any case not as significant as language and cognitive difficulties. Teachers should pay attention to the following behaviours: avoiding tasks such as colouring, drawing and cutting; excessively physical behaviour manifested by touching, pushing, wrestling; inadvertently bumping into objects and people; falling often and easily, prone to accidents; difficulties in handling small objects, such as cubes, in tying shoes, gripping pencils awkwardly, fussing about food and eating messily; oversensitivity to stimuli, treating a light touch as though it were a punch, frightened by loud noises (Seldin, 1998).

The following behaviours are indicative of difficulties in gross motor skills: poor balance, awkwardness when jumping, running or climbing, avoiding games that require motor skills such as jumping on one leg or on both, climbing a ladder, or going on a merry-go-round; insecurity in moving in space and when catching or throwing a ball; using either hand for the same task - not having a dominant hand. The following difficulties show poor visual-motor coordination: low quality of motor performance, difficulties walking on a line and hitting a ball. Fine motor difficulties are manifested in the awkward use of a spoon or fork, in holding a pencil with the fist rather than with fingers, and in finger games. Poor visual discrimination is manifested in difficulties in distinguishing between two or
more visual stimuli, between similar shapes, in identifying embedded shapes and in understanding position in space (Ministry of Education, 1996). The above behaviours are manifestations of difficulties in perceptual and motor organization; they are not necessarily indications of LD, but they should alert teachers to the possibility of the existence of LD.

4.8 Summary
The concept of learning disability was theoretically analyzed within the framework of the ecological system theory, based on the idea that LD is a multidimensional concept and therefore may not be reduced to a single explanation. The analysis shows that LD and its predictive indicators may be explained both by the child's intrinsic characteristics and by abundant environmental factors, including features of the educational system. In conclusion we may say that one must relate to LD as a multi-dimensional concept with multiple causes. All possible explanations should be taken into account. These conclusions apply also to the ways of assessing LD, which will be discussed in the following chapter.
Chapter 5
Pre-School Assessment of Special Educational Needs

Contents
5.1. Introduction
5.2 Assessment of pre-school children with SEN
5.3 Traditional and alternative assessment paradigms
5.4 Eco-behavioural assessment
5.5 Summary

5.1 Introduction
Assessment of pre-school predictive indications of LD has unique characteristics and these should be clarified, as well as the theoretical issues pertaining to pre-school assessment in general and the assessment of pre-school practices in particular. The assessment of LD lacks clear definitions and criteria (Siegel, 1999). This chapter will focus on the main practical and theoretical issues involved in the early identification and assessment of LD among pre-school children at risk.

Assessment is a process of collecting data and analyzing information about a child's learning and development, serving as a basis for decision-making (McConnell, 2000; Birenbaum, 1997; Wolery, 1994). It involves incorporating the information into planning, and communicating the findings to parents and other relevant parties (Hills, 1992).

Since it is impossible to measure formal academic achievements in preschool, assessment focuses on developmental aspects. Developmental assessment of young children is a process designed to deepen the understanding of their competence and resources, strengths, weaknesses and special needs, to identify potential causes of any problems, and to assess the competence of caregivers and the quality of learning environments, in order to help the children make full use of their developmental potential (Meisels & Atkins–Barnet, 2000; Goodwin & Goodwin, 1993; Wilson, 1998; Bracken, 2000). "It involves formulating questions,
gathering information, sharing observations and making interpretations in order to formulate new questions” (Greenspan & Meisels, 1996, p.11).

In early childhood programmes, assessment serves a variety of purposes, including planning instruction for individual children and for groups, communicating with parents to identify children who need further intervention, and evaluating the effectiveness of the intervention (Moore, 2002). When the teacher is concerned about a child and needs to find out if a more in-depth evaluation is required, an assessment should be made (Wilson, 1998). The extent of the children's learning is visible through documentation and assessment, and the goal of high quality assessment may be to support the professional development of pre-school teachers. It also contributes to overall knowledge about children, and deepens our understanding of children's development (Moore, 2002).

Section 2 relates to Israeli policies in the assessment of children with LD, and in particular of pre-school children with SEN. It deals with the application of the Law of Special Education and the syllabus ‘The educational framework for a child with difficulties in regular integrated and special kindergartens’ (Ministry of Education, 1996, Israel), and it also refers to policies in other countries and to general problems, encountered when assessing pre-school children with SEN. The next section (section 3) discusses theoretical issues pertaining to assessment, in relation to various research paradigms. It focuses on the debate between the traditional positivistic approach, close to the psycho-medical model of SEN, and the alternative type of assessment that is constructionism-oriented and in line with the organizational-educational and sociological paradigms. Since the theory that integrates these paradigms is the bio-ecological theory, discussed in the previous chapter, assessment should also be congruent with this theory. The eco-behavioural assessment that relates to ecological theories is introduced (in section 4) as an optimal approach to pre-school assessment, and provides the rationale for using observations in natural settings in this inquiry.

5.2 Assessment of pre-school children with SEN.
In Israel there are no mandatory policies as to ways of assessing children for eligibility for special education services; an expert's psychological evaluation is sufficient. The Israeli Law of Special Education (1988) merely states that for
placement of children in special education classes and schools or other special education facilities an expert assessment is required, but does not specify what domains are to be assessed or which methods, tools or tests should be used. The practices in England are more specific. The "code of practice" sets out five stages of pupil assessment: the first three are school-based and increase in complexity from modification of the curriculum, consultation with an in-school specialist to involving outside expertise. At the third stage the LEA is closely involved, and the final two stages comprise multi-professional assessment by specialists. Although the stages are clearly defined, no objective criteria exist as to at which stage a child may be identified as having LD, nor are there any guidelines for moving from one stage to the next (Copeland, 1997).

Relating specifically to pre-school children, the Israeli position towards pre-school assessment of children with difficulties is that there is a need to identify, assess, and intervene as early as possible, and that it is one of the kindergarten teacher’s roles to be part of this process. Teachers must be trained to identify and assess learning and developmental disabilities (Ministry of Education, 1996; Margalit, 1997). In kindergartens the following is the common procedure: pre-school teachers express their concerns to the parents and receive their consent to refer the child for psychological assessment, which involves consulting a psychologist, determining the need for the evaluation and filling out a referral form.

The main document dealing with the Israeli policy regarding pre-school educational assessment of children with difficulties is the syllabus entitled “The educational framework for a child with difficulties in regular integrated and special kindergartens” (Ministry of Education 1996, Israel). The underlying principles are the following: Both assessment and intervention are the tasks of a multidisciplinary team. The child’s abilities and difficulties should be assessed as they are manifested in the natural environment of the kindergarten and serve as a basis for an individualized programme. Observation is the preferred method of collecting data to establish an assessment. The syllabus implies an attitude avoiding classification and the labelling of pre-school children as mentally retarded, autistic or suffering from ADHD, and merely provides lists of behaviours indicating difficulties (Ministry of Education, 1996).
The assessment of children with LD should be psychological and educational (didactic). The aim of the psychological assessment is to describe psychological processes underlying the problem of underachievement owing to LD, usually using IQ tests in order to establish the discrepancy criteria. The goals of the educational assessment are to provide an elaborated description of the child’s achievements in areas such as reading, writing and arithmetic, to describe the child's functioning during the learning process, to find out the effect of the child’s weaknesses on other areas of functioning, and to suggest ways of coping (Margolis & Keogh, 1996; Spector, 1994).

The assessment of a child demonstrating difficulties should be carried out by a multidisciplinary team. This is one of the policy statements in the Israeli syllabus (Ministry of Education, 1996). The regular pre-school teacher should be part of such a team. The preferred model for such teamwork is the multidisciplinary model: A team discussion of observations and sharing of perspectives allows for a more complete portrait of the child’s strengths and difficulties (Wilson, 1998). This model is not common; a child is often examined separately by several professionals, then they all state their opinion or diagnosis, but no one portrays the whole child (Meisels, 2000.) “The elevator theory” metaphor describes a reality where the diagnosis of a child is determined by the floor on which a child descends in the assessment clinic. If the child meets the speech/language therapist, he/she will be diagnosed as having a “language disorder”, but if he/she meets the neurologist the diagnosis will specify ADHD, and so on (Freedman, 1995; Salisbury & Smith, 1993).

Two main risks exist in pre-school assessment: identifying a child as having difficulties when he/she has none (false positive), and not identifying the difficulties when they exist (false negative). The risk of a false positive identification is labelling, and of a false negative one is preventing intervention. The risk of labelling stems from the need to use labels in order to establish eligibility for certain intervention programmes or special education services. Because of inaccurate assessment, subjectivity and problems of reliability, risks of false labelling in early childhood is greater, and the longer children live with the label, the more difficult it may become to discard it (Katz, 1997). Another risk stems from the fact that labels merely represent the current situation, and our
knowledge of child development reveals that it may change rapidly (Wilson, 1998).

Any labelling not only when it is false, underestimates children's strengths and coping abilities. Defining children by their deficits and not their strengths makes what they can't do more important than what they can do. Labelling is then used also as an explanation for the child's failure and for lowering expectations (Freedman, 1995).

Social validity of the assessment may be a way to avoid the risks of labelling. Social validity refers to the acceptability of the assessment procedures and methods employed, the importance of data derived, and the validation of the results by consumers (Begnato and Neisworth, 1994; Myers & McBride, 1996). Social validity of assessment has significant implications for the classification of children: Research shows that African-American children are more likely to be classified as "mildly retarded" than "learning disabled", and for white children the opposite is true (Andrews, Wisniews and Mullick, 1997). The over-representation of students from low income classes, minorities and immigrants in special education classes is due in part to biases in the assessment process (Darling-Hammond, 1995). Thus social validity may also relate to the issue of multicultural assessment of young children, since parents may explain a child's behaviour in terms of socio-cultural folk beliefs, family traits, or as something temporary (Valvida, 1999).

As one of the purposes of pre-school assessment is to identify children at risk of LD and speculate whether they will have learning difficulties, since formal instruction has not yet been introduced, some risks of prediction should be taken into account: Traditionally, early childhood assessment was directed at determining whether early childhood behaviour could predict later child performance (Meisels & Atkins-Barnett, 2000), but the notion of testing current functioning as a predictor is narrow, because the functioning of the child changes rapidly and there is evidence of discontinuity between specific infant measures and general mental tests, administered later in early childhood (Cardon & Fulkner, 1991). Moreover, it was found that indirect assessment of environmental factors such as socio-economic status, maternal education, history of learning and problems in the family, have much higher correlation with school achievement
than variables defined as biological or medical (Fowler & Cross, 1986). The validity of assessments, the risks and avoiding them are related to assessment methods.

5.3 Traditional and alternative assessment paradigms

Procedures and tools of assessment are determined by the paradigms adhered to. The psycho-medical model, based on positivistic paradigms, usually leads to the use of neurological-psychological testing. Most psychologists use tests, in particular IQ tests, reflecting this position. Indeed, early childhood assessment was at first an extension of conventional (traditional) standardized testing, but its inappropriateness for young children changed this approach. The changes in early childhood assessment were in line with those made in the 1990s, from assessment according to the traditional quantitative approach to qualitative assessment, also called alternative assessment - from a psychometric paradigm to more contextual-constructivist paradigms (Birenbaum, 1997).

The psychometric paradigm stems from a positivist view, giving a universal meaning to achievement, i.e. that a score has the same meaning for every child. It also separates goals from means of achieving them. Tests are means to the classification of children, but do not contribute to the planning of instruction or intervention programmes (Birenbaum, 1997). Knowing a child’s IQ score or numerical grade in a reading or math test does not contribute to building a reading or math instruction programme for this child.

Alternative assessment methods, such as portfolios, performance tasks, work samples, observations and interviews, theoretically grounded in constructivist theory, are thought to be more appropriate for pre-school children (Meisels, 1995; Meltzer & Reid, 1994). The contextual or constructivist paradigm maintains that there should be no separation in educational assessment between aims and means, and assessment should be part of instructional planning. Affective aspects (i.e. motivation, perseverance and willpower) are perceived as components of cognitive skills and should figure in any assessment process. Assessment should be in the hands of teachers, learners and the community, not the role of
external educational authorities (Birenbaum, 1997). The constructivist type of assessment attempts to determine what students can do or can do with help, to identify the needs of the student in cognition, affect, socialization, learning and behaviour. It is made across multiple contents, and uses assessment methods that provide a balanced understanding of the process each student undergoes in relation to the changing demands of the curriculum.

The reasons for the remarkable support for alternative assessment are as follows: dissatisfaction with the existing psychometric models, concerns about the negative impact of the use of standardized tests, and the belief that a constructivist model of learning should lead to the same model of assessment. Another source of support for alternative assessment is the belief that the primary purpose of schools is the promotion of social justice, and this cannot be achieved by means of standardized methods (Cunningham, 1998). However, although traditional and alternative assessments are based on two distinctive approaches, one should warn against an “either-or” mentality and use multiple indicators of a child’s learning process and methods most appropriate for each specific purpose (Sanders & Horn, 1995).

A major controversy between the supporters of the two assessment methods relates to the role of testing in assessment. Among professionals, especially psychologists, testing is still the preferred mode of assessment. They use structured, standardized formats with emphasis on quantitative rather than qualitative approaches (Smith et al., 1992; Canter, 1997), even though 43% of school psychologists found intelligence tests to be useless in the assessment of pre-school children (Bagnato & Neisworth, 1994).

Standardized tests are still most commonly used, because they represent “truth” for a large constituency, and appear to reflect values of efficiency and equality of opportunity, and show standards visibly, and serve as an indicator for policy-makers as to how well an educational programme is functioning (Goodwin & Goodwin, 1993). However, pre-school teachers should be aware of the potential risk in assessment practices, such as possible misinterpretation and misuse when referring a child to psychologists, speech therapists or neurologists (Breadkamp,
1992; McConnell, 2000), and understand the reluctance and resistance to testing young children.

Criticism of testing in early childhood is reinforced when we consider a pre-school child's characteristics, tester and test characteristics, and the test situation: Young children are poor test takers (Katz, 1997). Standardized tests run counter typical children's behaviours: such as distractibility, impulsiveness, lack of interest in test tasks, resistance, non-compliance, frustration with test tasks. Children become confused by being asked questions to which they think the tester already knows the answers (Sattler, 1992; Wilson, 1998). The tester is a stranger and children are more sensitive to testers' personality, their behaviour before and during diagnosis (smiles, nodding and remarks such as "good", "O.K." are meaningful to them). Research showed that previous acquaintance with the tester produced higher results, and a session of bonding is greatly recommended when testing young children; however, it makes diagnostic assessment even more expensive (Farmer-Dougan and Kassuba, 1999). The unfamiliar environment of test-taking may increase anxiety (Goodwin and Goodwin, 1993).

The nature of the tests themselves is problematic for young children. Most tests have an abstract content, verbally mediated and biased against children unfamiliar with test-like activities. It means, therefore, that little can be learned from the results (Meisels, 1995). Standardized procedures present problems for the handicapped child, impeding test performance, even if the area examined is not related to the handicap. For example, phonological problems may affect the IQ scores of a child with ADHD (Vacc & Ritter, 1995). Standardized measures fail to see the child in a holistic manner and focus on deficits and on measuring the acquisition of simple facts, low level skills, memorization; this runs counter the basic understanding of the nature of children's learning and the kindergarten curriculum (Linder, 1994).

Tests are also problematic because of the issue of test bias - "the differential validity of a given interpretation of a test score for any definable, relevant subgroup of test takers" (Cole & Mos, 1989, p.205). Concerns have centred on the tendency of tests to penalize owing to language, cultural, ethnic and gender bias, socio-economic status and age
The relationship between testing and assessment may be described in the following way: "Testing can be assessment but it need not to be, and assessment can include testing but it need not" (McConell, 2000, p.44).

The flaws and limitations of testing young children have led policy-makers and educators to favour alternative methods (Alfonso et al., 2000), since they have more merits than flaws. The assessment of pre-school children by their teachers is more appropriate for them: not assessment of the child in isolation, by a stranger, but in his/her natural environment at home or in the kindergarten; not in a formal and unfamiliar setting, but rather in a natural setting, familiar, non-threatening, least intrusive and more interesting to the child; not by means of a special procedure, but as an everyday experience, enabling children to show what they know (Meisels, 2000). These methods avoid labelling children, assessing them in terms of deficits, and classifying them according to various categories of disability. Instead they enable teachers to formulate a hypothesis in order to decide on possible intervention, and to make assessment and intervention an integral part of the instructional plan (Meisels, 1996; Goodwin & Goodwin, 1993).

5.4 Eco-behavioural assessment

Eco-behavioural assessment attempts to avoid flaws of inappropriate procedures in assessing young children. Whereas psychological assessment is context-free and tends to perceive the child as having a disability that crosses situations, the eco-behavioural assessment is more context-bound, with broader reference to different situations in which the child learns, displays motivation, succeeds or fails; it is more intervention-oriented (Mehan, 1996).

Eco-behavioural assessment is compatible with the ecological system model of LD. It leads to a more comprehensive assessment strategy and that also considers environmental factors affecting the assessment. It assesses environment-behaviour interactions and ecological contexts of student behaviour (Greenwood et al., 1990). Ecological assessment involves directly observing and assessing the child in the many environments in which he/she operates. The purpose of such assessment is to investigate how the different environments and his/her school
performance are interrelated. It aims to explore when and where difficulties and strengths are manifested, differences in functioning in different environments and when engaged in a variety of activities, in order to plan a change.

Eco-behavioural assessment is an observational method of research, aimed at assessing interactions between the environment and behaviour, and the ecological contexts within which the pupil’s behaviour occurs. It is a systematic approach to the collection of environmental and behavioural data about children’s learning experiences. This assessment enables us to examine the implementation of methods of teaching in relation to a child’s performance. It also enables us to analyze the child’s behaviour in specific environmental contexts and reveal concurrent and sequential interrelationships between the child and his/her environment and assess the strengths and weaknesses of various learning environments. While the traditional methods of assessing achievements only measure the pupils’ abilities and performance, eco-behavioural assessment presumes that their achievements are at least partially determined by the way they interact with their environment and the people in it, and enables us to identify environmental factors, facilitating or reducing the occurrence of specific behaviours, and to provide information making it possible to change methods of teaching and to examine ways in which children can be included in inclusive classes (Grrenwood et al., 1990; Woolsey, Harrison & Gardner, 2004).

Since eco-behavioural assessment enables us to observe the child’s performance in various environments, it expands the assessment of the child with learning disabilities, relating not only to his personal characteristics and the difficulties stemming from internal factors, as do the traditional methods of assessment, but encompassing the various ecological contexts, related to learning disabilities (see chapter 4). Thus it obviates the dichotomous approach to learning disabilities and makes it possible to assess the child’s difficulties and capabilities in relation to learning activities in various environments, and has direct bearing on the creation of an individual curriculum for the child experiencing difficulties in the classroom. This method of assessment also makes it possible to avoid the ‘either – or’ approach in the assessment of achievements and of development (Sanders & Horn, 1995).

Since this method is comprehensive, it can be used by people favouring the
constructivist approach, as well as those adhering to the positivist approach. We may therefore perceive the eco-behavioural assessment as congruent with functional behaviour analysis, based on behaviourist theory, positivist in its philosophical worldview.

The eco-behavioural approach was chosen for this study mainly because it is congruent with the conceptual framework of ecological system theory. Using it in observations of children within various learning environments and activities made it possible to assess their behaviour and interactions with their immediate environment in the kindergarten, as observed by the teacher in various situations, involving other children and also the adults. This method of using observation as the main tool of research obviates the use of testing and makes it possible to examine the child’s difficulties and capabilities in various contexts within the kindergarten, not only as stemming from his/her internal difficulties.

Eco-behavioural assessment gives a more contextualized description of the processes of development, taking into account the circumstances of the child’s behaviour (McConell, 2000). In a study of pre-school inclusion it was used to report on children with and without disabilities. Three hours of observational information per child of 112 pre-schoolers provided a description of the nature of the pre-school children’s experiences in inclusive pre-school programmes (Brown 1999).

Several assessment procedures are based on eco-behavioural assessment principles, for instance procedures analysing functional behaviour. These assessment procedures formulate a hypothesis about controlling variables that maintain a behaviour, and then manipulate them in order to improve a problem behaviour (Cone, 1997). Observation used as a procedure furthering functional analysis was found useful in assessing pre-school children at risk of ADHD (Boyajian et al., 2001).

Establishing peer micro-norms may also be considered an eco-behavioural assessment. It refers to observations used to determine developmental delays by establishing local or classroom norms of pre-school children’s behaviour. It bypasses the flaws of norm-referenced tests by comparing the targeted child’s
behaviour with peer performance, by structuring naturally occurring observations by teachers to determine discrepancies in the skills or behaviour of the child (Bell, 1999).

Play is a prominent activity of pre-school children, so play-based assessment is naturally considered of the eco-behavioural type. The importance of play-based assessment is evident, since it provides insights into various domains of development (Segal and Webber, 1996). Research has established a relationship between play and the level of a child's cognitive and social development, so descriptions of a child's behaviour during play may provide reliable and valid assessment of social and cognitive development. A study examined the relationship between play-based assessment and standardized assessments: 42 pre-school children aged 3 to 5 were given cognitive ability tests, teacher ratings of their social skills were taken and they were observed during free play. When operationally defined observation methods were used, play behaviours predicted scores on ability tests and teacher ratings of social skills. The level of play exhibited was helpful in identifying children with developmental deficits (Farmer-Dougan & Kaszula, 1999; Saracho, 1995). Play provides a chance to observe the child's symbolic functioning, expression of ideas and responses to others in natural contexts (Wieder, 1996). When comparing a trans-disciplinary play assessment model with a multidisciplinary standardized test model, social validity of the former was found in the ratings of parents and staff members. Efficient use of assessment time and high congruence with developmental ratings were also found (Myers & McBride, 1996). Eco-behavioural assessment and identification carried out by educators, familiar with the child’s background, using systematic observations of child, sampling different kinds of behaviours in an ongoing process, is more socially valid.

The main tool used for collecting data in eco-behavioural assessment is observation of the child in natural settings. It may be viewed as the most useful method of collecting data; the best way to get to know a child is to observe him/her. Observing the child and documenting the activities in which he/she engages on a daily basis, is an alternative method of testing pre-school children. It avoids the flaws of testing and enables teachers to acquire the ability to judge how best to help the children, based on the teachers' perceptions of the children in
actual classroom situations (Meisels, 1995). Observing the child enables the
teacher to address all aspects of child development, it is conducted in an non-
intrusive way, in natural settings familiar to the child and teacher, and therefore
also more meaningful, enabling the teacher to explore not only the child's
weaknesses but also the strengths (Wilson, 1998). Observations may be carried out
by the kindergarten teacher or any member of the interdisciplinary team. It is the
main assessment tool suggested in the Israeli syllabus (Ministry of Education,
1996).

Observations may be passive or active. During passive observation, the
observer records the spontaneous behaviour of the child, assessing his/her style of
activity, how the child solves problems, interacts with children and adults, obeys
rules or verbalizes thoughts and feelings. During active observation the adult is
involved in the child's activity and assesses his/her responses to the adult's
requests or instructions. Such unstructured observations in natural settings may
yield reliable impressions of the spontaneous behaviour of the child. They may
provide a basis for reports including teachers' reflections and comments about the
child's development (Meisels, 1995).

Structured observations may take two main forms: 1. Direct observation-
defining objectively a target behaviour, observing and rating it, documenting in
what circumstances it occurs, how frequently, for how long. Observation is a
common technique in functional analysis assessment 2. Indirect observation—
when checklists or questionnaires are filled out by the teacher. Usually these are
lists of behaviours on which the teacher rates the child. Checklists assist teachers
in observing and documenting. They may cover personal and social development,
language and literacy, mathematical thinking, scientific thinking, fine and motor
skills. The best known to Israeli pre-school teachers is "The questionnaire for
referring children with special needs", a questionnaire every pre-school teacher has
to fill when referring a child to psychological assessment. (See appendix 2) Other
checklists in use are the Conners' scale, used by paediatricians and neurologists,
enabling teachers to rate children at risk of ADHD; also the Achenbacher Pre-
school Behaviour Checklist (PBCL) (Palmer, 2001). Their merits are in yielding
reliable information, but they also have flaws, such as difficulty in analyzing and
interpreting the data.
5.5 Summary

Appropriate procedures of assessing pre-school children are crucial for the collection of data on risk factors and special educational needs. The review presented in this chapter leads to the conclusion that eco-behavioural assessment, conducted in the child's natural setting by persons familiar with the child, observing him/her in activities familiar to the child, is the most appropriate. It is also compatible with ecological theories that view LD as a multi-dimensional phenomenon, and eco-behavioural assessment makes it possible to encompass its complexity.
Chapter 6
Research Methodology

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6.2 Research questions
6.3 Rationale for qualitative research
6.4 Research Design - Action Research
6.5 Role of researcher
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6.8 Sample - participants
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6.1 Introduction
This chapter contains a discussion and analysis of the methodology and research design, considered appropriate for this study, i.e. action research, using qualitative tools. The answers to the research questions were obtained in the process of an investigation of issues related to the identification and assessment of children at risk of learning disabilities, involving nine Israeli pre-school teachers.

The appropriateness of the methodology is of utmost importance to ensure that the outcome of the research may be considered reliable. After presenting the research questions (section 2), I shall discuss (in section 3) the two main research paradigms - positivist and constructivist-interpretative - and show how the quantitative and qualitative research methodologies are related to them; then I shall explain the reasons for foregoing quantitative research in favour of a qualitative
research methodology. The main reason for choosing a qualitative approach is its congruence with the constructivist-interpretative paradigm, providing a better understanding of the issues of early identification, as perceived and experienced by pre-school teachers. In the next section (section 4) I explain the rationale for choosing the action research design to explore the questions, and possibly to change/modify the pre-school teachers' approach and also mine. Action research enabled me to reflect on my work both as a school psychologist and a teacher educator. It also led me to consider my new role of researcher (section 5), including issues related to ethics (section 6).

The following sections discuss the issues of reliability and validity in this study (in section 7), sampling, providing information about the participants (in section 8), data collection (section 9) and procedures (section 10). In the following section (11) I describe and discuss the data analysis. The last section (12) presents my conclusions about the appropriateness of the above methodology for the exploration of the research questions.

6.2 Research questions

Research on learning disabilities and its causes, based on the ecological approach, points to the importance of eco-behavioural assessment: Pre-school settings provide the natural environment, in which pre-school teachers are able to observe children with SEN in various everyday situations and assess them, yielding the initial research question. This question emerged from my dissatisfaction with my practices as psychologist and teacher educator with regard to pre-school identification and assessment of children at risk of LD. First I identified the phenomenon to explore (Strauss and Corbin, 1990), enabling me to formulate the initial underlying question: Could observations by regular pre-school teachers of everyday activities of pre-school children be used to identify and assess children at risk of LD? From this initial question, additional questions were developed in the course of the research. When presenting the questions, I point out the chapters where they will be answered. The following table deals with the basic questions asked, with some of the sub-topics mentioned in note form:

The purpose of the study: To explore the value of pre-school teachers' observations aimed at identifying and assessing children at risk of LD.
Table 1: Research questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Chapter</th>
</tr>
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<tbody>
<tr>
<td>1. Which children were identified at risk of LD and during which activities? (Criteria for concern, typology)</td>
<td>Chapter 7</td>
</tr>
<tr>
<td>2. What type of regular pre-school teachers' professional knowledge (academic and practical) related to SEN and LD was revealed in the process and how did it affect attitudes and perceptions? (Knowledge about SEN, LD, inclusion, assessment versus intuitive knowledge)</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>3. What are the working conditions of Israeli pre-school teachers and how do they affect their ability to identify and assess children at risk of LD and cope with them in the integrated classroom? (reactive versus preventive modes of coping, conflicting roles)</td>
<td>Chapter 9</td>
</tr>
<tr>
<td>4. How does the professional self-image of regular pre-school teachers affect their coping behaviours? (isolation; labelling and exclusion)</td>
<td>Chapter 10</td>
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</table>

As can be seen from the above table, the questions were formulated in the course of the observations and interviews, as specific problems were highlighted.

6.3 Rationale for qualitative research

This section surveys the main methodological approaches, and explains the rationale for the choice of qualitative research, nested in the constructivist-interpretative paradigm, as the appropriate path towards obtaining the answers to my research questions.

A paradigm is "a net that contains the researcher's epistemological, ontological and methodological premises, set of beliefs and agreements about how problems should be understood" (Denzin & Lincoln, 2000, p.19). A paradigm guides the research of scientific communities and affects their assumptions as to how questions may be raised and how problems should be understood. Scientific research develops by way of a successive transition from one paradigm to another through a process of revolution (Kuhn, 1970). Two main paradigms, the positivist
and constructivist-interpretive paradigms, are at the core of social research, and their merits and flaws, and their ability to contribute to improving teaching and education, have long been the subject of dispute.

The positivist paradigm should be discussed, since it is used in the research of LD within the psycho-medical model (see chapter 4). The term ‘positivism’ was coined by Comte, the French sociologist, who claimed that empirical science is the only source for positivist knowledge about the world. The ontological view (how the world is perceived, what is the nature of reality) of the positivist position perceives the social world as a real objective entity, operating according to laws and patterns. There is an objective truth to be discovered. The epistemology (how we come to know the world) is arrived at by empirical research, as the only source of positivist knowledge about the world; the only possible way of discovering the rules governing human behaviour is by applying methods, used in the natural sciences: objective observations and controlled experiments. According to this view, it should enable us to explain, predict and control social processes. The aim is to verify pre-determined hypotheses and formulate generalizations, while the epistemology leads to quantitative research methodology (Schelski and Arieli, 2000).

The positivist paradigm has been challenged by the constructivist-interpretative paradigm, which is an umbrella term for several types of research methodologies: ethnography, grounded theory, narrative research and case studies. The ontology argues against the reduction of reality to statistical correlations among variables and calls for a more interpretative and naturalistic view of the world. Social reality is perceived as a system of perceptual constructions, created by people as they interact. Social reality is not objective; it is subjective, a construct in people’s minds, and there is not one objective reality, but many subjective realities. Reality is relativistic and no one universal truth exists. Social practices are unique to locations and times. The aim of the researcher is to discover the meaning people give to their actions, rather than finding laws or an objective reality. People are perceived as active beings, who control their worlds according to their perceptions and beliefs. This leads to investigating social phenomena in their natural settings, as people live them, trying to understand people’s points of view and giving them meaning or interpreting them (Schelski & Arieli, 2000).

In the sphere of education, the constructivist paradigm has led to a growing
interest in classroom interaction, teacher-student relationship and the meanings teachers and students ascribe to their actions, in answer to questions such as - What is disruptive behaviour? What is learning? The aim is not the verification of a pre-determined idea, but a process of discovery that might lead to new insights, or an attempt to build a theory through discovering the world as it appears to the participants. The researcher is not detached and his/her viewpoint is not objective, since his/her ideas, beliefs and attitudes are interwoven within the research (Denscombe, 1994; Schleske & Arieli, 2000).

One of points of contention between the paradigms concerns the issue of reification. Reification means relating to hypothetical constructs as if they were real, objective, like physical objects, and not dependent on the human mind or cognition (Scheleski & Arieli, 2000). The positivists deal with measuring variables such as social status or, as in my research, concepts such as intelligence, learning disabilities and teachers’ expectations. Reification perceives social or educational contexts as if they were "real". The constructivist paradigm, on the other hand, tries to de-reify social and educational constructs and tends to focus on observation, interviewing, analyzing personal texts, behaviour and thoughts, thus capturing people’s subjective views of these concepts. In my study, constructs such as intelligence, inclusion and risk factors are not objective and cannot be detached from the researcher’s views and social positions.

The positivist paradigm leads to quantitative research. Quantitative research, based on positivist premises, has been defined as “any kind of research that produces findings arrived at by means of statistical procedures or other means of quantification” (Strauss & Corbin, 1990, p.17). For example, quantitative research tells us “how many or how much”, and is mainly concerned with measuring and quantifying the phenomena investigated. Positivist quantitative research employs the language of objectivity, distance and control, because the researchers believe that these are the keys to conducting authentic social science research (Greenwood & Levin, 2000, p.92). Quantitative research is based on testable and confirmable theories that explain phenomena by showing how they are related to theoretical assumptions, and mainly deals with the testing and verification of pre-determined ideas. It is carefully designed before the actual collection of data begins, and uses structured research tools (tests, questionnaires, structured observations and interviews) to collect data that is analysed by means of
inferential statistics. The reasoning is deductive, moving from the formulation of assumptions to their verification, with the researcher trying to establish causation or correlation among operational variables. (Schelski & Arieli, 2000)

In my study, quantitative research could be used to measure predictive variables of learning disabilities, or pre-school teachers' attitudes towards children at risk of LD. A quantitative research study, for example, might investigate how many people in a specific population have certain characteristics, draw a profile of the group or find the same or different attitudes or forms of behaviour in that population. Such research would call for measuring and quantifying the characteristics of children with special educational needs and their teachers' attitudes. This was not my aim and the focus of my interest.

A great deal of research using quantitative methods has already been done on the issues of special educational needs, in particular on diagnosis and prediction. Correlations between measured intelligence in pre-school and later achievements have been measured; links have been shown to exist between phonological processes and reading; studies have been done on pre-school teachers' predictions and the later achievements of pupils; and teachers' attitudes to inclusion and to the achievement of pupils have been examined. (See chapters 3-4). Quantitative research carried out on these variables is not really educational research but rather psychological research in educational contexts, and it is related to the deficit or medical model.

Research on risk factors using quantitative methods tends to be used to identify the population at risk or to gather information about adults or children at risk. This research methodology, quantifying characteristics of children with SEN, implies that there is something wrong with people identified as "at risk" and it ignores other possible explanations of their difficulties. The use of quantitative methodology to arrive at generalizations about children with learning disabilities might add valuable information, but this may not necessarily be useful to teachers.

Quantifying risk factors and the usefulness of the results for teachers' intervention was contested by Bassey (1995). According to Bassey, "in general, it must be the case that any research investigation which is based on large samples of children, and which detects differences in the average abilities of sub-sets of the whole, is not going to provide useful predictive information for the individual teacher working with similar sub-sets in a class of about 30 children. The value of
such an investigation lies only in drawing attention to the existence of differences in sub-sets of large populations, and thus alerting teachers to the value of personally observing and testing each individual child in order to teach each child effectively” (Bassey, 1995, p.90). Therefore finding correlations between risk-factors for LD and later achievements will not contribute to pre-school teachers’ work, as their own experience is individually structured vis à vis each child with his/her unique special needs.

Special education research has been influenced by theories derived from psychology and biology, and mainly sought effective methods to solve a technical problem, while searching for general rules for teachers to use in their classes, based on generalizations that apply across settings. Quantitative research assumes that educational variables may be defined and applied across different contexts, times and populations (Clarke, Dyson & Milward, 1998). I claim that no generalized rule can be applied and be equally effective in a variety of kindergarten classes.

I acknowledge that a great deal of knowledge was produced by quantitative methods in terms of which variables constitute risk factors in pre-school children, but using this method within the context of an educational-organizational model (Skidmore, 1996) or from a constructivist position is not, in my view, the optimal way of exploring the initial research question. It will not give me answers as to how these risk factors are identified by teachers, what they understand by the concept of a child ‘at-risk’, nor what meanings they give to this concept and why.

Qualitative research methods may yield better answers to my research questions. Qualitative research methodology is related to the interpretative-constructivist paradigm and its aim is to achieve a reconstruction of the reality through an interpretative dialogue with the people involved. Here the researcher seeks to reveal the meaning people attribute to the reality they experience and their point of view, and to understand the experiences they undergo; only then can the results be interpreted effectively, through reflection. The researcher tries to gain an empathetic understanding of social phenomena, by getting to know the people involved in them (Frankfort-Nachmias & Nachmias, 1996).

The process of interpretation takes place on two levels: The first level involves the researcher’s findings about the meaning the subjects attribute to the situation as they explain it to themselves and to the researcher - in this study the
way pre-school teachers perceive the identification and assessment of children at risk of LD. The second level relates to the meanings generated by the researcher as an outsider, when attempting to reveal some typical aspects of what he has observed and heard (Schutz, 1970). I have explored the meaning and implications of including a child at risk for LD in pre-school settings, and the pre-school teachers' role. The process is inductive, unlike the deductive process implied in quantitative methodology. There is no pre-determined hypothesis, and the researcher, who acts as a human instrument for collecting data in the field, formulates hypotheses and postulates theories.

Qualitative research uses a naturalistic approach that seeks to understand a phenomenon in a context-specific setting, rather than measure it (Hoeple, 1997). The main characteristics of this approach are the following: It captures the reality as it is experienced by the respondents; it studies a small number of respondents not chosen by random sampling techniques; the information is presented as a narrative, not in numbers; it aims to understand the individuals' experience (here the pre-school teacher's experiences with the child) and not to measure it; and it employs research procedures that produce descriptive data (Sarantakos, 1998). In this way the qualitative paradigm perceives a social reality as a human product and reflects on the various interpretations, views, and experiences of such a reality, rather than discovering an objective reality that does not exist in this context.

"Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible...it involves an interpretive, naturalistic approach to the world...(to) make sense of, or to interpret phenomena in terms of the meaning people bring to them" (Denzin & Lincoln, 2000, p.3).

The pre-school teachers' early identification of children at risk is considered in this inquiry in their own and the children's natural settings, as a real-life experience that may shed light on their attitudes and conceptions about learning disabilities, SEN and inclusion.

The relevance of qualitative research to educational practice has been debated, and Hargreaves' categories have been used to argue for the relevance of qualitative research in education (Hammersley, 2000). These categories also constitute the basis for my decision to use the method of qualitative research, for
the following reasons: 1. The appreciative capacity – meaning the ability to appreciate, understand and represent points of view that are often obscured or neglected; the exploration of the mental processes of pre-school teachers leading to their identification and subsequent referral of a child to psychologists has rarely been attempted. 2) The designatory capacity – meaning the possibility to describe people’s experience by investigating what they say and do; 3) The reflective capacity - meaning the documentation and exploration of what really happens in the field and not what should be done (setting up a mirror for educators); 4) The immunological capacity – meaning correcting theoretical perspectives. Research that yields prescriptions and best policies fails, because academics know very little about the world of teachers and pupils. Qualitative research may ensure that educators do not attempt ‘grandiose’ innovations, nor overly raise their expectations, nor set their targets too high (Hammersley, 2000, p.399).

For me doing qualitative research meant learning about and understanding what pre-school teachers do when they identify and assess children, and why. Although the teacher sees the child every day in a variety of situations, which potentially makes her a powerful assessor, as a school psychologist I found that kindergarten teachers tend merely to identify the children at risk, raise their concerns with parents and supply professionals with information, if asked to. Rarely did I encounter a pre-school teacher’s own educational assessment.

The appreciative capacity of qualitative research enables the researcher to present the point of view of the kindergarten teacher and explain how she comes to think about a particular child’s difficulties. I found qualitative research methodology appropriate for the investigation of the question how pre-school teachers identify and assess children at risk for learning disabilities. I came to this conclusion because such exploration is not based on any pre-determined assumptions. Thus it offers the opportunity to examine a field rarely studied from the viewpoint of the people with very close relations to the children – their teachers.

Most of the quantitative research presented in the literature review excludes the role of pre-school teachers, especially in the assessment of children at risk for learning disabilities. Such children were tested by other professionals or researchers, and the teacher’s role was limited to filling out rating scales or offering their predictions. However, pre-school teachers witness the children’s
everyday experiences and share the same environment, enabling them to explain the social and educational situation. Therefore exploring the way pre-school teachers observe, identify, assess and express their views (i.e. the meanings they attribute to what they have observed) provides a new perspective. The outcomes of such an inquiry will, hopefully, enable me to understand the following aspects: a) What does assessment a of a child with special educational needs mean; b) Why these children are perceived as being exceptional by their teachers; and c) What aspects are important to the pre schoolteachers and why. As Strauss and Corbin (1990) claim, qualitative methods can be used to better understand a phenomenon about which little is as yet known; and so far, Israeli pre-school teachers have not been the focus of such an inquiry.

This type of research enables me to understand the issue of children at risk of learning disabilities, not as if the ‘risk’ is an objective construct that ‘belongs’ to the child, but in its educational context - how the risk factors and the child's difficulties are perceived and experienced by the people who interact with the child. I believe that a child's difficulties cannot be separated from the way the teachers perceive and evaluate them, from their beliefs about what causes such difficulties, nor from their beliefs and convictions about their ability to include the child in their class. The main concepts figuring in this research, especially the concept of ‘special educational needs’, are not objective facts, and the educational reality of these children also undergoes reconstruction by their teachers and is affected by child-teacher interactions. Thus the use of a qualitative methodology not only enables me to explore the meanings teachers give to these constructs and how this affects their ability to identify, evaluate and perceive the needs of the child, but also to increase their awareness about the place of the child in the kindergarten and the teacher's responsibilities towards him/her.

Qualitative research may also contribute to changing the attitude to children with special educational needs, perceiving them as suffering from a deficit (Anzul & Evans, 2001); it may provide a deeper understanding of pre schoolteachers' perceptions in relation to this issue and, thus enable other teachers to apply the information to their situation.

6.4 Research design - action research
I found that the research design most appropriate for investigating and,
subsequently, planning a change is that of action research. It is a practical expression of the aspiration to change the social or educational world and an opportunity to study the process of changes and consequences of these changes (Kemmis, 1993). This inquiry was designed as action research and aimed at exploring a change in pre-school teachers’ assessment skills and in my own practices as teacher educator and psychologist. It is action research, because it deals with the examination of a problem I had detected in the field in the course of many years of experience both as a psychologist and as a teacher educator, and it is intended to bring about a change and an improvement both in methods of teaching and in my practice as a psychologist in kindergartens. Even if it does not achieve this aim, I hope that, at least, it will expand my understanding of this important problem.

Action research first appeared in the 1940s, when Kurt Lewin, a social psychologist, claimed that it was a way to promote professional development in social situations. Action research was a research design that, aimed to help in the solution of conflicts. In the 1960s and 1970s in England, it was mainly adopted by researchers in the field of education - at first mainly in the context of curricular reform. Stenhouse (1981) claimed that the contribution of social research to teaching practice and the subsequent improvement was minor, and that the optimal way of narrowing the gap between theory and practice was by involving educational staff in the research process. Stenhouse defined action research as a systematic inquiry made public and advanced the idea of teachers carrying out research and using their classrooms as a laboratory; teachers should be recognized as members of the scientific community (Stenhouse, 1981). Another contribution to action research and the professional development and training of teachers was the ‘Ford project’, carried out by Elliot and Adelman. This project also stemmed from the belief that reflective inquiry was an effective tool for the professional development of teachers (Elliot, 1991).

In the 1980s Carr and Kemmis put forward the idea that educational research should be carried out by practitioners, and that research by outsiders should focus only on what they termed ‘friendly criticism’. Changes in educational practices would come only through action research done by practitioners, since academic research results had not succeeded in trickling down into the field (Carr
and Kemmis, 1986).

Action research is a research design or strategy undertaken by a person who normally acts as both researcher and practitioner, who seeks to discover how effective some aspects of his/her experience are and what makes them so (Verna & Mallick, 1999). It is a form of applied research and the researcher is not only involved in the investigation, but is personally interested in the change and its implementation; the knowledge developed should be related to a specific problem (Hacohen & Zimran, 1999). It is carried out by teachers for teachers and targets their reality, usually in response to a particular, practical situation they may be confronting (Elliot, 1991). It is a methodology that bridges the gap between research and teaching practice (Somekh, 1995). It is a process that examines a situation for the purpose of planning, implementing and evaluating change (Garner, 1996).

The main characteristics of action research are the following: Practicability, change, a cyclical process and reflective thinking. Feasibility refers to the notion that action research stems from practical issues and questions arising from everyday experience and practice, and provides an opportunity to learn from this experience (Kemmis, 1993). It is carried out in the working environment by teachers or other practitioners, involved in the social or educational situation that is being investigated. It explores the determinants of the actions, interactions and relationships in unique contexts. The result is 'practical knowledge' and a basis for change (Somekh, 1995). Being practical in nature, action research enables practitioners to advance their knowledge and insight about their work and become producers of knowledge.

The aspect of change is central to action research. Action research aims at making a change in the field that is being investigated. The change concerns the researcher’s own practice and his/her own professional development, and may lead to an improvement of practice. Usually the research carried out will be on a small scale, on a micro level (Denscombe, 1994). My research envisages a change in both my teaching and my psychological practice.

Action research has a cyclical structure, comprising the following stages: problem identification, data collection, data analysis, and recurring steps in successive action research cycles, including planning, acting, observing and reflecting. These steps must not be distinctive, but rather broad stages as part of an
integrated process (Somekh, 1995).

Action research involves reflective thinking, looking back at one's own experience (Borgia & Schuler, 1996), which offers an opportunity for teachers to reflect on their practice, examine it and find solutions to problems they may be facing. Through reflection teachers develop the ability to learn from experience and from the changes that have been made and, so improve their practice (Smith & Hatton, 1995; Zilberstein, 1998). The aim is to use their findings to develop a deeper understanding of the situation - called the practitioner's 'situational understanding' - in order to improve it (Elliot, 1991).

Carr and Kemmis (1987) claim that the understanding of actions is dependent on systematic reflection of an involved researcher. Teachers may reflect on their actions, thinking back on what they have done, in order to discover how knowing “in action” could have contributed to a better outcome (Schon, 1987). Schon (1983) distinguished between 'reflection in action' and 'reflection on action'. In 'reflection in action', the teacher collects data while the activities are going on and can still be changed, and evaluates and examines them to assess any possible changes. In 'reflection on action' the situation is investigated post factum, and an attempt is made to establish what should be changed. Subsequently, future changes are planned.

Action research creates a connection between practice and theory. Understanding the difference between theory and practice, between 'practitioners' and 'researchers', and considering how teachers may benefit from academic research raises the issue of teachers’ 'practical knowledge' (Elliot, 1991). Teachers are not considered experts possessing professional knowledge. They are supposed to have the experience and practical knowledge, while academics have the underlying theoretical knowledge. Every experience adds to the teacher's knowledge, constructed by the teacher on the foundations of his/her professional and personal history and beliefs. It is practical, idiosyncratic, and personal knowledge and is constantly being reconstructed during the practice of teaching. Being based on concrete experience it combines both theory and practice and guides the teachers at work, helping them cope with their tasks (Clandinnin & Connelly, 1995). The practical knowledge of teachers is not acquired in a formal way; it develops through their experience followed by reflection and problem solving, and also includes the meanings teachers ascribe to their teaching.
behaviours, and their interpretation of the world in which they function.

Action research may be carried out according to three basic models or approaches (Zellermayer, 2001), which I shall use in order to analyze my own research procedures:

A. The traditional-technical approach: In the process of improving their practices, teachers tend to depend on an external researcher as facilitator. According to this approach, change is initiated by a researcher who wants to improve a certain practice and guides the teachers as they experiment, applying the recommended method. No pre-determined objectives are laid down, only a general direction, and an attempt is made to show that the change has taken place. Questions about the research are raised by the researcher, who also interprets the findings. The teachers and researchers are partners. In my study, I have mainly applied this approach.

B. The participatory action research approach - also applied in this case; however, to a lesser extent. The participatory approach fosters the practitioners' understanding and professional development, encouraging reflection. From this approach I took the principle of encouraging teachers to reflect on their practice with children with special educational needs, to expose their beliefs and underlying assumptions.

C. The emancipatory-critical approach - the third approach to action research. It emerges from a critical theory to educational or social reality, and the postmodern view that there is a need for change for the sake of social justice and caring in educational systems (Zellermayer, 2001). From this approach I mainly adopted the idea of giving a voice to practitioners since, so far, it has neither been heard nor respected, while their problems in confronting inclusion have been largely ignored. The voice I hope I gave pre-school teachers revealed the great difficulties they face, which must be taken into consideration when dealing with pre-school inclusion.

The description and analysis of action research models has led me to reflect on the motives, reasons and appropriateness of using this research design. Working in the fields of school psychology and teacher education and being familiar with both situations, gives me the opportunity to both bridge the gap between theory and practice and to examine and develop my ideas, stemming from my acquaintance with both sectors. The practical nature of action research has enabled me to tackle the issue from a different point of view than that of the research.
surveyed in the literature review, much of which was carried out from an academic perspective. This determined my choice of procedures, when I considered whether questionnaires and tests should be used to identify the children at risk for learning disabilities. In my review I found very little about the point of view of pre-school teachers, about their evaluations and perceptions concerning how they identify the children, nor about the possible benefits they derived from such studies.

Through both working with pre-school teachers and teaching them I have the impression that academic-theoretical knowledge does not always help them in their everyday practices to identify, evaluate and cope with children who have special educational needs. Teachers' practices with children who have learning difficulties are shaped by the meaning and values they ascribe to them, their personal values, their experience and relationship with parents and their self-esteem. Exploring what underlies this practice was made possible by the research design I chose and has enabled me to investigate the issue within its context.

Reflection is an integral part of this research, on the assumption that knowledge is created within the context of practice and reflects the experience of all the participants in the inquiry (both that of the kindergarten teachers and my own). In addition it gives no priority to my views over theirs on the issue. This has given me the opportunity to reflect on my practice as a school psychologist, on my relationship with pre-school teachers and on how I relate to their identification of children with learning problems. I usually perceived such work only as referrals that leave the role of assessment to me or other professionals. I now ask: What does this practice do to the teacher's status and self-esteem, to their ability to help these children and to their success at including such children within the classroom?

I have decided to use action research, because it enables me to improve my own work, both as a teacher educator and as a psychologist. The aim is not to arrive at generalizations, but to focus on a specific aspect, related to both my roles, and enable me to provide a better service in both spheres.

For me, it is an opportunity to improve the teaching of this subject - preparing teachers to better identify and assess children with special educational needs as part of their role in inclusion. Since one of the main characteristics of action research is to implement new curricula or intervention programmes in order to change and improve practice, this strategy would help me achieve my main goals.
6.5 Role of researcher

My encounters with kindergarten teachers have been in my role as psychologist and also as teacher of pre-service and in-service courses; now I would meet them also as a researcher. When analyzing my role as a researcher, two main issues need to be considered: a) The balance required between the researcher and the focus of the research, as suggested in the following sentence: "Action research is written in the first person" (Elliot 1991, p.87). For me this statement represents a change in my role and a major shift from my academic stance. The place of the self in research is dealt with widely in "How Do I Improve My Practice?" (Whitehead, 1999). It supports a shift in the researcher’s role from a detached point of view, from viewing reality as objectively as possible, to becoming personally involved, to the expression of the researcher’s own ideas and exploitation of his/her own experience. In my case it means helping pre-school teachers learn about assessment and trying to improve our dialogue on this issue, out of a profound awareness of the important role future teachers would play in whether children would be included in their classes or not. The focus of the research is the pre-school teacher and the assessment of the child with special educational needs and I shall make an effort to interpret the data collected and to understand the meaning teachers ascribe to them. It should not be forgotten that I am not a kindergarten teacher, that this inquiry is written from a school psychologist’s and a teacher educator’s perspective, and the knowledge produced is related to my background.

A second distinction needs to be made between the ‘outside researcher’ and the ‘inside researcher’ in action research. The ‘outside researcher’ is usually an expert in methodology or subject matter, while the ‘inside researcher’ is the practitioner who works in the field and is familiar with it. Establishing a collaborative relationship between researcher and teachers will bring about a change only if the researcher helps the teachers become aware of their ability and discover how ethnographic research (where teachers take part in collecting and analyzing data) enables them to evaluate and shape their views about learning and teaching (Kosmidou & Usher, 1991).

In this research I see myself as a practitioner who wishes to investigate a possible change, initiating the research and directing the research process; however, I am also the ‘outside expert’ and play the role of facilitator to the pre-
school teachers whom I perceive as co-researchers. As an outside researcher I also have a double role to play (Kemmis & McTaggart, 2000), being both the teacher who teaches them the subject and also the researcher who assesses the change in their observation and assessment skills, and explores the ways they perceive children at risk of learning disabilities. As in most action research when practitioners have a high degree of ownership of the initiative (obvious in this case, since this is my PhD research project), I see the need to make sure that the problem is relevant and meaningful to the participants in the research. By offering the teachers the opportunity to study this issue in a practical and meaningful way, using their own experience and in their own familiar environment, I make it an experience relevant for them.

In this study I cooperated only with a group of my students. Owing to the way the teaching is organized at the college, with each teacher teaching his/her subject separately, I was unable to involve a team of teachers, apart from informal talks on various topics with other lecturers, according to their particular expertise. Systematic cooperation with a critical colleague took place mainly at the stage of the interpretation of the findings, as described in section 6.7. The lack of teamwork by a supportive multi-professional team that would assist the kindergarten teachers in the inclusion of children with special needs was explained in the chapters describing the results of the research. Indeed, the absence of such a team is one of the variables related to the findings of this study. Thus we may say that this research was mainly my own, carried out with the cooperation of the kindergarten teachers, but the role of the participants was significant and will be discussed in the next section.

6.6 Ethical issues
In qualitative research, the ethical issues are related to the principles and obligations directing and characterizing the researcher's desirable behaviour. The crucial aspect concerns the protection of the rights of those participating in the research and in particular their consent to do so. Since this research was perceived as the outcome of negotiations between the researcher and the participants, the nature of the interactions between them was unusual. There was less distance in the relations between the researcher and the participants; they were closer and more open, based on trust, mutual respect and cooperation.
Obtaining consent from the participants is essential in any qualitative research, and I was fully aware of this ethical issue. In fact, the participants were viewed as my partners. First I received the consent of the chairperson of the committee in charge of research projects at the college, namely that the kindergarten teachers' participation in the research would be recognized as the fulfillment of a task related to the course. During the preliminary discussion in the group, I told the kindergarten teachers that the task was part of a research study we would subsequently discuss in detail. During the following discussion I explained the essence of the study, its aims and what it involved during the course of the year. I described what they would be asked to do, and clarified that their participation would be recognized as the fulfillment of one of the requirements of the course "Special Education in Pre-school", which is a seminar course. Such courses require the students to carry out empirical research, and thus I enabled them to fulfill this requirement with maximum guidance, much to their satisfaction.

During the course of the year, after the requirements had become clear, and in particular the need to invest a great deal of time in writing up the observations, we had many discussions, in which the kindergarten teachers brought up the difficulties they encountered. I admit that I had not been aware of the burden they felt it to be, and in itself it became one of the important findings of the study, with implications for its results and significance. From the ethical point of view it is clear to me, that had I been aware that their participation would cause them difficulties, I would have considered some possible ways of lightening their burden during the collection of the data. Tzabar (1990) relates to this issue and maintains that the researcher is not always able to provide the participants with a detailed account of the course of the research, since not all the procedures can be anticipated, and thus the full significance of their consent is not always clear. Indeed, some of the kindergarten teachers may not have participated, had they been fully aware what was involved, and I may have acted differently; this was indeed an ethical issue, besides constituting an important variable in the work of kindergarten teachers, with implications for this study.

The preservation of anonymity and privacy is another important ethical issue. The right to privacy mainly involves the preservation of the participants' anonymity. This does impinge to some extent on the possibility to provide 'a rich
description' of the kindergarten teachers involved, since, apart from the
indispensable relevant details, such as years of teaching experience and the
number of children in the kindergarten, all other details were confidential. The
protection of all the written and recorded material provided by the teachers was
also ensured. The protection of the anonymity of the teachers further ensured that
of the children identified by them; only their gender and age being mentioned.

Mutuality and sharing are among the ethical guidelines for qualitative
research. Thus the respondents are, in fact, participants or partners. The sharing, in
this case, is between the kindergarten teachers bringing the knowledge from the
field, and myself, the researcher with the theoretical knowledge, the person
capable of integrating the knowledge from the field into a new theoretical
structure. Sharing the knowledge also raises the issue of its ownership during
publication. How far do the data and their interpretation also belong to the
participants in the research, or do they belong only to the researcher, responsible
for their publication? In my study this issue is somewhat problematic, owing to
what may be termed 'power relations', since I am both the psychologist with
academic knowledge and the teacher teaching the subject, as well as the researcher
studying it.

The distinction between my two practices has been sharpened in this inquiry
and has also sharpened the dilemma of whether I am their teacher or professional
colleague. Power relations are part of this dilemma, relations on an equal plane
being quite difficult to establish, as I am both their teacher in college and a
professional psychologist, which is usually perceived as more prestigious.

Since this was my first attempt at action research, I often asked myself,
especially during the initial period of inquiry, how far the kindergarten teachers
were influenced by my opinions and by the knowledge I brought to our encounter.
Clearly, it was difficult to achieve relations of equality during this research. I, the
teacher and the psychologist, was perceived as having the “important” knowledge,
therefore their opinions were undoubtedly affected by it during our discussions.

When should I be an outside researcher, making an effort not to affect the
results, yet proceeding with the inquiry? I soon realized, however, that I wanted to
exert an influence and bring about a change in both my practice as school
psychologist and as teacher educator.
6.7 Validity and reliability or trustworthiness?

What is the meaning of reliability and validity in qualitative research? What is it in action research? Internal and external validity, reliability and objectivity are the main criteria used in evaluating a quantitative research study related to the positivist paradigm. In the interpretative-constructivist paradigm the aim is to provide the reader with a rich interpretation of the phenomena and to establish trustworthiness, while being convincing. The question of trustworthiness essentially deals with the extent to which others can have confidence in the outcomes of the study and believe in the researcher's report (Denscombe, 1994).

Since qualitative research cannot be examined statistically, its trustworthiness is determined by its credibility, transferability, dependability and the likelihood it will be confirmed by replication (Lincoln & Guba, 1985). In qualitative research credibility replaces internal validity, transferability stands for external validity or generalization, dependability replaces reliability, and the likelihood it can be confirmed by replication relates to objectivity (Shkedi, 2003). These criteria can be adhered to by providing a wealth of information collected and analysed, and when the conclusions drawn are supported from multiple sources of data and make sense. The data in this inquiry were collected by using several sources of data collection: focus groups, open questionnaires, individual interviews and written reports by pre-school teachers on their observation and assessment of children.

Trustworthiness is largely dependent on the researcher's ability to convince the readers. The credibility of qualitative research, the equivalent of internal validity, may be increased by providing detailed information about the purposes and questions raised by the research, the sampling, tools of data collection and data analysis procedures, by the reliability of the data collected, and the support for the findings provided by research literature. Giving the reader a reflective-critical description, analysing one's own impact on the other participants, also contribute to the trustworthiness of the research.

Transferability relates to the extent the readers' judgement about the findings is consistent with their own experience. The readers of the research should acknowledge the possibility that the findings might be relevant to their own experience. This criterion relates to the question of external validity or
generalizability of quantitative research (Shkedi, 2003). In quantitative research, the aim of ensuring reliability and validity is to enable to arrive at a reasonable generalization. This is particularly the aim of external validity, which is the applicability of the constructs and hypothesis to other circumstances (Hacohen, 1999). The outcomes of this research may be transferable to other situations, owing to the presumed similarity in the experience of pre-school teachers generally to that of the participants in this study.

Satisfactory quantitative research should be generalizable. The aim of a qualitative research study such as mine is not the verification of a hypothesis and the formulation of generalizations, but rather the establishment of assumptions that emerge from the experience the teachers and I have had with children with special educational needs. The aim is not generalization, but the establishment of a working hypothesis. The issue of generalization in action research is even more complex, since action research is usually carried out on a small scale (Denscombe, 1994). However, it is claimed that exploring a unique case and arriving at an in-depth understanding of its uniqueness may also lead to generalization; it is the readers who will determine which aspects may be generalized to new situations (Shkedi, 2003).

Dependability is not achieved via the possibility to replicate the inquiry with similar results, as in quantitative research. It is achieved by an elaborate description of research procedures and of the researcher’s decisions during the inquiry, in order to enable the reader to judge the quality of the research, the reasonableness of the researcher’s thinking and activities (Shkedi, 2003).

Eisner (1991) uses the term ‘instrumental utility’, referring to the extent the inquiry is useful in leading to the understanding of a situation that would otherwise be enigmatic or confusing. Objectivity, one of the criteria for reliable research in the positivist paradigm, is not required in action research, and the researchers should provide their interpretations of the situations and clarify them to the readers (Eisner, 1991).

Criteria for quality action research were proposed by Elliot (1995):
1. Teachers use the research to initiate actions and explore new practices, which they consider appropriate for the achievement of their objectives. The research and its products enable them to reconstruct their theories and act according to them in future. 2. Action research has a pedagogical objective and participants should be
committed to its implementation. It focuses on a change in the field. 3. The researcher collects data and evidence to show how well matched the field and the objectives are.

Validity was obtained in this study by means of a large number of observations, recorded by various kindergarten teachers in the course of a variety of situations and activities; thus it was possible to pinpoint recurring patterns. Moreover, as one of the stages of the research, a discussion was held dealing with the way the observations should be recorded, highlighting the need and the means of maintaining maximum objectivity in describing a child’s behaviour. The teachers participating in the course discussed and analyzed examples and rewrote them, when necessary.

Reliability of the findings was obtained by means of a detailed description of the process (see 6.9) and the number of different research instruments implemented, such as a focus group, semi-structured questionnaires, individual interviews with the kindergarten teachers and their written reports.

The detailed discussion of my tripartite role as teacher, psychologist and researcher and of the dilemmas and problems I encountered also contributed to the reliability of the study. Moreover, in the analysis of the results, internal validity was ensured through the involvement of another college lecturer, a pedagogical supervisor in the department of special education, who served as a critical partner in the analysis of the data. She is a lecturer in special education at the college, for many years she was a teacher and consultant in special education classes and schools, and during the last ten years she has been working as a pedagogical guide of special education student teachers. After the data had started to accumulate, I gave her the material, and after she had read it we compared the issues we had identified.

Her cooperation in the building up of the categories reinforced both the reliability and the validity of the study. As mentioned above, while in a qualitative study the findings may only be considered valid for the participants of the particular study (Hutchinson, 1988), I hope that my theoretical hypotheses to be presented later will identify educational processes occurring in other Israeli kindergartens as well.
In the process of building the categories and connecting them in order to build up 'the story' of identifying labeling, the director of the Department of Teacher Education also took part. She has specialized in early childhood and she also served as a critical partner, in particular in the process of ascribing significance to the findings gathered.

Before handing in this study for approval by the university, I presented it before two forums: the first time in May 2004 at a conference focusing on research, of the teachers of the college where it was carried out; the second time in December 2004 before twelve coordinators of special education teacher training at Israeli institutions. My impressions of the reactions by the audience suggested that they perceived the research as authentic and relevant to pre-school teacher training with which they are concerned, and in particular with regard to the implications of the lack of teamwork for the teachers' difficulties in coping with these children.

6.8 Sample - participants

The participants in this study were nine in-service pre-school teachers, taking a B. Ed course at a teachers' college in northern Israel. All of them were certified pre-school teachers.

I should clarify this point: In Israel until a decade ago, pre-primary and primary teacher education programmes lasted three years and on completion the teachers received accreditation. Currently teachers are studying in a four-year programme and receive a B. Ed degree. In-service teachers are offered a programme enabling them to complete B. Ed studies. Thus all the participants in this research were already experienced in service pre-school teachers. All these pre-school teachers were working in regular kindergartens and chose to study the course dealing with issues of early childhood special education.

The group of participants is compatible with the sampling principles of qualitative research. Sampling in qualitative research is purposeful, and uses people who are information-rich cases and can be studied in-depth. The maximum variation sampling strategy was used in this inquiry. It aims at capturing and describing the central themes or main outcomes that cut across most of the participants. For small samples a great deal of heterogeneity can be a problem, because individual cases are so different from each other. The maximum variation sampling strategy turns an apparent weakness into a strength by applying the
following logic: "Any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared aspects or impacts of a program" (Patton, 1990, p.172).

Although this is a small sample, there is a great deal of heterogeneity in the group in terms of nationality, age, experience and the ages of the children in the class. In Israel ethnic background also determines whether the language spoken in class is Arabic or Hebrew, since Israeli-Jewish children study in Hebrew, while Israeli-Arab children study in Arabic as their first language. Although no deliberate effort was made to create a representative sample, the multicultural nature of the student population at the teachers' college, the B.Ed programme that includes also both experienced and inexperienced teachers coming to complete their B.Ed studies, created a group of pre-school teachers that may be representative of the Israeli pre-school teacher population. The heterogeneity of the sample of pre-school teachers is evident in the following short description of each of the participants in the study:

1) Beena lives in a northern town; she has 16 years of experience as a pre-school teacher. She is Jewish and works in a Hebrew-speaking compulsory kindergarten with 35 children aged 5-6.
2) Souhair lives in a little Arab town in northern Israel. She is a Christian Arab, teaching in an Arabic-speaking kindergarten. In her kindergarten there were 35 children aged 3-4.
3) Dalit is a pre-school teacher living in a small town south of Haifa. She is a Hebrew-speaking teacher with 16 years of experience, working in a compulsory kindergarten (5 to 6 year-olds) in a middle class neighbourhood.
4) Naida is an Arabic-speaking Druze pre-school teacher with seven years of experience and works in a Druze village in northern Israel. There were 33 children in her kindergarten. The Druze are a religious group, considered of ethnic Arab origin.
5) Ella is a very experienced Hebrew-speaking pre-school teacher with 31 years of experience, working in a compulsory kindergarten with 35 children in her class. Her kindergarten is located in a middle class neighbourhood in Haifa.
6) Mally is also a very experienced teacher, she has been teaching for 29 years. During the year the research took place she worked in a pre-compulsory
kindergarten (4-5 year olds) and had only 13 children in her class that year.

7) Sarit is a Hebrew-speaking kindergarten teacher with 10 years of experience, who worked in a pre-compulsory kindergarten with 35 children aged 4-5. It is located in a middle class neighbourhood in a little town near Haifa.

8) Sharon is a young Hebrew-speaking pre-school teacher. This was her first in-service year and she did her practice teaching in a private kindergarten with children aged 2-4.

9) Orit is a Hebrew-speaking pre-school teacher, working in a kindergarten in a small town to the south of Haifa. She has 5 years of experience and worked in a kindergarten in a low-income neighbourhood.

Table no. 2: kindergarten teachers and children participating in research

<table>
<thead>
<tr>
<th>Kindergarten teacher</th>
<th>Child observed</th>
<th>Kindergarten characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beena, 16 years in service</td>
<td>Benn, 5 years old</td>
<td>Hebrew speaking,</td>
</tr>
<tr>
<td>Souhair, 3 years in service</td>
<td>Ali, 3.9 years old</td>
<td>Arabic speaking, small Arabic town</td>
</tr>
<tr>
<td>Dalit, 16 years in service</td>
<td>Dann, 5 years old</td>
<td>Hebrew speaking, small town, middle class neighbourhood.</td>
</tr>
<tr>
<td>Naida, 7 years in service</td>
<td>Rani, 6 years old</td>
<td>Arabic speaking, Druz village</td>
</tr>
<tr>
<td>Ella, 30 years in service,</td>
<td>Sagi, 5 years old</td>
<td>Hebrew speaking, middle class.</td>
</tr>
<tr>
<td>Mally, 29 years in service</td>
<td>Tom, 5 years old</td>
<td>Hebrew speaking, middle class neighbourhood.</td>
</tr>
<tr>
<td>Sarit, 10 years in service</td>
<td>Dann, 5 years old</td>
<td>Hebrew speaking, middle class, suburban</td>
</tr>
<tr>
<td>Sharon, 1st year in service</td>
<td>Neev, 4 years old</td>
<td>Hebrew speaking, private kindergarten</td>
</tr>
<tr>
<td>Orit, 5 years in service</td>
<td>Mor, 5 years old</td>
<td>Hebrew speaking, low income neighbourhood</td>
</tr>
</tbody>
</table>

6.9 Data collection

The data were collected in various ways, mostly by means of qualitative tools: focus groups, individual interviews, semi-structured questionnaires, class discussions and written reports by teachers about their observations and
assessments of children they had identified as being at risk of LD.

6.8.1 Focus groups

A focus group is a method of eliciting respondents' perceptions, attitudes and opinions in order to generate qualitative data (Wilson, 1997). Focus groups have components of participant observation and individual or 'group interviews' (Madriz, 2000) and are..."a way of listening to people and learning from them..." (Morgan, 1998, p.9).

Morgan (1998) reviews three phases in the use of focus groups in social research during the 20th century: a) The use of focus groups for developing questionnaires (from 1920 until the Second World War); b) The use of focus groups mainly for market research (from the Second World War until 1970); c) The use of focus groups by social researchers to investigate social issues in the sphere of health, sexual behaviour and delinquency (from the 1980s onwards). Currently the focus group is considered to be a method of giving voice to groups, not heard previously.

A review of various definitions shows that focus groups are usually small groups of 4 to 12 people, who meet with a qualified researcher-facilitator for 1 to 2 hours to discuss selected topics in a non-threatening environment, in order to explore the participants' perceptions and attitudes and encourage group interactions. The Scottish Council for Research in Education (SCRE) defines a focus group as a small moderated group of people, acquainted with each other, who gather to discuss, understand and express interpretations of a specific topic (Wilson, 1997). Focus groups may arise out of different epistemological traditions. In market research, for example, they are based on the positivist paradigm of hypothesis testing and the data are presented quantitatively or as related to quantitative research, since they are based on questionnaires and surveys. In educational research, the interpretative paradigm that seeks to understand and interpret may be more useful, especially if it fosters more reflection about the participants' attitudes.

The first stage of the research was a focus group meeting that took place on 15th November, 2001, lasting an hour and a half, in a classroom in a teachers' college in Haifa, with 12 participants, all of them qualified in-service kindergarten teachers. The researcher introduced the goals and topics of the focus group, and
facilitated the discussion by asking questions. At the end of the meeting, which was recorded, the participants were asked to fill in a short semi-structured questionnaire. Some handed it back immediately and some asked to fill it in at home and handed it back a couple of days later. The topics discussed were - how they conceptualize and perceive learning disabilities in kindergartens, how they assess them and what their experience was with these issues. They shared ideas about learning disabilities, what they believed caused learning disabilities, their experiences in identifying children at risk of learning disabilities, the problems they had to face and their needs.

6.8.2 Observation
Observation is a "research technique, which utilizes direct contact between the researcher and the phenomena under investigation. The method is widely used in the study of child development. "The major problem in observation is to assure that the behaviour is noted objectively and reliably" (Verna & Mallick, 1999, p.201).

Observing children and learning from observations are techniques that have been known for a long time, and both Piaget and Isaacs have shown what can be learned from the sensitive observation of children. The observation of children was chosen as the main tool to be used by teachers for collecting data, because it would help them identify processes, difficulties and patterns of behaviour of the children observed. It would help to identify any meaningful discrepancies that may exist between typically performing children and children in need of intervention or with special educational needs. Carrying out observations of children as an effective method of assessing them, is supported by a large group of researchers and educators who oppose using standardized tests and advocate assessing young children over a period of time in their natural environments (Breadkamp, 1987). In our research, the choice of the situations and of activities to be observed in the classroom, capable of adequately representing various aspects important for the making of decisions, was determined through classroom discussion. One common strategy is to use narrative real-time observations to capture information in order to identify important behaviours and setting variables (Bell, 1999). To preserve the naturalistic character of this inquiry, I decided to ask the teachers to observe
everyday activities, familiar to them and to the children, to be later used for reflection. When observing a child one should ascertain that one is relating to the whole child, since it is possible that a child's difficulties may manifest themselves in a number of domains, or that a difficulty in one domain might affect other domains. It is especially important to observe a variety of activities, not only those in which the child may have difficulties in the integrated classroom - since strengths may also be found.

The eco-behavioural assessment principles led to the choice of observation as the preferred tool. The required information about the children’s predictive behaviours and the conditions enhancing the risk of LD was collected by directing pre-school teachers to observe and assess the child in different eco-systems in the kindergarten and in specific instructional contexts within the classroom. Teachers were asked to observe and record the following six activities, since the observation of these activities provided an opportunity to cover a wide range of aspects of behaviour: a) Three separate sessions of free play, lasting 20 minutes each. Free play is the main activity during which children learn, and reveals a whole range of behaviours and skills, including sensory, motor, cognitive skills, social interactions and emotional behaviour. b) One frontal meeting of the class. This is an activity initiated, planned and led by the teacher, taking place two or three times a day, with the children all sitting in a circle with the teacher. It varies among kindergartens as to the frequency, length and timetabling of the meetings. The main meeting takes place in the morning and lasts for up to 30 minutes in kindergartens for 5-6 year old children, but less time for younger ones. During this meeting the children talk about a topic presented by the teacher, and the discussion is an opportunity for communication, the exchange of ideas and the acquisition of new knowledge (Ministry of Education, Israel, 1995). c) Three individual sessions with the child, using a picture to be described by the child. The teacher shows the child a picture and asks him/her to tell a story. Research shows the importance of language skills as predictors of reading skills (see chapter 4), so this activity might enable the teacher to gain a deeper insight into a child’s abilities. d) One individual session in which the child is asked to re-tell a story. Reading stories to children is one of the regular teaching practices in pre-school and usually leads to a re-telling of the story by the children. The story is usually read to the whole class, but for the purpose of the research I asked teachers to use this procedure with individual
children. Such one-to-one experiences reveal not only the level of linguistic ability of the child, but also the nature of the teacher-child relationship. e) Observing a physical education activity or a rhythmic-musical activity. Physical education activities are led by the regular teacher, while the latter is usually carried out with the help of a specialist teacher. Observing these activities may help focus the teacher's attention on the gross and fine motor skills of the child and provides another opportunity to observe the child during a structured teacher-centred activity. f) Playing a didactic game with the child. The objective of a didactic game is to achieve a specific learning goal, usually in the cognitive domain. As mentioned in the literature review (chapter 4), the level of cognitive ability is one of the predictors of learning disabilities, and by playing with the child individually (something usually done by the teacher with a small group of children), the teacher is given the opportunity of taking a closer look at the child's ability.

6.8.3 Individual semi-structured interviews
Interviews are aimed at enabling the interviewee to express his/her thoughts, emotions and opinions. All nine kindergarten teachers were individually interviewed at the college, by means of an informal open interview that was recorded. Naturally, I had previously thought of the main issues and questions to be raised. The aim of interviewing every preschool teacher was to explore in-depth how and why she had identified a particular child, what her expectations of the research and of my role were, what she thought she was going to see and what insight she expected to get about her previous perception of the child.

6.10 Research procedures
The required trustworthiness of qualitative research led me to elaborate on the research procedures. The cyclical character of action research will be described in this section. (See table 1).

My main motive in undertaking this study was my dissatisfaction with the process of referral of children by kindergarten teachers and also with the way I myself dealt with the issue of children at risk of learning disabilities in my teaching. The research was carried out in the course of one academic year of study and it can be seen as a change in my way of teaching, when, instead of frontal lectures, I proposed to my students to learn in a different way the methods of
identification and assessment of children with special needs in the kindergarten. This was the main change, while in the course of the year some secondary steps were also taken, in view of the teachers' needs, as they surfaced during the year.

*Stage 1: Pilot Study (10.2000 - 6.2001)*

When my ideas about the procedures of assessing children in pre-school education finally crystallized into the initial research question, I had only a vague idea about what would happen in the field; thus my first problem was to explore what was currently happening in the field in relation to these issues. The first step was to perform a pilot study in order to develop a general understanding of pre-school teachers' observation of children with special educational needs and how they act upon them. This pilot helped me formulate additional questions and plan how to proceed, and to better understand the reasons for my dissatisfaction with the assessment of pre-schoolchildren at risk of LD. The pilot study was performed during the 2000-2001 school year. I asked a group of six experienced pre-school teachers attending the teachers' college to complete their B.Ed studies, to assess a child they had identified as at risk of learning disabilities in school. I instructed them to "identify a child in your kindergarten, who you think will have learning difficulties in school. Observe and write an assessment of the child on the basis of your observations." The written assessments were subsequently analyzed and used as a basis for later stages and procedures. My reflection led me to the conclusion that the kindergarten teachers related to assessment as though they were giving out grades at school, and many statements appeared such as “fine motor activity – very good”. In view of what I had read about the positivist approach to assessment and the problems created by standard grades in the assessment of young children (see chapter 5), it seemed to me that there was a need for a change of approach; this influenced me in the building up of my research project the following year.

**Table no. 3: Research procedures.**

<table>
<thead>
<tr>
<th>Step number</th>
<th>Schedule</th>
<th>Research tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Pilot study 2000/2001</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Focus group 15.11.2001</td>
<td>Transcribed records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Semi-structured</td>
</tr>
<tr>
<td>Step 3</td>
<td>Identifying a child at risk 11.2001-12-2001</td>
<td>questionnaires</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Step 4</td>
<td>Pre schoolteachers observing in their classes and studying in college. December 2001 – April 2002.</td>
<td>Individual interviews</td>
</tr>
<tr>
<td>Step 5</td>
<td>Assessment - group discussion. May 2002</td>
<td>Written observations</td>
</tr>
</tbody>
</table>

Action research, step 1: Focus group

The first step in the long series of changes was to identify the kindergarten teachers’ needs and the knowledge they possess in the sphere of identification of learning disabilities in early childhood. I always receive a formal questionnaire of needs that every teacher fills in when she identifies a child with difficulties in her kindergarten (see Appendix 2). The way the questionnaire is to be filled in reflects an approach to developmental assessment similar to giving a grade, or to a summing up. I have no way of knowing the kindergarten teacher’s considerations when filling in the questionnaire, the way she filled it in and the processes leading to her decisions. The solution I thought of was to start the research by using a focus group (see section 6). This group enabled me to get an idea of the teachers’ initial knowledge, and their approaches and positions as related to children with difficulties and with learning disabilities, and the teachers’ needs in this context. In the wake of this discussion I planned to present the research to the kindergarten teachers and suggest that they participate in it. The research was carried out both in the college classroom, where we met every week for a 90 minute lesson, and by means of the collection of data by each teacher in her kindergarten class, brought to the college lessons.

At the beginning of the following school year (2001-2002) I had another group of pre-school teachers taking my course - "Early childhood special education" - and, as a first step in the research, I organized a focus meeting. It took place on the 15th of November 2001 and was meant to find out the extent of the pre-school teachers’ knowledge, their practices, and the problems they faced when dealing with the identification and assessment of children at risk of learning disabilities. At the end of the focus group meeting I asked them to summarize the
meeting by responding to an open questionnaire. Some of the teachers answered the questionnaire immediately, while some asked for several days to think about their answers and then submitted it. It enabled me to gather data about these pre-school teachers' knowledge, difficulties and needs, issues that could not be dealt with fully by all the teachers participating in the focus group.

By the 30th of November I had collected all the questionnaires and I then explained the research to my class and suggested they be my co-researchers. I offered them the opportunity to identify, explore and assess the behaviour of children at risk of learning disabilities and told them that, since their assignment was very demanding, I had asked for permission to accredit it as an assignment for the course "Early childhood special education". Ten preschool teachers agreed to participate in the project, but one of them dropped out later for personal reasons.

Through this step I mainly found out about the level of current knowledge the teachers possess, in particular about children with learning disabilities, and their feeling that they lack the knowledge and tools enabling them to assess the child. I had no knowledge about their identification of any specific child. Even though I became aware of the level of the teacher's knowledge about the characteristics of children at risk of learning disabilities, it was still not clear to me how they come to refer a specific child. The next step was intended to solve this question. I asked every teacher who had agreed to participate in the research to choose a child in her kindergarten, possessing the characteristics described in the focus group and in class discussions as "a child at risk for learning disabilities".

**Step 2: Individual interviews**

The purpose of this step was to discuss with kindergarten teachers ways of identifying a child in actual practice and assist them to choose a child suitable for the current study. It dealt with the problem of how to choose the child. I tried to deal with the issue of identifying a specific child, without relating to previously expressed knowledge in the focus group and semi-structured questionnaires, or to the usual practice of filling out the referral form, which is mainly a behavioural checklist. I asked the preschool teachers to identify a child in their kindergarten class as at risk of learning disabilities, and I interviewed them individually. In these interviews I wanted to explore the motives for identifying this particular
child, the teacher's feelings and attitude towards the child, the factors they considered when they identified this child and their relations with other professionals and the child’s parents.

Reflecting about the focus group and the individual interviews I came to the conclusion that a clearer explanation of the essence of observation was needed, as a tool for identification of the child.

*Step 3: Pre-school teachers observe in their classes, while taking the college course.*

*December 2001 – April 2002*

This step began with a discussion with the teachers on the essence of observation and on the need to observe the child during a number of activities and in several different areas of activity in the kindergarten. The teachers suggested the main activities that may be able to provide a comprehensive picture as to the various areas of the child’s development. I was the one to determine the number of observations and the time required. (The conflict between my role as researcher and the sharing of the research was discussed in section 6.)

This was the period when the teachers collected the data derived from their observations of the children in their kindergartens. During this period I dealt in class with issues that stemmed from the focus group and interviews, mainly requests for information, in particular about what learning disabilities are and how they are manifested in kindergarten children. The work consisted of class activities such as lectures, and reading material was provided, including a chapter from the syllabus of the Israeli Ministry of Education (1996) dealing with assessment; we watched videocassettes and discussed them, and read a didactic assessment written by an expert didactic assessor. The information provided was mainly derived from the literature review in chapter 4.

This was the most difficult period of the research, since it added to the already heavy burden the teachers have to bear. I had not been fully aware of this factor, and it was not only one of the components of the power relations between the teachers and me, but also a significant finding with implications for the results of the study. It will be discussed in detail in the chapters dealing with the results.

*Step 4: Assessment - group discussion. May 2002*
This step was intended to further the great change I wanted to examine, namely -
how the teachers could make use of their observations of the children for the
purpose of writing an educational assessment, and not only refer children by filling
in questionnaires.

It dealt with a problem that emerged from the pilot study: The questions
asked by the participants made me feel that they had difficulties in assessing what
they were observing. At this stage I thought it necessary to deal specifically with
the question of what assessment really means and what is being assessed in pre-
school children. We held a discussion that led to the use of McConnell’s definition
of the assessment of children, namely as identifying the abilities, the difficulties
and the needs of the child (2000). In class we carried out a collective assessment
with several participants bringing written observations to class and the rest of the
group helping them to analyze them. The teachers were asked to use the above
definition and, after every observation, to write down the strengths, weaknesses
and needs of the child, as they understood them. After assessing every observation,
the participants should have been able to write an integrated and unified
assessment on the child, based on all the observations. However, for some of the
teachers our discussion was not sufficient and they asked for a personal meeting
with me. The ensuing products constitute a basic component of the research
results.

Step 5: Discussing a change. June 2002

The last problem to deal with was how to prove that a change had taken place, and
what had changed in the teachers’ perceptions. Apart from observing, listening to
the teachers and reading their accounts, I asked every pre-school teacher to
summarize the assessment with a reflection on the process she had undergone. I
asked them to relate to the following issues: a) How had the process affected the
way she related to the child; b) The events or observations that affected this
relationship; and c) The conclusions that could be drawn from this process.

The written assessments were collected during that summer.

6.11 Data analysis

Data analysis in qualitative research is a non-statistical, inductive analytical
process, also involving intuitive perceptions, aimed at interpreting the phenomena
investigated and developing theory about the social reality. The meanings, experiences and behaviours the teachers share make it possible to reveal certain patterns related to the assessment of children with special educational needs and their inclusion in classrooms (Maykut & Morehouse, 1994; Sherman & Webb, 1998).

The analysis of the data I collected enabled me to explain and interpret what kindergarten teachers do when they observe and assess young children, and arrive at a wide-ranging and comprehensive explanation of the experience of regular pre-school teachers with children they identify as at risk of LD (Glaser & Strauss, 1967). The procedure was based on content analysis, helping me find themes, codes and recurring patterns. In a spiral process of data analysis, including describing, connecting and building categories, the product that ensued had a different meaning from the one with which I began the research, and I was able to present a cohesive and holistic account about the work of kindergarten teachers with children with difficulties. The analysis was based on the constant comparative method (Glaser & Strauss, 1967). The following are the main stages of this type of data analysis: finding the themes, building categories, finding links and relationships among the data, summarizing the evidence and writing up the results (Dag, 1993). The units consisted of words, phrases and paragraphs; sometimes a whole scene constituted one unit.

6.12 Conclusions
The main reason for my choice of a qualitative methodology, based on the constructivist-interpretative paradigm, was to enable me to describe and explain the experience of pre-school teachers with children they identify as being at risk of LD. I decided to do so by working with in-service pre-school teachers, asking them to observe these children and assess their abilities and needs, and this led me to use an action research design. Using this methodology enabled me to answer the questions I had in mind; reflecting on my own work as psychologist and teacher educator contributed to my understanding of the various factors involved in these pre-school teachers' experience with children identified at risk of LD.
Chapter 7
The Findings of the Study
A Profile of Pre-school Children at risk of Learning Disabilities

Contents

7.1 Introduction: Criteria for concern
7.2 Gender
7.3 Restlessness and Inattentiveness
7.4 Lack of social skills
7.5 A detached child
7.6 Cognitive and motor difficulties
7.7 Conclusions: Implications of the typology

7.1 Introduction: Criteria for concern

In the following four chapters I present the findings of the study. I assumed that the identification and assessment of pre-school children at risk of LD may be explored by their teachers' observing them in their natural environment; however, I realized it also involves a description of the process that actually is ‘creating’ the image of a child with learning disabilities in pre-school education. Here, in the first of these chapters, I focus on the identification and assessment process as it took place in the kindergartens under study. I present the typology based on the characteristics considered by the pre-school teachers as predictive of later learning difficulties, emerging from the analysis of the data. The typology of the children is not a diagnostic label; it is a description derived from observation of the children during various activities in kindergarten.

I consider the elements of this typology as “red lights”, a term used by one of the pre-school teachers to explain what attracts her attention to early indicators of LD. In the following sections I examine the main components of the typology: Section 2 deals with gender (boys and their difficulties in class); section 3 deals with restless and inattentive behaviours and their crucial contribution to the identification; sections 4 and 5 focus on detachment and lack of social skills as predictors of learning disabilities; and section 6 describes the cognitive and motor
difficulties observed by the pre-school teachers. Section 7 summarizes the findings and concludes that the typology portrayed by pre-school teachers reflects not only their concerns, but also their own difficulties, and the state of their knowledge. The findings continue through chapters 8, 9 and 10, where I describe the difficulties faced by teachers in coping with the identification of children's learning difficulties in challenging classrooms and the impact of these difficulties on their professional image and their practice. The process which I describe in these chapters is the outcome of the interaction between the child's characteristics and three variables: the teachers' knowledge, the conditions in Israeli kindergartens, and the characteristics of the pre-school teachers' role. Owing to interrelations among these variables, it is not merely a process of identification; it becomes a process of 'creating' the image of a pre-school child with learning disabilities.

The main question dealt with in this chapter is which characteristics are perceived by the child's pre-school teacher as indicators of later LD. Who is the child identified by the pre-school teacher as at risk of later learning disabilities? I shall also deal with the question of how, by using observation of everyday activities in the kindergarten, one may arrive at an identification and assessment of a child at risk of LD and during which activities these difficulties are more clearly manifested.

The “red light” is on, when the child exhibits unusual behaviour. It is this meaningful finding that emerges from the data gathered by pre-school teachers - their identifying a child at risk of later learning disabilities by observing his/her behaviour problems. They find the child with behaviour problems to be at risk of learning disabilities. They portray a child who has mainly behaviour difficulties in the kindergarten setting: a hyperactive, restless boy, who finds it difficult to obey kindergarten rules, lacks social competencies, sometimes appears detached and not involved in the kindergarten activities. These children also exhibit various cognitive difficulties, but they are identified after attracting attention to their unusual behaviour. Observing the children in their natural environment and during everyday activities in the kindergarten enabled me and the teachers to capture a reliable and comprehensive portrait of his difficulties and abilities.

The profile presented here is the result of what teachers found out when observing the child, not a profile built up according to checklists with categories.
determined by others, nor by tests composed or administered by others, but the child as perceived, described and experienced by pre-school teachers themselves. I made every effort to present the data in the words of the pre-school teachers in this inquiry, to help the readers understand how they feel, and to grasp the value of the use of observation of the children with SEN by pre-school teachers in their natural environment.

Before analyzing the data I would like to describe in a general way the children’s daily experiences, based on all the teachers' observations and assessments. A description of the children's experiences in kindergarten may exemplify what teachers observe, and provide the context within which the typology should be understood: In the morning they arrive, sometimes crying or upset because of difficulties in separating from their mothers, or other problems at home; when sitting down for the main morning meeting, these children move about on the chair, play with their clothes, lift their legs up on the bench or lie down on it, touch or push children sitting next to them and rub their eyes. They frequently hear - sit down, put down your leg. They stare, appear to feel lost, do not look at the teacher nor sing with the other children. When they do sing, their voices are either too loud or too soft, and they may not know the words of the song. Sometimes they raise their fingers to say something, and either they are ignored or they put their fingers down before they are called upon. Sometimes when they want to say something, they shout - "me, me", but the pre-school teachers ignore them. When children are engaged in free play, sometimes they are invited by other children to join them, they start playing, and after several minutes they start ordering the children about; when the other children object, they get annoyed and angry, start pushing and hitting children and throwing toys around. They frequently play alone, and when children disturb them, they complain to the teacher: "They destroyed my palace". Sometimes they ask others to join them, but after several minutes they begin to wander around in the kindergarten, not knowing what to do, until the teacher directs them to an activity.
7.2 Gender

The child at risk for LD is a boy; all the children identified except one were boys. Although the findings were not derived from quantitative, statistical data, this ratio is quite similar to that found in research literature (Farrell, 2003), and is also supported by my personal experience in assessing pre-school children for readiness for school, or working in special and integrated kindergartens. The relationship between gender and difficulties in the educational system is widely discussed and has several aspects. The aspect most relevant to this inquiry is the theoretical model used to explain this finding. Do boys have constitutional tendencies that put them at risk of LD, or other special educational classifications, or are these socially-culturally based behaviours?

Few pre-school teachers refer directly to gender as a risk factor, and I used some observations to probe this issue. Naida (a pre-school teacher from the Arab sector) showed Rani (a 6 year-old boy) a picture of a child washing fruit. He said
that it is a mother washing fruit (it was a boy doing so). The teacher identified it as the child's weakness in visual perception, and explained in her assessment: "Maybe he is used to seeing his mother washing fruit." She judged his cultural interpretation of the picture as an error of visual perception.

In another gender-related remark, after observing Rani playing with girls during free play in a physician and nurse scene, she assessed his participation in symbolic play as one of his strengths, and added: "Although the group of children he played with were girls, I think it is not important, as it is an initial stage, and what is important is his readiness to play with others and not alone." I interpret this remark as the teacher's judging playing with boys as the behaviour desirable for a boy, and the real criterion for his progress and inclusion - playing with girls - is perceived only as a first or interim step towards this goal. I mentioned her ethnic origin to show that it may be a culturally oriented attitude, because Arab society is still more traditional.

Although I did not find other direct expressions relating to gender; this does not mean there are no gender-related attitudes within the educational system, and as research literature shows, the prominent presence of boys in this study and in reality is not accidental. Boys greatly outnumber girls in special schools for children with EBD (emotional-behavioural difficulties), and they are also more often identified as having dyslexia. It is still debatable whether social, biological or other factors are the cause of these correlations (Farrell, 2003).

Some explanations or evidence of gender-related attitudes may be found in the different way the girl was identified and assessed. The only girl in this inquiry is identified mainly by profound cognitive and language difficulties, and not by behavioural disorders. When her pre-school teacher relates to some social and behavioural difficulties of the girl, she tries to minimize them: "When Danna (6 years old) faces a difficulty, she becomes angry and frustrated, but only for a short time"; or "When we see that Danna is angry or frustrated, it is a normal reaction and happens only for a short time and then she calms down and does something else." It appears that the issue is not gender, but behaviour. Although boys were also identified as having cognitive difficulties, they were typically identified because of their disruptive behaviour.

Disruptive behaviour is more typical of boys (Farrell, 2003) and since behaviour difficulties are the main cause for concern and of identification, boys are
more often identified. Their identification as more at risk of LD may be viewed as part of the general dispute between the models explaining learning difficulties: intrinsic, innate causes, or environmental-cultural factors.

7.3 Restlessness and inattentiveness

The most common behaviour and most frequently mentioned by the teachers, in fact by all of them, is that of a child who is restless, hyperactive and inattentive. All pre-school teachers in this inquiry describe, observe, and are concerned about a child who is restless and inattentive: "Mor has a short attention span ..one may observe excessive movement." This behaviour is identified by all pre-school teachers in this inquiry, coming from different backgrounds: very experienced and inexperienced ones, Hebrew speakers and Arabic speakers, those working in pre-compulsory kindergartens (3-5 year-olds) and compulsory (5-6 year-olds) kindergartens, and they are mentioned in the case of all the children, from various backgrounds, both genders and all ages. This is the only behaviour in the inquiry common to all children, and identified by all teachers.

Teachers relate to hyperactive behaviour whatever the research tool, but this is most strikingly manifested when looking into the actual observation reports by the pre-school teachers. Several phrases I picked out from different observations by the pre-school teachers will exemplify, which behaviours are perceived in that category: "He plays with clothes, moves his body, his limbs, his eyes, and moves about all the time;" "he plays with his sweatshirt, covers his eyes with it", "moves his hands or legs"; "he makes circular movements with his arms"; "he lifts up his leg on the bench"; "he swings his legs"; "his eyes are not focusing"; "he blinks, rubs his eyes, protects his eyes"; "moves about on the bench, runs around the room"; "teacher tells a story – the child stays on the swing"; "he wanders about, stands up in the middle of the class meeting and lies down on the floor". I cited so many verbs showing movement to give the reader a sense of what I imagine must be the pre-school teacher's "dizzy" experience. Imagine a teacher sitting in front a class with up to 35 children, 3-6 years old, who are not sitting behind desks but in an open circle, or sitting with a small group of children around a table, who sees constant movement and hyperactivity; she cannot fail to notice such a child.

Hyperactive and inattentive behaviour is most conspicuous during more
structured ‘lessons’, planned by the teacher, activities with all the children participating: ‘class’ meetings, music lessons or physical education periods. “At the meeting Niv notices that the teacher turned away and takes advantage of it to stand up and start walking around instead of sitting in one place.” "Ali plays with objects not relevant to the lesson or activity."

When working with a child individually, the teacher also observes restlessness and mainly inattentiveness; however, there is much less “playing with fingers”, "looking around", "playing with clothes", "children are attracting his attention", "blinking." Restless and hyperactive behaviour is least observed in free play, and it is mainly described as lack of perseverance and rapidly losing interest and moving to another play area: "Ben says after a few minutes: O.K. I am going out to play in the yard." Although there is a difference in the amount and manifestation of restlessness during various activities in the kindergarten, this behaviour is most often mentioned by the teachers observing the children and must therefore be considered as a crucial factor in her identification of children at risk of later LD.

The teachers do not appear to realize that there are differences in the children’s restlessness and hyperactive behaviour related to the specific contexts. The over-representation of restless and inattentive behaviour during more didactic meetings, based on a teacher-centered approach to learning that puts emphasis on whole group instructional techniques, is overlooked by the participants in this study. During other activities there appear to be fewer problems. One may conclude that in activities considered more developmentally appropriate practice, less restless and inattentive behaviour is evident. The differences in restless behaviour in various contexts, the teachers’ lack of attention to this aspect, and the significance of this finding, should be discussed in relation to the issue of the teachers' knowledge.

Restlessness and inattentiveness are prominent not only in the observations of pre-school teachers. It is considered declaratively as an early sign of learning disability. Six focus group participants at the beginning of the inquiry mentioned the term 'restlessness' in various ways when asked about the early signs of LD. Kindergarten teachers find this behaviour predictive of LD, and the most frequent reason why the specific child was chosen for this inquiry. Souhair, a kindergarten teacher in her third year of practice answered, when asked why she decided to
assess this child: "during the meetings he is always moving, not listening to a single word, moving from one place to another, from one activity to another, does not finish tasks... does not sit down even for five minutes to work ... scribbles rapidly on a sheet of paper, and immediately runs off." Dalit, with ten years of experience, also writes: "Lack of concentration... he is unable to stay put for five minutes, he stands up in the middle of a class meeting, interrupts other children." The description of these children is tangible evidence of how pre-school teachers perceive the child, why this characteristic is so prominent in their identification of the child.

Figure 3: Characteristics of identified hyperactivity in different kindergarten settings.

One of the possible explanations why teachers are so concerned with this behaviour (apart from its being unbearable) is that they interpret it as a sign of attention deficit. Pre-school teachers, when interviewed or in written assessments,
used phrases such as "difficulties in paying attention and in concentrating", "the child has difficulties in sitting still", "a short concentration span", "when required to sit and listen he becomes impatient", "playing with objects while the teacher is speaking, loses interest." It seems that hyperactive behaviour is interpreted by the pre-school teachers as an expression of attention deficit and they find this to be one of the indicators of LD.

When trying to find out why teachers consider this behaviour predictive of LD, some answers given by the teachers appear to link behavioural characteristics to academic success - even though the literature does not provide any decisive evidence as to the co-occurrence of ADHD and LD. Research has shown that many LD children tend to be inattentive, impulsive and hyperactive to the extent that they can be considered ADHD as well. It appears reasonable to estimate that 20% to 33% of children with learning disabilities also have ADHD and that 10% to 29% of ADHD children may require LD services (Silver, 1992). Although no teacher gives an overt or a direct answer, it is implied by one teacher's claim: "If he cannot sit still in the kindergarten, how would he do so in school where greater discipline is required?" She says that kindergarten is a place where children are prepared and trained to sit still and pay attention in a more permissible environment, and when they are unable to meet even these low expectations in kindergarten, they will certainly not be able to meet them in school. The substantial overlap which does exist between ADHD and LD makes this identification meaningful. In school, a child who cannot pay attention will not be able to learn efficiently, failure and the resulting frustration will build up, interfering with motivation and then with subsequent performance, increasing inattentiveness and restlessness.

The identification of these behaviours as predicting LD is important, and supported by research. Pre-school inattentive/hyperactive behaviours significantly predicted lower learning outcomes. Children displaying inattentive/hyperactive problem behaviours at the beginning of the year were significantly more likely to exhibit lower levels of cognitive ability, of social engagement, and movement and coordination skills at the end of the year (Fantuzzo et al., 2003). This finding is supported by a number of studies linking inattention and hyperactivity to
difficulties in mastering cognitive, visual-perceptual, and language skills (Pianta & Caldwell, 1990; Sinclair, Del'Homme, & Gonzalez, 1993). In another study, first grade teachers’ ratings on an interest-participation scale and attention span-restlessness scale were correlated with student achievement grades over the next three years (Alexander, Entswisle & Dauber, 1993). Another behavioural disorder, impulse control, which may also be implied from these observations, was the main characteristic of emotionally disturbed children, initiating referral to special education services by experienced and non-experienced teachers alike (Schwartz et al., 1997). Although restlessness may not be directly connected to LD, nevertheless it seems to interfere with a child's ability to fulfil expectations according to his age, and especially when exploring the consequences of this behaviour for the child and the teacher. It is a behaviour that, undoubtedly, puts the child at risk of later learning problems.

Restless, hyperactive, impulsive, inattentive behaviour is closely related to difficulties in keeping kindergarten rules. All of the boys, except two, may be characterized by disruptive, defiant and disobedient behaviour. Bina (with 16 years of experience) observes Ben, who does not keep the kindergarten rules: "All the children are standing up and sitting down (while singing a song), Ben remains seated and is chewing gum. The teacher says – 'sit properly, all of you!' Ben is still stretched out on the bench." "The teacher gives every child a picture and asks not to show it to other children. Ben obeys, but turns it into a pistol and waves it about." It is not merely restless behaviour; it is disobeying teacher's instructions and challenging her authority. It has been argued that deficits in behavioural inhibition are the central impairment in ADHD (Barkley, 1997); nevertheless, it seems very much also a case of a lack of discipline.

Sometimes disobedience is accompanied by cheeky behaviour: The teacher says to Ben: "Throw your chewing gum away." And he answers: "I don' t want to." This behaviour might be embarrassing for the teacher; a child not yet 6 years old challenges her authority. However, expressions used by several pre-school teachers in this study indicate that they assess and interpret these behavioural difficulties in the following way: "low frustration threshold," "impulsive and gets angry quickly," "impatient", "has difficulty in keeping the kindergarten rules." It
implies they attribute these behaviours to intrinsic factors; they do not consider them discipline problems, which could be related to teacher's practices or role. No linkage is made between breaking the rules and the person who sets the rules, between disobedience, authority and the educational context. Before a child fails in school, he has already failed to learn what is expected of him in the kindergarten.

Disobedience, defiance, disruptive behaviour may relate to the category of oppositional defiant disorder (ODD). This type of conduct disorder is characteristic seen in children below the age of 9 or 10 years. It is defined by the presence of markedly defiant, disobedient, provocative behaviour, but by the absence of more severe antisocial or aggressive acts, breaking the law or violating the rights of others. Many authorities consider oppositional defiant patterns of behaviour to represent a less severe type of conduct disorder, rather than a qualitatively distinct type, and this is true mainly or only of younger children. In older children these behaviours are usually accompanied by antisocial or aggressive behaviour that goes beyond defiance, disobedience, or disruptiveness, while fairly frequently these behaviours are preceded by oppositional defiant disorders at an earlier age (ICD, 1992).

Oppositional behaviour has been associated with higher teacher ratings of hyperactivity and inattentiveness. Portrayals of behaviour associated with ADHD generated higher teacher ratings of oppositional conduct (Jackson & King, 2004). It affects teachers' perceptions; teachers of children who fail to abide by the kindergarten rules perceive them as deviant (Drummond, 1994). According to Slee's (1995) conception of disruptive behaviour, its causes are reduced to dysfunctionality of student's pathologies. In my study I also found that even learned behaviours, such as habits, manners and keeping rules, were considered innate and determined by intrinsic factors, almost unrelated to what adults do and how they teach and educate. Restless behaviour causes discipline problems, and failing to keep kindergarten rules is becoming a major indicator of later school failure.

The teachers' attitude and behaviour cannot be considered as the single factor in the micro-system affecting the behaviour of the child; undoubtedly, family variables are also significantly related to the problems described. Even
though my study focuses on factors in the institutional educational and not the family environment, studies should be mentioned dealing with relations between hostile attribution tendencies, marked by harsh discipline practices in the home, predicting behaviour problems in school (Nix, 1999). Variables such as family dysfunction, lax disciplinary practices, ineffective parental coping, less imparting of strategies of problem-solving, low level of father-son communication and less synchronous mother-son activity were found to correlate with hyperactive behaviour of boys of kindergarten age (Keown and Woodward, 2002; Cunningham and Boyle, 2002).

Behaviour problems appear to be a key factor initiating a referral process. Also regarding the issue of the referral of restless and inattentive children, few qualitative studies were found, examining the subjective experience both of the teacher and of the child in the kindergarten. Studies found that teachers' perceptions, as to whether or not a learning disability caused primarily academic difficulties or mainly behavioural difficulties, were related to some of their interpretations of behaviour and referral tendencies. For example, teachers' perceptions equating a learning disability with difficulties in learning to read or write were related to their tendency to view aggressive behaviour and temperament-related behaviour, such as distractibility or impulsivity, as disruptive to classroom management. This view also led teachers to use referral more often, when confronted with negative temperament-related behaviours (Drame, 2002).

7.4 Lack of social skills
Lack of social skills or social competence is another central component in the child's typology. Though it is less dominant in teachers' observations and identifications than the previous aspect mentioned, the reports of observations do reveal a wide range of social problems, manifested in various ways and related to social skills. The most frequent antisocial behaviour observed by the pre-school teachers was aggressive behaviour; pushing other children was the most often mentioned (though not in all cases). Some examples of this behaviour appear in several pre-school teachers' reports: "While Ben is working individually with the teacher, a girl stops near their table and Ben stands up and pushes her away." "Dan runs wildly and pushes children." "Ali pushes away a child who is approaching the area where he is playing." Many aggressive behaviours are
manifested in connection with toys: "Ali grabs parts of the jig-saw puzzle from other children," "Ali takes a toy from Tamir by force, he pushes him away and says: ‘It’s my turn now.’ Tamir insists: ‘No, I had this toy first’. They begin quarrelling, until Ali starts crying." "When a girl tries to take back from Rani the toy he had taken from her, he grabs it again and hits her." The aggressive behaviour is not always physical, sometimes it is verbal - cursing or calling other children names.

Many aggressive behaviours may also be manifestations of a child's lack of social skills, inability to cooperate with other children, to share, to take turns, or trying to be bossy, resulting in rejection. Several phrases from the pre-school teachers’ reports exemplify this behaviour: "When Niv tries to boss children, they object and go off." When the child does not know how to approach other children and get them to cooperate, it is because he tries to boss them by giving them orders, such as 'go and fetch more piles,' 'take the block and put it there,' 'now watch our buckets, so nobody will take them away.' When the children don’t obey him, he becomes aggressive. Sometimes it happens when the children refuse or reject him: "Dan says - take the block and put it there; his friend answers - no, I want to build a tower here. Dan slaps him and the friend cries." These descriptions reinforce the impression that aggression may be related to a lack of social skills.

Studies have found that pre-school children, identified as having aggressive and oppositional behaviour problems early in the school year, were at risk of finding it difficult to establish positive peer relationships later in the year. Aggressive behaviours were the strongest predictor of disruptive peer play. This finding is consistent with a growing body of literature indicating that pre-school children with aggressive and oppositional behaviour problems are more likely to exhibit difficulties in relating to their peers in play (Fantuzzo et al., 2003). It appears that hyperactive-impulsive-inattentive children are at a significantly higher risk of the developing socially aggressive behaviour and the oppositional defiant disorder. Research indicates that young children having high levels of both socially aggressive and hyperactive-impulsive behaviour constitute an exceptionally high-risk population, later suffering from impaired peer functioning and general maladaptive behaviour, when compared to normal children or those having only one of these patterns of early behavioural disturbance (Shelton et al., 1998).
No wonder that rejection is a recurring experience in the child's social life; the child is rejected and rejects others. Sometimes he does not accept other children's invitation to play: "I am already playing," "Rani (6 years old) invites a child twice to join him on the seesaw and twice he sends him away after several minutes, saying 'go away'. The child refuses the third invitation. Rani does the same with two or three other children." Sometimes other children reject the child, after he initiates contact: "Dan stands near a large vase of flowers and says: 'Who wants to buy beautiful flowers?' A child answers: 'I don't want to.' No other children approach the vase and Dan gives up." Research revealed that boys with LD had significantly fewer real friends among school peers. The authors suggest that this might be because there is a higher incidence of ADHD among boys. Since boys are more likely to have LD and ADHD, it is likely that they will have greater difficulty maintaining friendships, because boys with ADHD often engage in more disruptive behaviour than most other children will tolerate (Weiner & Schneider, 2002).

Aggression and lack of social skills result in the child having to play alone."I am already doing it alone." "Ben is playing alone." "Rani is filling the bucket alone and does not speak to the children, although there are other children in the sandbox." Sometimes the child tries to gain status by being competitive: "A child says to Dan: 'Look what a nice car I've built.' Dan says: 'I also know how to build, just wait and see, just wait and watch". All these behaviours are indicators of the child's inability to enjoy social life in the kindergarten, and prevent him from participating in it and learning social skills.

Low social competence, expressed in a lack of social skills, is attributed by pre-school teachers to factors intrinsic to the child. They make remarks such as "he is not independent," "lacks social skills," "uses force to solve problems," "has no communication skills". There is almost no mention of any ecological factors as possible causes for the lack of social skills. Could it be the crowded room that leads to so much pushing, the lack of toys causing quarrels, or some other factors in the kindergarten? In this study, not attributing social problems to environmental factors is consistent with the tendency to attribute difficulties to intrinsic factors.

Although teachers do not consciously identify a lack of social competence as a predictor for LD, it is very important that they do not overlook it when
observing it. Only one kindergarten teacher mentioned it as a possible aspect related to LD. When the teachers were asked directly how they identify a child at risk of LD, only one pre-school teacher (with 21 years of experience), participating in the focus group discussion, used the term "the extent of cooperation". However, when we consider the pre-school teachers' reports as a whole, a gloomy picture is revealed: the social life of these children in the kindergarten is poor, they lack social skills, are rejected, left to play alone and involved in quarrels and fights.

The troubled social experience of the identified child in the kindergarten raises the issue of social inclusion of children in kindergartens, and the consequences of these difficulties in later functioning in school. A multivariate examination of the relationship between emotional and behavioural problems and educational outcomes indicated that children with hyperactive behaviour problems demonstrated socially disruptive behaviour at the end of the year, and children with minimal behaviour problems demonstrated disengagement from peer interaction and difficulties in several learning areas (Fantuzzo et al., 2003). It is important to identify social difficulties in early childhood, since they are potent predictors of significant problems in school and in adulthood (Alvidrez & Weinsten, 1999; Strain & Odom, 1986). Lack of social skills, in particular aggressive behaviour, predict difficulties in adjustment and low academic achievements (Rubin et. Al, 1999; Gresham, 1981). Kindergarten teachers' ratings of children's social competencies predicted their third grade spelling and math achievements. Thus early identification of a lack of social skills is an important factor, when trying to predict later school achievements. The debate in research literature about the question of whether social incompetence is one of the symptoms of the LD syndrome or only a by-product of it, is not relevant to the child's experience; it should be identified as a risk factor and it may be considered "a red light".

7.5 The detached child

Behaviour problems may be differentiated to externalizing or internalizing behaviours. Some of the behaviours observed by pre-school teachers, although less frequently, are internalizing behaviours such as withdrawal (Achenbach & Edelbrock, 1978). The restless boy is not always active, sometimes he is detached
and not involved. Until now I have described children who are always active, but
in an undesirable way. However, this is not always so. Many remarks by the pre-
school teachers show a pattern of non-involvement, even detachment: "not speaking", "not responding", "not singing", "not looking at the teacher", "not participating", "not listening", "does not know what to do", "standing aside and
watching others play", "not answering", "not relating". These behaviours appear
during various kindergarten activities and environments. Sometimes they are
manifestations of inattentiveness: "The children are counting, Ben is not." Sometimes they are manifestations of being disoriented: "Benn enters the dolls'
area, walks around, not knowing what to do." It may appear as a response to insult
and rejection: "After the children destroy Benn's tower of blocks, he lies down on
the floor and does not try to rebuild it."

This avoidant behaviour of the child is more often observed by the pre-
school teachers in this study when they work individually with the child. When
they ask the child to describe a picture or answer questions about the picture, they
describe the child’s reactions in the following way: "He is silent", "he hesitates",
"has doubts." "Ali (3.9 years old) stares at me but does not answer, just looks at
me...". "Rani is silent, stares at me and does not answer my question." "The
teacher encourages him to count, but he is silent." "The teacher asks ‘what do you
remember of the story?’ Complete silence, head down, looks down at the table or
the floor." Orit (with 5 years of experience) also explains this silence: "A lack of
self-confidence. Mor is hesitating and not quick to answer ..." It appears that
these behaviours may be manifestations of cognitive difficulties accompanied by
emotional withdrawal, and are seeds of later low self-confidence in learning
situations.

The detached behaviour pattern is undoubtedly in contrast to the excessive
activity of the children described earlier. Although when working individually
with the child, the teacher sometimes still observes restlessness and
inattentiveness, yet much more often the child is silent: He does not answer the
teacher’s questions, has doubts, hesitates, asks to leave and go to play. This
behaviour more often appears during cognitive activities and may reflect the
child's difficulties with cognitive learning, largely a lack of language skills; this
was observed mainly during individual instruction. The teachers seldom relate this
behaviour pattern to a lack of cognitive abilities. Some of them, in particular the
more experienced ones, though mentioning cognitive difficulties, reflect on the possibility that these may also be early signs of emotional problems: "Losing self-confidence in his own ability, and detachment as a mechanism of self-defense against failure", as Bina suggested.

The pre-school teachers in this study rarely mention emotional problems reflected in the children's behaviour. However, they consider this detachment pattern as an indicator of emotional difficulties which may be affecting the child's learning and achievements: "Not confident in his ability", "not coping with difficulties". "The child is withdrawn... developing a defense mechanism, and does not approach activities in which he is weak." Mally, a very experienced teacher (with 29 years of experience) reflects: "I learned that if I see a child trying to avoid certain activities, I should consider what the cause for this avoidance could be, and what difficulties underlie this avoidance." She observed and understood that avoidance is motivated by the child's difficulties and should warn the teacher about them. It is possible to perceive this pattern in pre-school years only through ongoing observation by a person who meets the child regularly.

Identifying detachment and avoidance behaviour is of the utmost importance, in order to avoid their turning into a persistent pattern, which will increase the child's difficulties. In this study the pre-school teachers understood that avoidance or not having enough opportunities to be engaged in certain activities may result in a lack of skills. After playing a didactic game individually with a child, one that requires cognitive ability such as categorization, Bina suggests: "Ben does not participate in didactic games, therefore he has not enough experience...and has difficulties in understanding the instructions." Orit writes: "Mor feels uncertain about his movements in space, he avoids playing games that require motor skills such as jumping on both legs." I do not think I would be able to arrive at these conclusions during a one-time diagnostic meeting, while administering standardized tests. This is meaningful evidence for the powerful potential of ongoing observations carried out by persons familiar with the child and in his natural environment, in particular for identifying behaviours that a child avoids systematically and may indicate difficulties in those areas.

7.6 Cognitive and motor difficulties.

To the behavioural problems, which in any case place obstacles in the way of the
child’s learning, one may add cognitive difficulties, mainly in the sphere of language, and, in this study less frequently mentioned, fine and gross motor difficulties. Language problems are the most frequently reported by these preschool teachers. Here I shall cite only a few examples from among the many language difficulties identified by several preschool teachers: "Poor vocabulary," "uses only simple sentences, little content," "low ability to express ideas and feelings, mistakes in syntax, tells a dull story, meagre plot, and dwells on marginal details," "has difficulty in telling a story ... uses short sentences." The very detailed and elaborated list of language problems is indicative of their very important role in early childhood; this is fully supported by research findings about the predictive value of language skills for learning to read (see chapter 4, section 5).

Other cognitive difficulties were also identified by the preschool teachers as predicting later learning disabilities: "Difficulties establishing a cause-effect relationship", "difficulties in categorization, sorting", "not relating to all stimuli", "not able to generalize and draw conclusions", "difficulty in remembering, in particular several instructions in sequence," "unable to understand the idea of a matrix". They cover a wide range of cognitive skills from very broad to more specific ones, and again show the merits of preschool teacher observation and assessment of the child over a period of time and not in one session.

A few children were also identified as having difficulties in coordination: "Difficulties in gross motor and rhythm skills, clumsy", "too much pressure on the pencil", "Mor is not capable of planning or performing a sequence of unfamiliar motor activities." These are some of the examples of motor difficulties observed by the preschool teachers. These difficulties affect the child’s learning, because they lower the child’s self-esteem and self-confidence: "Ben has difficulties in gross motor and rhythm skills, he does not grasp the rhythm, he lacks confidence in his ability." Naida (7 years of experience) suggests that motor difficulties may interfere with the child’s ability to play with other children: "When Rani is trying to play at being a doctor, he has difficulties in putting on the white outfit." Indeed, research supports Naida’s assessment and shows that children with developmental coordination disorders spend more time alone or just with one other child, more time watching other children play, and at a certain age more time wandering round the playground without being engaged in any game or structured activity. Boys with such difficulties spend less time playing football in large groups, and
exclusion or withdrawal were already evident by the age of 6 in the case of children with coordination problems (Smyth & Anderson, 2000). It appears that coordination disorders may interfere with learning, decrease self-confidence and lead to negative social experiences. They constitute another problem perceived by several pre-school teachers as a risk factor.

7.7 Conclusions: Implications of the typology
Observations of children by their teachers during everyday activities in the kindergarten yielded a typology of children at risk of LD, as perceived by their pre-school teachers. The main feature of this typology is the prevalence of behavioural difficulties.

The pre-school teachers' identification of children at risk of LD, based on observations during everyday activities in the kindergarten and in various contexts within the kindergarten, yield a typology of children whose behaviour problems are predictive of LD. This typology is mainly based on externalized behaviour problems such as defiance, impulsiveness, hyperactivity, aggression and lack of social skills. Several of these characteristics - difficulties in self-regulatory behaviour, in social perception and social interactions - are also included in the definition of LD (NJCLD, 1994), even though they do not, per se, constitute a learning disability. Cognitive and motor difficulties are included in this typology, but they are not such a dominant factor in teachers' assessment as behavioural difficulties.

Many characteristics of this typology are supported by and consistent with research on the prediction of learning disabilities that, since the 1970s, has consistently revealed correlations between behaviour problems and learning disabilities (Johnson, 2002). It also shows that children with emotional-behavioural problems cause teachers more concern and stress than any other category of children with special educational needs (Scruggs & Mastropieri, 1996).

Observations of pre-school children in everyday activities by their teachers yielded a comprehensive description, proving the merits of eco-behavioural assessment, able to encompass a wide range of authentic characteristics, evident in the children's natural environment, persistent over time, and reflecting the teachers' experience with a child with special educational needs, and their own
concerns and perceptions about children at risk. Another merit of eco-behavioural assessment is its capability to differentiate between a child's behaviour in different eco-systems in the kindergarten, mainly the relationship between disruptive or hyperactive-inattentive behaviour and teacher-centered, structured activities. It supports the eco-system theory that children's difficulties are not merely intrinsic to them, but also an outcome of the mismatch between certain children and specific instructional practices.

The typology which emerged in this chapter is related to pre-school teachers' knowledge and their specific working conditions. It reflects the pre-school teachers' attitude: Difficulties are intrinsic to the child, related to biological factors, (Bronfenbrenner, 1979, 1992) or to the psycho-medical model (Skidmore, 1996). Restless or aggressive behaviour, disobedience, lack of social skills and cognitive difficulties are all intrinsic characteristics of the child, and this implies that even learned behaviours, such as habits and keeping rules, are innate and determined by intrinsic factors. The characteristics of this typology and the research paradigm within which it emerged, may be explained and understood within the context of the teachers' knowledge and beliefs.
Chapter 8
The Findings of the Study
Pre-school teachers’ Professional Knowledge

Contents:
8.1 Introduction
8.2 Academic knowledge: Predominance of psycho-medical research
8.3 Practical knowledge: Meaning of assessment an inclusion
8.4 Comparing as an intuitive strategy of assessment
8.5 Conclusions: Inconsistency within bodies of knowledge

8.1 Introduction
The previous chapter portrayed the typology of a child at risk of LD, as perceived by the pre-school teachers. Actually, it identified a child with behaviour problems at risk of LD. This typology, as it emerges from the data, is anchored in the professional knowledge of the pre-school teachers and their assessment skills, as revealed in this research. The term 'identified child' will henceforth refer to the typology of the child at risk of LD, as portrayed by the pre-school teachers in this study.

This chapter deals with issues pertaining to the professional knowledge revealed in the process of identification and assessment. Teachers' professional knowledge can be divided into academic and practical knowledge. The discussion in this chapter will be based on research of the teachers' knowledge, attitudes, conceptions and beliefs about early identification, educational assessment of children with LD, and inclusion of children identified at risk of LD in kindergartens. This chapter raises the question of the relationship between professional knowledge and issues of identification and assessment, and the typology of the identified children at risk of LD.

The pre-school teachers' knowledge and beliefs about special needs and inclusion are important factors in their ability to introduce appropriate practices to
effectively include children with SEN in their kindergartens. My objective is to present the professional knowledge of the pre-school teachers who participated in this inquiry, and relate it to the typology of the identified child that was described in the previous chapter. The identified child’s reported characteristics reflect the pre-school teachers' professional knowledge and beliefs.

The data about teachers' knowledge, described in this chapter, were collected in the course of an entire school year by means of all the research tools used in this study: focus group discussion, semi-structured questionnaires, individual interviews and meetings with the pre-school teachers, observations by the pre-school teachers and their written assessment reports.

I claim that pre-school teachers display good assessment skills, identifying a wide range of difficulties and needs to be met; however, their professional knowledge is mostly conceptualized within the psycho-medical paradigm, which attributes behavioural problems mainly to the child's intrinsic weaknesses, stemming from biological sources. This knowledge affects the teachers' identification, and has implications for educational interventions and conceptions about inclusion that should be considered.

This chapter describes three components of the pre-school teachers' knowledge, related to their conceptions of LD: the identification and assessment of difficulties, the child’s strengths and needs, and practices to be implemented during inclusion in the kindergarten. In section 2 I describe the academic knowledge of the pre-school teachers, their assessment skills, the depth of professional knowledge demonstrated by the teachers in assessing the child, and the influence of the medical model, in particular of neurological-psychological theories, on the identification process and on the teachers' knowledge. In section 3 I deal with the practical knowledge of the pre-school teachers, related to issues of assessment and inclusion of the identified children, and describe the knowledge and expertise gained as a consequence of their professional practice. Section 4 analyzes the concept and practice of 'comparing', which appears to be the main intuitive strategy pre-school teachers use when assessing young children. In section 5 I summarize the findings and conclude that there is an inconsistency between certain features of the typology and the teachers' professional knowledge and expertise, especially between their academic and practical knowledge.
8.2 Academic knowledge: Predominance of psycho-medical research

Regular pre-school teachers displayed a great deal of knowledge about indicators of LD in pre-school children and through their comprehensive assessment skills, based on this knowledge. In doing so, they exhibited a considerable amount of academic and pedagogical knowledge, enabling them to characterize children at risk of LD, their weaknesses and needs. During the process of identification and assessment, I found that the pre-school teachers in this study displayed a great deal of knowledge about children with special educational needs and enhanced this knowledge as the action research progressed; in fact, this development was particularly evident. In this chapter, I relate to the following definition of teachers' knowledge:

*A body of convictions and meanings, conscious or unconscious, that have arisen from experience, and that are expressed in a person's practices* (Clandinin & Connelley 1995, p.7).

The pre-school teachers in this study are familiar with academic and formal definitions of learning disabilities and their characteristics. In order to ensure that the teachers would be able to identify the child at risk of later academic difficulties, I wanted to make sure they know the meaning of this concept. At the beginning of the inquiry, we discussed the definition of learning disabilities so the pre-school teachers would understand which child I ask them to identify. A close study of what the pre-school teachers said in the focus group and of their answers to the semi-structured questionnaire (administered right at the beginning of this inquiry) revealed the terms most frequently used to characterize LD: problems (7 times), difficulties (7), disabilities (6), and discrepancies (3). The main difficulties mentioned by the pre-school teachers as typical of learning disabilities later in school, were as follows: difficulties in decoding during reading, in reading comprehension, in writing the letters, "problems in learning to write and read", "a learning disability is expressed via difficulties in reading and writing". All these phrases are indeed used frequently in LD definitions. (For definitions of LD see chapter 4.)
They manifested a great deal of knowledge about early signs of learning disabilities when I asked how they identify children at risk of LD in their kindergartens. Here are some responses from the semi-structured questionnaire: "A child who has difficulties holding a pencil, avoids drawing or cannot cope with tasks that require fine motor skills." "When a child avoids specific activities, it makes me think that maybe he does not know how to do it." "A child who has language difficulties, difficulties in understanding, naming, with concepts of quantity, memory and understanding instructions..." "It is a child who has difficulties in information processing, does not recall...does not participate in group discussions." "Has problems in attention and concentration." These statements show that pre-school teachers are aware of the early indicators of LD in various areas of a child's development.

Pre-school teachers are also very specific about the problems revealed in school: in decoding and reading comprehension, (mentioned 7 times), spelling, arithmetic and mathematics, and acquiring a second language. Several of the pre-school teachers were even more specific and mentioned the following: visual perception, auditory perception, memory, social skills, "disorganized thinking," "disability in information processing that affect learning," "problems in information processing that affect learning," "problems in coordination that affect writing skills," "difficulty in learning new things and trying new things," "difficulty in coping with new things." It is interesting to find that attention and concentration were mentioned only once when they defined learning disability at the beginning of the inquiry, in contrast to its predominance in their practical knowledge, as revealed in their reports of observations and their assessments.

I have tried to integrate all their answers into one general definition, reflecting the collective knowledge of the pre-school teachers in this study: "Learning disabilities are disabilities or difficulties in academic skills such as decoding and reading comprehension, arithmetic, spelling and acquiring a second language. It is characterized by difficulties in cognitive functioning: visual and auditory perception, memory, attention, and information processing." The definition reflects the pre-school teachers’ declarative academic knowledge. In this study academic knowledge refers to academic definitions, theories and research about learning disabilities and their causes. This knowledge about LD is mainly found in neurological-psychological research literature. The declarative knowledge
of facts and theories represent what teachers know about LD. The collective definition, which was an expression of the pre-school teachers’ declarative knowledge is quite similar to the formal definitions found in research and textbooks, in Individuals with Disabilities education act (IDEA, 1997) and the Israeli Ministry of Education (1996) definition. (see chapter 4).

The definition of learning difficulties and its early indicators as expressed in the declarative knowledge of the pre-school teachers is not consistent with the typology of the child who was identified by them in practice as at risk of LD. When asked how they identify a child at risk of LD in their kindergartens, the pre-school teachers mainly referred to difficulties in learning and in the cognitive or motor domains: "a child who does not like crafts and creative activities, such as drawing, painting or gluing," "a child with comprehension problems...problems in naming, quantity concepts, in remembering and understanding instructions... they don’t perform the task in the way it was explained several times." A few teachers also related to "problems in attention and concentration" and to "a child who is permanently in motion, not at rest for a moment." However none identified behaviour problems as an indicator of LD. Whereas the child who was portrayed in the previous chapter is mainly identified as having specific behavioural characteristics, mainly behaviour disorders, the pre-school teachers in the inquiry relate learning disabilities to academic and cognitive characteristics, as in most formal definitions of LD. (For definitions of LD see chapter 4).

Their definitions show that their knowledge about the causes of LD stems mostly from their academic knowledge about learning disabilities. The main idea is that LD is a neurological dysfunction. The following statements were made by the pre-school teachers in this study, when asked about the causes of LD: "It is something in the brain," "it comes from the brain," "something in the function of the brain," "in my opinion it’s a neurological problem." These perceptions reflect or echo the best known theories, and a great deal of research about LD carried out in the academic milieu. In the focus group, when I asked the pre-school teachers for other possible causes of learning difficulties in addition to the neurological explanation, very few answers were given; they mentioned mainly emotional difficulties: "Low self-esteem may cause learning disabilities" was another, but rare type of answer. There was clearly a consensus as to the neurological origin of LD. The few explanations referring to emotional problems also related to intrinsic
causes of LD, still reflecting the medical model, namely that the difficulties originate within the child. No declarative-academic knowledge about other causes, such as those mentioned in the educational-organizational model, was displayed.

The predominant psychological-neurological view, backed by academic research, that LD and in particular ADHD have biological origins has widespread support by teachers, as revealed through research. The majority of teachers (78.2%) stated that they believe ADHD to have biological causes (Glass & Wegar, 2000). This widespread belief in the biological-neurological origins of LD, including ADHD, should be clarified. Many of the teachers may have been taught to think so, and some of them may have adopted this conception, as being more plausible and attractive, and viewed as more scientific (Glass & Wegar, 2000). Slee (1995) claims that by attributing this cause to disruptive behaviour reduces it to dysfunction due to student pathology; thus ADHD ceases to be viewed as an educational issue. Neglecting other possible causes of LD and emphasizing mainly the psycho-neurological theories of LD, with its impact on teachers' knowledge, attitudes, and practices, should be reconsidered, in particular in relation to what student teachers and in-service pre-school teachers are taught, and made to believe. This will be discussed in chapter 11.

The most influential knowledge affecting identification and assessment is within the psycho-medical paradigm, and was evident in the typology of the identified child at risk of LD. Most of the pre-school identifications and assessments of the child began with the phrase: "The child has a problem with…" "Dan finds it difficult to say simple sentences," "Dan has a problem when he has to sit and listen." "Shay has difficulties with quantity and spatial concepts, and a problem with short and long term memory." These are examples of assessment within the psycho-medical model.

Examples of approaches to identification and assessment that do not reflect the knowledge of the psycho-medical model are few. Bina (with 16 years of experience) observes a child "walking noisily in order to attract the teacher's attention". This is a rare example of an assessment, nested in an ecological context; in this case it is a micro-system context: the child-teacher relationship. Bina identifies disruptive behaviour as related to the child-teacher relationship and not merely intrinsic to the child, but an outcome of interaction between the child and a person in his immediate environment. Such examples reflect practical
knowledge; however, no academic knowledge is mentioned by any of the pre-school teachers, related to non psycho-medical assessment of the identified child.

The pre-school teachers displayed a great deal of academic knowledge regarding child development and various developmental aspects, and they emphasized the importance of assessing all of them. All main areas of development were identified and assessed by them: attention span, fine and gross motor skills, language level, cognitive skills and social-emotional behaviours. Some phrases cited here from different assessment reports by the pre-school teachers participating in this inquiry reflect the great variety of areas considered: "The child finds it difficult to sit still, without handling something," "low frustration threshold, impulsive, gets angry quickly, is impatient," "is unable to generalize and draw conclusions," "does not understand the connections, has not grasped the concept of a matrix." "The child’s imagination is limited, his play is unimaginative, the plot is simple, he doesn’t add anything new," "doesn’t use compound sentences," "puts too much pressure on the pencil," "cannot cope with difficulties," "uses force to solve problems." All these descriptions reflect the variety of developmental domains these pre-school teachers refer to when assessing the child, and display their knowledge of comprehensive child development.

The teachers are not only aware of the need to assess all areas of development; they also possess a great deal of knowledge about techniques and practices to be used in including the identified child within their kindergarten. When assessing the child’s needs, they revealed knowledge of a wide range of recommended techniques, many of them based on pedagogical-educational research. Both the experienced and less experienced pre-school teachers mentioned the child's need for reinforcement, for a personal relationship with the teacher, and the need for techniques stemming from behaviour modification techniques. Souhair, an Arabic speaking pre-school teacher, exemplifies the application of pedagogical knowledge: “I started to think differently about problem-solving, to think about appropriate solutions for the boy: I built a table and wrote on it ‘Ali’s table’, and on this table I placed the day’s timetable; if he concentrated when listening to a story, I put a red sticker on the timetable, and if he wasn’t quiet, I pasted a brown sticker on it. At the end of the day we counted the red and brown stickers, and if he had more red stickers than brown ones, he got
a prize such as a balloon, some chocolate, and a big sticker." Although this is not an exact application of the behaviour modification practice, it nevertheless shows that Souhair is ready to apply academic and pedagogical knowledge to cope with disruptive behaviour.

Many of the assessed needs of the child mentioned by the teachers are cited in research literature as calling for appropriate techniques and practices to be used in including a child with special educational needs into a regular class, and are familiar to the pre-school teachers in this study. Children experiencing difficulties need more support: "Ali needs more support and encouragement from me, in order to boost his self-confidence." They need to feel accepted by their peers, and Ella assesses as one of the child's needs to "teach the children to accept the different child". It appears that pre-school teachers know what works for children experiencing difficulties.

The most interesting impression I got through analyzing the pre-school teachers’ professional knowledge was that of the inconsistency in their statements, even revealing contradictions between two bodies of knowledge. While they adopt the psycho-medical model to identify and explain causes for the child’s difficulties ("something in the brain"), they adopt solutions from the educational model without being aware of the inherent lack of consistency. Although their academic knowledge provided them with definitions, sources and solutions for LD, mainly related to the neurological–psychological (medical) model, I found many of their practical solutions to the child's difficulties to be educationally oriented, involving classroom-based practices. This also corresponds to the results of research, showing that, although learning difficulties appear to stem from factors intrinsic to the pupil, they are seen as potentially remediable (Skidmore, 1999).

All pre-school teachers in this study proposed classroom-based interventions, implying their adherence to the educational-organizational model; they emphasized the need for teachers to intervene in order to improve the children’s situation. Some of their suggestions were: "to seat him close to the teacher … in order to be able to hug him and calm him," "only short instructions should be given, or long instructions should be split up, because the sequence is making it difficult to remember and perform accordingly," "I'll work with him for short periods of time." All of the above statements reveal the teachers' pedagogical knowledge about classroom management practices and support their
claim that they are able to alleviate the child's difficulties.

I assume that the main idea pre-school teachers want to express here is this: If a child has difficulties, even if they are intrinsic to the child and originate outside the kindergarten, the child can be helped by appropriate teaching practices and behaviour modification. The results of this study show that teachers identify causes of LD, taken from the medical model, but their solutions are related to the educational model. They may be thinking: The problems were created outside the classroom, but the solutions may be found within the classroom; we have some solutions to the child's difficulties; the child's needs may be met here, within the educational system. Nowhere did I find teachers aware of this contradiction. Nor did I find them linking between causes and solutions, or connecting the educational solutions they propose to possible sources within the educational realm. If they consider educational solutions to a child's difficulties to be their duty and responsibility, why do they not relate in the same way to the causes of these difficulties? This contradiction will be discussed further, partly in the next section, dealing with the teachers' practical knowledge, revealed in this study.

8.3 Practical Knowledge – the meaning of assessment and inclusion

In this study the teachers' practical knowledge is considered mainly in relation to the issue of assessment and inclusion. They display a great deal of practical knowledge of skills and of applicable educational processes. While they reveal good professional skills in assessment, some misconceptions are evident regarding the appropriate attitude to a child with difficulties, to practices and inclusion.

The pre schoolteachers were good at identifying the children and assessing them. Although their main request and expectations at the beginning of the study, expressed mostly in the semi-structured questionnaires, was "give us more information and knowledge", I found that they are very observant and not only able to discern the indicators effectively, but also to give a very clear picture of the child's difficulties and needs. The teachers displayed a great deal of knowledge about the child's difficulties, in a wide range of areas. All variables predictive of LD were covered and elaborated on.

I shall present some of the statements displaying the level of their observation and assessment skills in several areas. Some of their observation reports show their subtle identifying skills. They described difficulties in attention
and concentration in the following way: "Unable to persist in one activity for a sufficient time." In the behavioural domain - "low frustration threshold, impulsive, gets angry quickly"; with regard to cognitive ability - " unable to generalize and draw conclusions," "has difficulty in remembering several instructions in sequence," "the child's imagination is limited, his play is unimaginative, the plot is simple, he doesn't add anything new," "doesn't use compound sentences." Regarding linguistic ability - "simple sentences, no compound sentences," and in fine motor skills - "too much pressure on the pencil". These statements display a high level of ability to observe, to make fine distinctions in their assessment, and also that pre-school teachers may acquire a great deal of knowledge when asked to take time to observe a child and assess him/her on the basis of their observations.

Teachers are even better able to assess a child when teaching him/her individually. They make fine distinctions about their abilities, identifying weaknesses and strengths. Dalit (with 10 years of experience) writes: "I noticed that Dan doesn't distinguish between masculine and feminine when speaking (in Hebrew there are gender differences in nouns, verbs and adjectives), he makes mistakes in the pronunciation of phonemes, says 't' instead of 'g'. Dan changes the sequence of phonemes when speaking ... he probably has phonological problems However, Dan is mastering the passive form of sentences, which means he does have linguistic ability." It is evident that the teacher is able to analyze Dan's language skills very well and in detail, she pinpoints problems in phonology, morphology, grammar and syntax. Every language component is identified and analyzed. These assessments, and the practical knowledge displayed, suggests that pre-school teachers may be able to play a more important role than that of filling in checklists; they are capable of observing and assessing not only deficits and weaknesses, but also strengths and needs.

The teachers' practical knowledge regarding identification and assessment reveals that they understand the meaning of assessment as a concept. During the initial stages of the study, the pre-school teachers' main concern was their lack of knowledge in assessment.
Teachers in the focus group and during individual interviews unequivocally expressed their need for more knowledge. "We don't know enough about...", "give us more tools," "tools for assessment," "I lack tools for assessment." These are some of the statements by these pre-school teachers, expressing their needs when starting the inquiry. When reflecting on these requests, I interpreted them as a request for tests, in particular the term 'tool', repeated by several teachers. This implies that assessment requires measurement and tools for measuring. As a result we had a discussion on the meaning of educational assessment. It is worthwhile to
explore more deeply these requests and their implications, and the assumption implied in these requests that assessment means testing.

Their concept of assessment, even after the discussion on the meaning of assessment, was that assessment means mainly a description of the child's difficulties. I arrived at this conclusion mainly by considering the ratio between the number of times weaknesses were mentioned, as opposed to strengths. The ratio between a long list of weaknesses and just a few strengths clearly implies that assessment is about identifying weaknesses and difficulties. The practical knowledge, which identifies assessment with finding 'what is wrong', reflects the medical model, as does their academic knowledge: assessing means discovering what is wrong with the child, i.e. the meaning of assessment is to assess the illness.

When looking for teachers' identification of a child's weaknesses, not intrinsic to the child, but rather related to the teacher-child relationship or other organizational factors in the kindergarten, I was only able to find a few comments. Few pre-school teachers in this study mentioned behaviours such as these: "walks noisily in order to attract the teacher's attention," "difficulties in understanding instructions when learning in a large group," "has difficulties in didactic games because has not enough experience," "very introverted and is more open only when talking about topics of interest to him personally." These few examples show initial, though meaningful, understanding of the factors in the kindergarten class itself, causing the child's difficulties. Here the teachers find that the child's difficulties are related to what happens between herself and the child (the micro system), such as when Bina observed "he is doing it in order to attract my attention," or between the curriculum she introduces and the child, when she grasps that he co-operates and displays more linguistic skills when she lets him express himself on topics of interest to him. These few examples of the identification of difficulties within the micro system, and not within the biological sphere, imply that it is possible to help teachers become more oriented to educational-organizational concerns and to seek possible sources of problems extrinsic to the child.

The lack of relating to more ecological components in a child's assessment is expressed also in the lack of distinguishing between a child's behaviours during various activities in kindergarten. When differences in behaviour during various activities are observed, they relate to restless behaviour during three different
activities: the frontal meetings and rhythmic-musical or physical education with all children participating, free play, and the teacher’s individual sessions with child. In this study pre-school teachers report that a child is far more restless during activities resembling lessons than during other activities, and assess that the child has an attention deficit disorder. No pre-school teacher in this inquiry links the child's restless behaviour to factors within the classroom, to the curriculum or her own behaviour; all of them neglect these ecological differences in the child's restless behaviour.

The effects of the psycho-medical model orientation are mostly manifested when exploring the assessment of strengths. Although strengths are also observed and identified by the pre-school teachers, they are not sufficiently appreciated. Although we discussed the meaning of assessment and came to the conclusion that the child's strengths and needs should be added to the list of difficulties, some of the pre-school teachers were very reticent about strengths. Their misgivings about the children's strengths are evident in statements such as "tries to...," "makes an effort," "wants to, but..." "tries to imitate children," "tries to initiate contacts with children," "when the teacher makes a remark about his behaviour, he makes an effort to improve and please her," "he does what the teacher asks for, but not always at the same time as the others," "participates in singing through muttering, but still it is participation." Whereas descriptions of weaknesses are quite emphatic, assessments of strengths are more hesitant. Sometimes I got the impression the pre-school teachers feel obliged to make them, and they relate to strengths more as potential behaviour, not behaviour actually taking place.

The objective of assessing a child's strengths was quite difficult to achieve. I had assumed they would also identify strengths; besides, it is a component of definitions of assessment of pre-school children with SEN (Ministry of Education, 1996), and may also affect the teacher's attitude. I even had to ask one kindergarten teacher to take another look at her report of observations, because on one or two occasions, she had not mentioned any strengths. On the other hand, another teacher phoned me and told me she thinks she identified "the wrong child" and maybe she can't go on participating in the research, because she had found more and more positive things to say, and "he is not so terrible" as was her first impression. Both teachers appear to make the same implicit assumption about a child experiencing difficulties: Assessment of a child with special needs means
assessing weaknesses, and if a child has many strengths, he/she should not be identified as such.

In this study pre-school teachers considered inclusion to require intervention aimed only at the child having difficulties, inclusion is to do directly and specifically with the child. Interventions may be made by professionals outside the kindergarten, as several pre-school teachers suggested: "The child needs speech therapy to help with pronunciation problems," "he needs an assessment of his attention and concentration," "he needs art therapy in order to enable him to 'open his heart' and to give expression to his problems." They may also be carried out within the kindergarten class by a special pre-school teacher: "Rani should be referred to a special kindergarten teacher who will work with him individually and intensively to improve his cognitive level" or by the pre-school teacher herself: "Ali needs more support and encouragement from me." All these examples provide evidence of these pre-school teachers’ practical knowledge, postulating that the child's needs should be met individually through remedial intervention.

The knowledge related to inclusion manifested here presupposes that individualized remedial programmes are mandatory; this is also part of the discourse on deviance, based on psycho-medical models (Skidmore, 2002). Supporting children with SEN by providing them with remedial instruction outside the classroom by specialists was criticized, because it circumvents the adapting of materials or teaching practices to accommodate diverse children, including those with SEN.

Some of the interventions proposed, aimed at modifying the child’s behaviour, are very professional and also approved of in the literature as manifesting pedagogical knowledge. Naida and Dina, two of the pre-school teachers, report what they do when a child wanders about: "When the class meeting is over, every child chooses an activity or a game, but Rani wanders about in the room aimlessly. He doesn’t know what to do until I direct him to an activity, and he obeys me." A teacher directing a child who is at a loss to a specific activity reflects practical knowledge, and shows the teacher’s understanding of the need to intervene and help the child. It might prevent later troubles, but also reinforces the child’s desire to be active. This practice is also recommended as a way of improving classroom management (Lewis and Sugai, 1999). Nevertheless, in
these cases too, intervention is aimed at improving the individual child's functioning, implying that the child has a problem, so it should be treated and his behaviour changed.

All these intervention practices reported and recommended by the pre-school teachers are appropriate; however, they relate to the individual child. Whether due to a lack of knowledge or a misconception, they neglect any ecological explanations or classroom-based assessments; issues of instructional procedures, classroom layout, scheduling, and the development of class rules (Hemmeter, 2000) are rarely mentioned. Only in one assessment the need was brought up to make a change in the kindergarten as a whole in order to include the child. Bina, with 16 years of experience, related to an educational-organizational change she should make in order to include the identified child. Reflecting on a child involved in a fight, she wrote: "Ben and the other children need more space in the area with building blocks, it seems that there isn't enough room and the overcrowding doesn't enable the children to build without their constructions falling apart. I must reconsider the location and size of that area, overcrowding inevitably leads to aggressiveness." It shows a good understanding of the environmental factors eliciting disruptive behaviours. It is not the child who is to blame, but the educational environment, in this case the physical environment. Such a change, brought about through observing a child's difficulties and leading to a change for the benefit of all the children, is a small step towards understanding inclusion as defined by Hart (1992).

The rare occurrence of such examples implies that the organizational model is not sufficiently known or understood by the teachers, leading to the conception of inclusion reflected in the teachers' reports. It is again related to the medical model: If the child has difficulties intrinsic to him, he should be helped individually, and no other interventions are required, such as trying to identify the need for organizational, curricular or other educational changes directed at the whole class. The above single example may also open up the possibility of broadening pre-school teachers' horizons and making them aware of the wider meaning of educational inclusion:

"Provide support for children experiencing difficulties...through general developments in the curriculum intended to benefit all children" (Hart 1992, P. 86)
The pre-school teachers displayed a good understanding of the idea that educational assessment includes proposing an intervention programme. Mally, a very experienced pre-school teacher (29 years of experience) writes: "From my observations I understood that Tomer learns better in a small group or when taught individually." Mally identified Tomer's difficulty in the class, and this identification led directly to an intervention. This observation shows that identifying the difficulty and the intervention required go hand in hand, if the assessment is carried out in the child's natural setting and is context-bound. Working on this basis proved useful in demonstrating to the teachers the assumptions about alternative assessment and the close relationship between assessment and intervention.

The list of the children's needs, as assessed by this group of pre-school teachers, constitutes a very big step towards an individualized educational programme (IEP), which is an integral part of the assessment and stems directly from the evaluation process. Assessment skills and practical knowledge revealed in this section led me to explore the intuitive notion pre-school teachers have about identification and assessment of pre-school children with special needs.

8.4 Comparing as an intuitive strategy of assessment

I find it useful to deal separately and in greater depth with the issue of the underlying assumptions and beliefs of pre-school teachers when identifying and assessing the pre-school child with SEN. It has been argued that teachers develop implicit theories and beliefs that are not reproductions of formal theories, but rather tacit forms of knowledge embedded in experiences, based on their belief system, professional preparation, and personal and professional experiences (Cassidy & Lawrence, 2000). I call this intuitive knowledge of pre-school teachers when identifying the child 'the strategy of comparing'. 'The red light' is on when teachers look at the child and find he is not like the others. It is expressed by the pre-school teachers in various ways: "Discrepancies between his age and the knowledge expected from a child at his age," "deviance from the average level in kindergarten," "developmental lag," "significant differences between the child and other children," "not progressing like the average child in the kindergarten," "unusual behaviour." These statements, made mainly in answer to questions in the
interviews and questionnaires when dealing with the issue of identifying the child at risk of LD, point to a tendency of the pre-school teachers to look for deviation in the child's behaviour from some ideal or from the behaviour of "the average child", or more specifically comparing the child to some average, to intuitive criteria, or merely to other children.

These statements may point to the teachers' hidden (or not so hidden) strategy used when identifying a child experiencing difficulties, which may be called 'impressions of deviance from the average'; as though pre-school teachers have in mind a linear scale and pinpoint the child's location on this imaginary scale, and if she finds him/her located far from the middle of this scale, he is identified as at risk of LD. I should remind the reader that teachers in Israeli kindergartens do not carry out any formal testing or other measurement of achievements. Thus this type of intuitive strategy may be the only 'testing' taking place there; therefore it is important to explore it because, as any other underlying belief, it affects their behaviour.

Deviance from the average is one of the ways the child is identified. It is expressed in the following ways: "I identify a child at risk of LD when he/she attracts my attention... and there is a wide gap between him/her and other children in the group, a gap in functioning, in learning..." "a child who is not on the same developmental level as the other children," "not achieving the average level of the other children in the kindergarten," "the level of his development is lower than that of children his age." This implies that pre-school children are compared intuitively to an average. It is not a mathematical average but rather an intuitive one, based on the pre-school teachers' experience and reflects their knowledge and experience.

The 'comparing strategy' reflects one-dimensional linear thinking, a lack of consideration for the diverse and multidimensional aspects of a child's development. Bina's statement "everybody is singing - he isn't", in her report of her observation of Ben during a class meeting, supports my assumption that this strategy may lead teachers to view diversity as a disability. If the child is not behaving in the same way as the others, he is considered exceptional: "When the meeting is over, all the children wait until it's their turn to leave the place, but Rani doesn't, and when all the children immediately choose an activity, Rani is still wandering around." Obviously, the child is not functioning at the same pace as
the others, and intuitively, the teacher compares him to the others, and identifies him as different.

Comparing and finding the child different, deviant or exceptional is prevalent. When discussing the reasons for identifying the child, a very young kindergarten teacher with minimal experience writes: "I chose Dor for this inquiry, because on one hand, he looks like an ordinary child, but on the other hand, something about him seems to me unusual, odd, and even misleading....a child who looks O.K., but something disturbed me, especially his withdrawn behaviour." This young kindergarten teacher did not have enough experience to have a clear image of an average child, so she compares him to some norm in her mind, finding that "something is odd".

Sometimes, the 'comparing strategy' is more explicitly expressed. Ella, a very experienced pre-school teacher (with 30 years of experience) writes: "Immediately after the school year began, I found out that Sagiv has some problems and that his physical and cognitive development is not appropriate to his age." Another experienced kindergarten teacher reports: "Even during activities requiring only gross motor skills, he did not reach the average level of the children's work in class." "According to most criteria he comes out last." All these statements imply that teachers relate to some scale, based on their expectations of the child's achievements related to age, or to some average level in a specific ability.

The experienced pre-school teacher is aware of the strategy she is using: She compares what this child is able to achieve to what other children achieve, and then identifies the child as different from the norm. Ella (with 30 years of experience) said in the interview, when relating to the child she had identified: "I did it by comparing him with the others in the small group I worked with, I observed what he was doing and what the others were doing... I know what to expect according to the norm, and I could see the difference."

Teachers not only compare behaviour, skills or abilities, but even use external characteristics to identify 'the other', the different child. Here are some ways the pre-school teachers described the identified child: "Sometimes he isn't clean," "he speaks loud" or "speaks in a low voice," "he stutters," "shouts," "mutter," "speaks in stops and starts." So even external features are observed and compared, and used to establish that the child is different. The young teacher and
the experienced teacher have the same basic strategy - they compare. The more experienced ones have confidence in their strategy, they use more professional terms and they 'put their finger' on the specific areas of difficulty, but they use the same strategy as the very young teacher, who looks at the group of children, compares and intuitively says he is not like the others, "something is odd."

Typical of the comparing strategy is the lack of an explicit and clear criterion: both the young and the experienced pre-school teachers draw conclusions intuitively. It is most clearly manifested in the case of the restless boy. It raises the question - when does an overactive and inattentive boy who does not persevere in his task become a boy with ADHD? Here too, it reflects an educational approach that assumes one may imagine that all children can be placed along a one-dimensional line, and from a cut-off point on that line the child is identified, excluded and labelled as suffering from ADHD.

I interpret the 'strategy of comparing' as a way of looking at diversity not as a continuum, but in a dichotomised way. There is a cut off point, from this point restless behaviour is not normative, not just somewhat different or on another point on the scale; it is seen as exceptional, deviant. This perception leads to a change in the pre-school teacher's attitude towards the child; diversity turns into disability. When thinking about children as diverse along several dimensions of development, there is no specific point when we say that a child is disabled, deviant. Ongoing comparison may lead to being insensitive to the value of diversity; it becomes a negative factor, used for the purpose of classification.

Pre-school teachers' intuitive identification may also be interpreted as normalizing judgements (Allan, 1995). According to Foucault (in Allan, 1995), normalizing judgment is concerned with the establishment of norms, so that they function as an average to be respected or as an optimum towards which one must progress. Comparing the child to an average may imply normalizing judgements. Copeland (1999) applies Foucault's concept of normalizing judgments to processes of inclusion-exclusion in educational systems. By normalization, Foucault meant a system of finely gradated and measurable intervals in which individuals can be distributed around a norm; a norm which both organizes and is the result of this controlled distribution. It can be used to distinguish the healthy from the sick, the sane from the insane, the criminal from the upright citizen - the 'norm', the rule or authoritative standard, accepted as the basis to distinguish
between subjects. The norm is the accepted standard which divides those regarded as normal from those regarded as abnormal or subnormal. In this way, the norm is the economy of social distribution, the process of objectifying subjects. The norm is supported by the work of the relevant sciences, which ‘feed’ this type of classification. Thus a normative reality is created. The pre-school teachers intuitively seek this norm and judge the different child accordingly. Allan (1999) also makes use of Foucault’s ideas and relates to the normalizing effects in special education. The normal becomes a principle of coercion in teaching.

However, the strategy of comparing is not implemented in all cases. It is used to compare children, but not situations and activities in the kindergarten. Almost no teacher compared the child's behaviour under different circumstances in the kindergarten. And yet the child’s behavioural problems vary in frequency and nature across different activities.

It is clear from the reports that there are activities in the kindergarten that are more prone to elicit restlessness, and activities that contribute to the exclusion of the child. When differentiating among activities observed, there were differences in restless behaviour on three different occasions: activities planned by the teachers (frontal meetings and musical or physical education with all children participating), free play, and the teacher’s individual sessions with the child. When looking into observation reports, I found that Bina (with 15 years of experience) referred to restlessness fifteen times when observing the child during a class meeting, fewer times when she worked with the child individually, almost never during free play. It seems that the pre-school teachers in my study are able to distinguish different behaviours when comparing the child to other children, but have difficulty in identifying differences in the child's behaviour and do not compare behaviours during different educational activities in the kindergarten.

It is important to consider what prevents the pre-school teacher from paying attention to the variance in the child’s behaviour across activities in class. She should be able to notice that when the activity is structured, planned by her, not initiated by the child and all the children must participate and do the same, the child is more restless, less attentive, and finds it more difficult to conform to the rules. When a boy, 3-5 years old, who is overactive, is required to conform to the children’s normal behaviour, the teacher tends to think that this is a child at risk. Structured and teacher-centred activities are ecological factors in the kindergarten,
more likely to elicit normalizing judgements, and to lead to the perception of diversity as a disability. Their nature increases or maximizes the diversity and the difficulties, and it is almost unavoidable to compare children along a one-dimensional scale.

Structured situations may also cause a conflict for the teacher, between her desire to teach what she planned and the need to allocate time to a child who interferes with her instruction. It may cause her stress, and intensify her desire to get the child to 'toe the line', to enable her to go on teaching. This interpretation of the intuitive strategy is in line with the concept of normalisation coined by Foucault (Copeland, 1999). It may also be interpreted as a need to remain in control. During teacher-centred activities, where traditional authoritarian forms of conveying content are practiced, a hierarchy of power is established, implying the need for the teacher's complete control (Slee, 1995).

Assessing the child individually decreases the use of the comparing strategy, and enables the teacher to reveal the child's strengths and abilities, his unique characteristics - not to compare, but to assess. Some of the statements in the pre-school teachers' assessments exemplify their ability to observe unique characteristics of the child: "Ben has an original way of thinking;" "I discovered that Rani is ready to learn." These are some of the phrases written after assessing the child individually, showing that the teacher views the child as a unique individual. It implies that it is possible to minimize the normalization effect in various educational contexts or activities in the kindergarten. Different ecological factors may minimize the effect of comparing; the teacher sees the whole child, both his/her difficulties and strengths. Although most pre-school teachers tend to focus on difficulties rather than on strengths, observing and assessing the child individually enables them to have a multidimensional view of the child, rather than a one dimensional and dichotomised perspective. However, the pre-school teachers in this study did not notice these differences.

Not paying attention to differences in the child's behaviour during different activities means not reflecting on the effects of their own practices on the child's behaviour. I presume it may again be the outcome of working within the psychomedical model and holding normalizing beliefs about children. Pre-school teachers in this study think that the child's difficulties are intrinsic, so he must change and fit the norm. Not thinking within micro and mezzo contexts or the organizational-
educational model prevents the teachers from noticing the classroom-based factors influencing the child's behaviour, including the pre-school teacher's own practices affecting the child's behaviour; therefore she does not realize that it is up to her to make changes.

8.5 Conclusions: inconsistencies between bodies of knowledge

This chapter focused on the teachers' professional knowledge as revealed in the process of identification and assessment, and its effect on that process. The data about their knowledge was derived from the focus group discussion, the semi-structured questionnaires, and mainly from their reports of observations and assessment of the children.

I discussed several aspects of pre-school teachers' professional knowledge: The identification and assessment, reflecting both academic and practical knowledge, show that pre-school teachers are skilful assessors of children having difficulties. The data gathered by the pre-school teachers during everyday observations make them potential professional educational assessors within a multidisciplinary team - a fundamental requirement for a child with special educational needs in a regular kindergarten. Identification and educational assessment based on their observations are comprehensive, including all areas of development, relating to the vast majority of pre-academic skills, providing a clear profile of the child's difficulties and needs - though less so of his strengths - and suggesting a wide range of possible intervention practices.

The second aspect of professional knowledge, as revealed in this study, mainly reflects psycho-medical views and assumptions about children with SEN, implying deviance and normalizing judgements. Their knowledge makes them skilful assessors of the child's intrinsic characteristics, and points to possible classroom interventions to provide support for the child. The professional knowledge and beliefs about assessing and including children identified at risk of LD mainly reflects the theoretical assumptions of the psycho-medical model, more specifically the neurological-psychological theories that difficulties are intrinsic to the child. Thus emphasis is placed on individual interventions, on remedial treatment, in order to 'normalize' him/her. This approach perceives all the various difficulties intrinsic to the child. The great emphasis on individualized provision of support, without addressing the overall curriculum and organization of the
kindergarten, affects the conception of inclusion; it is perceived as requiring individual intervention to improve the child’s functioning. It is related to the concept of deviance (Skidmore2002), and based on diagnostic thinking (Hart 1992).

The pre-school teachers' body of knowledge has also produced the typology of a child at risk of LD, portrayed by them in this inquiry. The child's typology, which has emerged from their identification, reflects the knowledge and beliefs, involved in creating it. The child is perceived as the victim of pathological dysfunction (Slee, 1995). Owing to their belief that behavioural difficulties are innate or of a biological nature, the teachers tend to ignore any possible ecological factors inside the kindergarten. The minimal knowledge related to ecological factors in explaining the child's behavioural difficulties requires further exploration and explanation.

There is an inconsistency between the teachers' academic knowledge about LD and their practical knowledge, as revealed by the mismatch between the typology of the child and their declarative knowledge about LD. The centrality of the ideas derived from the psycho-medical paradigm greatly affects the teachers' knowledge, leading them to neglect other knowledge, stemming from the educational-ecological paradigm. The pre-school teachers rarely mentioned ecological-educational sources of the child's difficulties; however, they displayed a great deal of practical educational knowledge, when relating to interventions to help the child cope with their demands. The relationship between the teachers' knowledge and the child's typology is interconnected and it is difficult to differentiate between cause and effect. It appears that the child's typology, as portrayed by the pre-school teachers, is affected by their professional knowledge, and inconsistent with their practical knowledge.

The characteristics of the identified child, the knowledge that is used to explain his/her difficulties and needs, the normalizing judgement that is manifested in the pre-school teachers’ intuitive strategy when identifying the child, the incongruence between the bodies of knowledge, should be explored further, in order to deepen our understanding of the early identification of young children and of the process of inclusion, taking place in the kindergartens.

The child's typology and the pre-school teachers' knowledge may also be interpreted as affected by the specific context in which they were expressed - the
Israeli kindergarten, with its specific characteristics and unique working conditions, the context in which inclusion takes place. The reality within the Israeli kindergartens affects the identification process and the teachers' practical knowledge, and has implications for the pre-school teachers' ability to assess and meet child's special needs.
Chapter 9

Coping with a child at risk of LD - Mission impossible

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9.1 Introduction
9.2 Working conditions - the difficulty of acting professionally
9.3 Reactive versus preventive mode of coping
9.4 Conflicting roles – ‘policewoman’ or supportive teacher?
9.5 Conclusions – the start of a vicious circle.

9.1 Introduction
After interpreting the pre-school teachers' mode of identification and the effect of their professional knowledge on that process, I intend to explore the experience of pre-school teachers, their practices and modes of coping with the identified child.

The child, identified by pre-school teachers as at risk of learning disabilities, is very difficult for them to cope with. The behaviour problems characterizing the typology make the child a challenging phenomenon, and meeting his needs in the specific working conditions of the Israeli kindergarten a hurdle very difficult to overcome. Although pre-school teachers reveal ample pedagogical knowledge and can provide many suggestions for educational interventions, they find that their working conditions make them difficult to implement, and so to meet the child's needs. Although my primary objective was to explore the mode of pre-school teachers' identification and assessment, I found myself unable to ignore the whole context of pre-school teachers' relations with the child with special educational needs, and how the process of identification, together with the knowledge the pre-school teachers manifest in this study, contribute to a process of labelling and exclusion. The working conditions, leading to specific modes of coping with the child, are powerful mediating variables in this process.

The main research questions dealt with in this chapter are the following: How do pre-school teachers describe their working conditions and their difficulties in coping with a child at risk of LD under these conditions? What are the pre-
school teachers' modes of coping with the child they have identified as at risk of LD? What difficulties do pre-school teachers perceive when trying to cope with a child identified as at risk of LD? How do pre-school teachers’ practices clash with their knowledge and intensify the child's difficulties? What are the effects of these conditions on pre-school teachers’ perceptions of their ability to cope with this child and also on their perception of the child.

In this chapter I describe and analyse how working conditions in Israeli kindergartens are related to modes of coping, and how pre-school teachers' practices aggravate the child's difficulties and start a vicious circle. I discuss how the following three variables – the working conditions, implementing reactive rather than preventive practices, and the teacher’s role conflict between acting like a policewoman or like a supportive teacher implementing professional knowledge, intensify the child's behaviour problems. The main data on these issues were derived from the teachers' observation reports about the child during different activities and from individual interviews.

Section 2 describes and analyses the working conditions in Israeli kindergartens as perceived by the pre-school teachers. Section 3 deals with two modes of coping with a child's difficulties and the predominance of reactive practices, which appeared to clash with the teachers’ declarative knowledge and actually intensify both the child's and the teachers’ difficulties. The ways in which pre-school teachers cope with behaviour problems reflect their difficulties and inability to implement their professional knowledge. Section 4 describes the outcome of the clash between the pre-school teachers’ knowledge and their everyday experience with the identified child. A role conflict emerges between what I termed the policewoman’s role and a supportive role. Section 5 draws conclusions about the above process, and I suggest that it is the start of a vicious circle, when a child difficult for the teacher to cope with, is identified as at risk of LD, even before entering school.

9.2 Working conditions - the difficulty of acting professionally
The inconsistency between the professional knowledge manifested during the identification and assessment process and the pre-school teachers’ practices when trying to cope with the child, are related to the quality of the conditions in the kindergarten, impinging on the teachers’ working life. The working conditions are
related to the teachers' failure to cope with child's difficulties they have identified and assessed so skilfully. The difficulties experienced by the pre-school teachers and their inability to apply their professional knowledge in dealing with the identified child are perceived by them as stemming mainly from their difficult working conditions.

Pre-school teachers are coping alone usually with more than one child with special needs in their class. There is no head teacher to whom to send a child who is not behaving properly, no formal breaks during the long day, no staff room (in Hebrew - 'teachers' room'), no special class (a classroom where pupils are sent to get help for several hours a week), where a special education teacher may accept the child for a few hours. For five hours each day the teacher has to remain alert, trying to teach according a specific programme, and with very little professional support.

In order to understand why it is difficult for pre-school teachers to implement practices that meet the child's needs, it is imperative to investigate the context within which they function. All pre-school teachers in this study mention their working conditions in the kindergarten as an obstacle to coping with the child's behaviour and meeting his/her needs. They describe how the unsatisfactory quality of their working life intensifies the child's difficulties and their own.

Pre-school teachers find that their working conditions interfere with their ability to meet the identified child's needs. The main factors which teachers perceive as obstacles to meeting the needs of a child with SEN are overcrowded classes, multiple duties, and working alone. It is within this context that inclusion takes place. The subjective description of their working conditions must be perceived as a component of the organizational climate. This climate determines their behaviour, and the choices they make when relating to the child having difficulties.

All pre-school teachers relate mainly to the issue of overcrowded classes as the major obstacle to meeting the child's special needs. The standard and maximal number in an Israeli kindergarten is 35 children and in 6 of the kindergarten classes this was the capacity in the year when the inquiry took place. Teachers in this study find the overcrowded class and the time- and energy-consuming child impossible to handle. Souhair (3 years of experience) sounds almost in despair: "Esther! With a child like this one it is very difficult for me in a kindergarten with
35 children! It requires a lot of effort to meet all the children's cognitive, social and emotional needs and at the same time to meet the needs of a child with special needs." Also Naida (7 years on the job) summarizes her experience: "It was very difficult to both observe and help Rani, he was not the only one that needed my help." They are saying that they find it difficult enough to meet the diverse needs of 35 children 3-4 years old, even with no special needs, and adding a child with the difficulties portrayed in this study makes it impossible to cope with.

Figure 5: Pre-school teachers' working conditions.

They mainly experience the overcrowded class as lack of time to devote to the child with difficulties, and to teach him/her individually. This view is shared by experienced and inexperienced pre-school teachers. Ella, a very experienced pre-school teacher (with 31 years on the job) relates to the connection between an overcrowded class and the possibility to meet the needs of the child with SEN: "It is our difficult working conditions, we do not have enough time to be able to devote individual attention to a child with special educational needs, because of the class size and the small team," meaning that one pre-school teacher and one
teacher's assistant are not able to fulfil all their duties and at the same time meet the needs of such a child.

Pre-school teachers blame their working conditions for their inability to change their methods of dealing with to the identified child or to meet his/her needs. Souhair suggests: "I would like to change something in the curriculum...or find a special intervention programme for this child...However, one could also reduce the number of children in the class from 35 to 25 children, that in itself would make it possible to help a child with SEN, and to meet all the children's needs." She is aware of the need to change her practices, yet she is not able to do so, because of the class size. The relations between knowledge and its implementation may be expressed in the following way: Pre-school teachers know what the needs of the child with SEN are, but they are often too exhausted to relate to them (Crockett, 2004). It is also implied in their comment that working with the child with SEN is "taking away from the other children".

Lack of time as a result of overcrowding is the main explanation given for their difficulty in handling the identified child. Mally, a very experienced teacher (29 years on the job) almost dropped out from participation in this inquiry: "Lack of time is a central issue, it is impossible for the pre-school teacher herself to do observations and devote time to working with one child with special educational needs." The time factor becomes even more important when including a child with behavioural problems, and pre-school teachers who already feel overburdened with kindergarten responsibilities are even more challenged. Bina concludes (15 years on the job): "A child like this calls for a larger staff, because the teacher hasn't got enough time to make the intervention effective."

Many of the interventions suggested are time-consuming. A young and inexperienced teacher points out: "Needs more attention from the teacher, should be seated close to the teacher ... to enable me to hug him and to calm him down," " I'll work with him for short periods." "From my observations I understood that Tomer learns better in a small group or when taught individually." These suggestions from three different pre-school teachers imply that, although they find the child already demanding so much attention, they suggest interventions that require more time than they can afford to give him. This gap between lack of time and the desirable individual interventions and practices they suggest to meet the child's needs is a main factor in the emerging role conflict. The need for more time
to establish a personal relationship and for individual instruction during an already overburdened schedule intensifies their feeling of being incapable of coping with inclusion.

In research literature the issue of overcrowded classes and their impact on students' achievements and behaviour have not yielded decisive results. An interesting large-scale longitudinal study compared classes of children aged 4-7 (KS1) in classes of 33 and 19 children on average. In large classes children interacted less with their teachers (Blatchford, Edmonds & Martin, 2003), and noise also appeared to have greater impact on the performance of children with special educational needs. Overcrowded classes do interfere with teacher-child relationship (Lindsay, 2003). The overcrowded class is found to correlate with teachers' feelings of success or failure in early childhood inclusion: in the smaller classes the teachers felt more successful in coping with inclusion (Smith & Smith, 2000). I suppose it is obvious that when 35 children, as was the case in most of the classes in this study, interact less with teachers, this affects the teachers' feelings about inclusion.

Most of the one to one observations and assessments teachers made while participating in this study were not part of the daily routine such as class meetings. Actually, most pre-school teachers do not have the opportunity to devote so much time to observing and assessing a child individually, or to listening to his re-telling of a story. It prevents them from exploiting the merits of observations and from acquiring valuable information about the child's abilities, not elicited through traditional testing in outside clinics. In fact, some of the teachers wanted to drop out of the action research, even though it was recognized as a college assignment, because they were worried about not being able to fulfil the requirements, in particular those requiring more individual meetings with the child. Research shows that providing one to one instruction to kindergarten children with learning disabilities received the lowest score in feasibility by kindergarten teachers, though it is considered a desirable practice to implement (Vaughn, 1999). My study also sheds a light on a possible reason why kindergarten teachers perceive individual instruction as so low in feasibility: It is impossible to allot more time to it, considering their timetable. The sense of a lack of time should be viewed from the broader perspective of their role perception, and in particular the feeling of being overburdened, making it impossible to find time for a child with behaviour...
problems; this has an effect on their attitude to inclusion.

The feeling that there is a lack of support from supervisors (inspectors) and ineffective help from other professionals is another major factor perceived by preschool teachers as an obstacle to meeting the identified child's needs. Since preschool teachers work in separate buildings, isolated from other teachers, this finding is meaningful. Naida, (7 years on the job) described the lack of support and complained about being left alone to cope with the identified child and other children having difficulties. She reports: "I have 35 children in the kindergarten...included are four children with serious problems, and 10 other children with speech and language difficulties. Nevertheless no psychologist has visited the kindergarten, nor a special kindergarten teacher, only a special teacher with no experience and training for early childhood, and she comes in for only two hours a week... I informed the local authority ... the inspector could not help either." This was written by a pre-school teacher from a Druze village, and although it may not be typical, it describes the reasons for the frustration of all the other participants in the study, and of many other kindergarten teachers I have taught and worked with.

In her description of her difficulties in obtaining support for the children and for herself, Naida mentions the overcrowded class, the number of children with difficulties who need her help, the lack of professional help, and her fruitless efforts to obtain help. She is being forced to deal with local authorities, she lacks support from supervisors and from professionals, the help she does receive is ineffective and insufficient, and she has to handle administrative issues all by herself. Young pre-school teachers still turn to the inspector for help, the more experienced ones in this inquiry mention him/her without expecting any help: "An inspector visits me once a year without early notification," says Mally (29 years on the job), hinting that she perceives the inspector as a person she cannot call upon for support when difficulties arise, he/she is just a rare visitor. However, feeling a lack of support does not only relate to administrative and supervisory authorities. Research supports the findings that class teachers' expectations of special education teachers are not always met. Teachers viewd them as a valuable resource in planning for students with learning disabilities ; however, these types of teachers rarely communicate or collaborate with them (Schum et al., 1995).

Psychologists, whom teachers perceive as a natural source of support, do
not always appear to provide much help. They are either non-existent, as Naida reported, or do not meet the teachers' needs, as Souhair explains: "One day she (the psychologist) came and sat in the class to observe the child from a distance. She sat and observed and wrote down her impressions, and in the end she told me: “It’s good that you still have the strength to tolerate the child. Then she made several suggestions. What is mainly implied here is that the psychologist visited the kindergarten, observed the child's behaviour and sympathized with the teacher, confirming that the child is indeed very difficult to cope with; however, she did not offer any real support or relief in coping with the child's difficulties.

Sometimes psychologists are used merely as referral agents, as Ella, the very experienced pre-school teacher, mentioned: "I have already discussed the child's problem with the psychologist and she will refer him to a learning centre." She had already identified the child's difficulties and turns to the psychologist as a formal procedure, in order to ensure his referral to a learning centre. All these relationships with potentially supportive figures do not seem to alleviate the pre-school teachers' everyday burden, caused by the identified child; they have to cope on their own. Moreover, no teamwork appears to emerge from these relationships; thus one of the organizational conditions of inclusion is missing. Moreover, the immediate referral starts a process of exclusion. Allan (1999) relates to the work of the multidisciplinary team as though it were a process of labelling and exclusion. Multidisciplinary assessment conducted from a variety of perspectives attempts to gain as much information as possible about the child; however, it is by its nature a means whereby the child is made into 'a case'. The difficult working conditions described above provide an impetus for the referral of the child for outside class intervention.

The literature finds that the quality of the teacher’s working life affects her teaching (Louis, 1998), and no doubt, the conditions described by the pre-school teachers affect their ability to implement practices to effectively include the identified child in the kindergarten. Although pre-school teachers' professional knowledge includes many practices meeting the needs of the identified child, as was shown in chapter 7, and they possess the professional skills needed to assess the child when working with him/her individually, when they actually have to deal with the most frequently identified difficulty of the child, namely behaviour problems, teachers fail to use methods which might moderate these behaviours,
because they do not have the proper conditions for doing so. These organizational conditions are the main factors preventing teachers from applying their professional knowledge. I assume that these factors, as experienced and described by the teachers themselves, make their professional knowledge inapplicable. The gap between the desirable and the feasible is the context preventing the implementation of appropriate practices, and causing pre-school teachers to experience role conflicts, frustration and helplessness.

9.3 Reactive versus preventive modes of coping.
Perhaps the most salient feature of childcare ecology is the interaction between teachers and children (McWilliams, deKruiff & Zulli, 2002). The pre-school child identified and assessed as at risk of learning disabilities is a child with behaviour difficulties, and teacher-child interactions are central in coping with these behaviours. Some practices used by pre-school teachers fail to improve the child’s disruptive behaviour and sometimes they even intensify it. These are mainly reactive practices: reacting to the child’s disruptive behaviour by reprimanding, shouting or punishing him/her. These reactive behaviours are not able to prevent the recurrence of disruptive behaviour, and therefore may also be considered as non-preventive practices. Difficulties in implementing preventive methods also reflect the failure to apply professional knowledge, and lead to a conflict between the role of ‘a policewoman’ and that of an educator.

The usual way pre-school teachers cope with a boy at risk of LD is by reacting to his disruptive behaviour. When exploring the pre-school teachers' observation reports I detected a procedure common to many of the pre-school teachers in this study: They observe an improper behaviour and then they do something about it, usually trying to stop it. These are some descriptions by the pre-school teachers themselves during their observations of the child, illustrating the pattern: "Ben plays with his sweatshirt and the teacher takes it away." Another pre-school teacher reprimands: "Put down your leg and sit on your behind." "Niv stands on a block and says: 'Let's go and hit Dor '; the teacher says: ' keep your hands to yourself.'" Another pre-school teacher explains: "The teacher's assistant is picking up little sticks to throw them into the garbage, the child takes one and does not give it back to her; I shout: Give it back to her." In reacting to improper behaviour attracting the teachers' attention, sometimes they have to respond by
making physical contact with the child. These may be typical examples: "Niv climbs the fence and the teacher has to pull him down," or "Niv runs after another child to hit him and the teacher runs after him, catches him and stops him." There is no doubt that the identified child with special educational needs uses up a lot of the teacher's time and energy, attracts a great deal of attention and exhausts her patience, since she has to be on the alert and prevent him from harming and harassing other children.

The descriptions of the pre-school teachers' reactive behaviour also provide evidence of the fact that the child attracts their attention when he behaves improperly. Therefore it is not surprising that sometimes, immediately after the teacher makes a remark about one disruptive behaviour, the child replaces it with another one. Bina reports: "When Ben swings his legs hitting the floor noisily and the teacher asks him to stop, Ben stops and puts up his hands to form 'binoculars'." It emphasizes the fact that reacting to improper behaviours may not always decrease their frequency. Sometimes the contrary may happen, and this compels the pre-school teacher to devote more precious time to this child. These examples suggest that the following process tends to recur: Time-consuming reactive practices, used by the teacher when dealing with the child's behaviour problems, lead to a paradoxical outcome: The child's disruptive behaviour does not decrease and the teacher has to devote still more time to stop it.

The child's and the teacher's behaviour act as recurring stimuli. The following teachers' responses exemplify this pattern of reactive behaviour. They were mentioned by various pre-school teachers participating in this study.

It is worthwhile to look more closely at the reactive behaviour pattern: It not only uses up the teachers' energy without really decreasing the disruptive behaviour, but the teacher also has to stop whatever she is doing at that moment. Pre-school teachers' reports of their observations show that they stop other activities they are engaged in, in order to cut short the boy's disruptive and sometimes dangerous behaviour; although they are short of time, such interventions appear to waste it. This creates more pressure and adds to their burden.
Table no. 4: The teachers' responses to the identified child's behaviour

<table>
<thead>
<tr>
<th>Child stands up.</th>
<th>Teacher responds: &quot;Sit down!&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child stands up and jumps about.</td>
<td>Teacher asks him to sit down.</td>
</tr>
<tr>
<td>Child runs around the room.</td>
<td>Teacher stands up, goes up to him and makes him sit down.</td>
</tr>
<tr>
<td>Child puts his legs on the bench.</td>
<td>Teacher says: “Put down your leg and sit on your behind.&quot;</td>
</tr>
<tr>
<td>A child answers without getting permission.</td>
<td>Teacher says: “You are right, but don't answer without permission.&quot;</td>
</tr>
</tbody>
</table>

I chose some vignettes from one kindergarten teacher's report, which may not be typical, but clearly reflect the point I am trying to make about the reactive behaviour pattern. These incidents were reported by Souhair (three years on the job), working with 35 children aged 3-4 years old; she was observing Ali, aged 3 years and 9 months.

"Ali climbs up on a small cupboard; the children shout: 'Get down!' Ali: 'No, I want to stay here.' I then asked Ali to come down and Ali answered: 'No, I don't want to,' so I got hold of his arm and told him to get down. Ali: 'O.K. But I'll do it by myself'."

"Ali again climbs on a little kitchen cupboard (a toy) and shouts at the children: 'I don't want you to play here.' The children complain to the teacher: 'He doesn't let us play here.' I ask him to get down and play properly with the children."

"Ali quarrels with Tomer, who hits him. Ali cries and throws toys all over the place, until I intervene and send them to different play areas."

"The children come to me and complain that Ali is grabbing pieces of the jig-saw puzzle; I ask Ali and the children to go back and play properly."
"During the meeting, Ali lies on the floor in the middle of the room; I ask him to sit down and he answers: 'No, I don't want to.' 'Why?' I ask him. 'Because!' he answers."

When interpreting the meaning of these incidents for the teacher and the child, various aspects should be considered: The teacher is already stressed by the demands made on her and unable to think before responding, so her behaviour becomes reactive. She is making a great deal of effort to improve the behaviour of the child, who is not able to act independently and demands constant attention, is too often involved in aggressive scenes, cries aloud and lacks social skills to get along with the children; Souhair always has to be on the alert, aware of what is happening around Ali. She has to educate the children, and at the same time ensure they are safe, when Ali endangers himself and other children. She is not able to complete her work with a small group, or her other educational duties, since she is interrupted so frequently. Basically, she reacts by trying to make peace, to calm the situation, in order to be able to continue with her plan for the day.

The working conditions and multiple duties, discussed in the previous section, are highlighted by these incidents. This is the context in which reactive behaviour takes place: While engaged in one activity, her mind (and sometimes her body) is in two places at the same time. Surrounded by 35 children aged 3-5, all in one room, means that the children are engaged in free play in various areas, for instance building with blocks, in the drawing area, and playing table games; she is surrounded by a lot of stimuli, sometimes very noisy ones. While she is working with a group in the same room, many children come to her and complain about the child's disruptive or aggressive behaviour. She becomes the focus of other children's complaints and has to make peace. When the child does not obey her verbal requests, she has to interrupt her current activity, go up to him and hold him physically, in order to make him stop.

The challenge to the teacher's authority posed by the child is another aspect evident in these incidents. When Ali lies on the floor in the middle of a class meeting, he not only disrupts the course of the 'lesson', but also challenges the teacher's authority. A four-year-old child confronts her, puts her in an embarrassing situation in front of 34 other children. I assume each of these factors and their cumulative effect may lead to frustration, helplessness and burnout. The possibility of maintaining an educational atmosphere in the kindergarten is
questionable. These are almost desperate attempts by the teacher to deal with the child's disruptive behaviour, and at the same time maintain discipline and an educational ambience in the kindergarten.

These incidents have implications for the boy himself. He becomes the focus of attention, mainly negative in nature, which is manifested by multiple negative reactions by the teacher and the children. He annoys them or breaks the kindergarten rules, disrupting their play, and they complain to the teacher. They attract the teacher’s attention to his disruptive behaviour and she has to respond, to do something with the child; thus he finds himself in the centre of the children’s and the teacher’s negative attention, and his relationship with both the teacher and the children becomes largely negative. This chain of events is sure to have a detrimental impact on his self-image; he is the bad boy and perceived as such both by the children and the teacher.

I have already referred to the ability of pre-school teachers to predict later achievements, and I mentioned that their judgments correlate with the children’s achievements up to the age of 14. Moreover, research revealed that such predictions were even more valid regarding children for whom the teachers' predictions were more negative. Negative discrepancies (underestimating the child's I.Q. in that study) can be considered as a 'red light' or risk factor (Aldvirez & Weinstein, 1999). A child’s negative self-image, as a result of his being the focus of negative attention, may also put him at risk.

In contrast to the high frequency of reactive behaviours reported, less frequent are reports about the pre-school teachers' behaviours that may be defined as 'preventive practices'. I consider as preventive practices the type of methods that have the potential to decrease disruptive behaviours and in the long run may improve the child's overall behaviour. Even though the teachers displayed a great deal of knowledge about practices appropriate for dealing with disruptive behaviour, as described in previous chapters, it is not manifested in everyday practice, as the teachers themselves reported. It seems that definitions and research on learning disabilities and ADHD, and pedagogical knowledge as to how to handle them, is of little help to pre-school teachers when trying to implement them in their kindergarten.

However, the pre-school teachers did report a few preventive practices. A fine example of the possibility of implementing preventive measures is found in
Mally's observations (29 years on the job). "I know Tomer has a problem of restlessness, and although it might cause 'sea-sickness' to the outside observer, I try to overlook it, and we have established a secret code of eye contacts, and when Tomer exaggerates, he catches my eye and understands he has to change his behaviour." Mally has found a technique - establishing eye contact - which helps her cope with the child's disruptive behaviour without having to interrupt other activities and attract negative attention towards the child, while at the same time succeeding in reducing his motor restlessness. Eye contact also sends a message of being ready to communicate with the child, and provide positive feedback (Jones, 1997). I should mention the fact that she only had 13 children in her kindergarten that school year. Apart from her many years of experience, this fact may have contributed to her being able to use this method, and again highlights the issue of overcrowded kindergartens as an obstacle to the implementation of appropriate practices.

The reactive pattern not only fails to implement professional knowledge, and constitutes an obstacle to the possibility of maintaining an educational atmosphere in the kindergarten, it is also ineffective in decreasing the child's disruptive behaviour; in fact, it tends to increase and intensify it, according to the principles of ABA (Applied Behavioural Analysis), based on behaviourist theories which may be the most appropriate ones to analyse what happens when reacting to undesirable behaviours. Reinforcement increases the probability that the behaviour will recur; when reinforcement is given to negative behaviours, it is not only not preventing or decreasing them, but on the contrary, increasing them. By way of the reactive pattern the child receives many reinforcements for his negative behaviour by attracting the teachers' attention and that of the other children as well. When trying to cope with behavioural problems, pre-school teachers, in particular the less experienced ones and those with overcrowded classes, want to solve problems at any cost, and implement non-preventive practices in trying to maintain an educational atmosphere - without much success. The identified child is perceived as a problem for whom a solution must be found, and not as a child whose needs should be met.
One of the widely discussed practices to prevent disruptive behaviours is the reinforcement of positive behaviours (Farrell, 2003). While all the pre-school teachers in this study mention the need for more reinforcement - "the child needs more reinforcements" is a phrase repeated in almost all the teachers' assessments - what they actually do by reacting to disruptive behaviours is really reinforcing them, rather than minimizing them. Reinforcement is a practice known to pre-school teachers, and one of the more useful preventive strategies, as opposed to
reactive practices. But even the teacher who reported trying to use the ABA procedures (applied behavioural analysis) to modify the child's behaviour implemented it for only a short period of time, with little success in reducing behavioural difficulties.

Although reinforcement is largely assessed as one of the child's needs, very little is reported by the teachers. However, one may find a few fine examples of reinforcement, showing its positive effect on the child's behaviour. I quote from several reports: "Dan succeeds in putting the card in the right place on the board. 'Good for you' I say, and he smiles." Souhair reports: "'Let's do the jigsaw puzzle,' says the teacher... 'I don't know how,' answers the child. After doing a little, I say: 'That's nice, why do you say you don't know how to do it?' Ali pulls out his tongue at the children and says: 'You see, the teacher says I know everything.'" In another report, she writes: "'Fine, excellent, now I'll sit next to you and see how you go on doing it by yourself...' Ali smiles and goes on patiently with the game." These few examples show how useful reinforcement is. Their rareness also demonstrates that applying pedagogical-academic knowledge in practice is quite difficult (Fullan, 1991).

All practices discussed above imply the need for control or discipline. The reactive behaviour reported by the pre-school teachers, and the behaviour modification practices known to them, are both means of control (Slee, 1995). Class management practices based on behaviourist approaches or humanistic theories such as those of Rogers conceptualise control within the framework of classroom management discourse and provide a rationale and mechanism for getting the children to comply. Within behaviourist conceptual frameworks, discipline involves controlling and regulating behaviour according to a norm. Behaviour modification and class management practices are criticised for paying little attention to issues of context, thus reducing and oversimplifying the issue of behaviour management (Slee, 1995).

When looking into the few examples of reinforcement practices, the contexts in which these reinforcements are implemented are noteworthy. They are administered mainly during individualized instruction. This supports my assumption and also the pre-school teachers' claim, that the working conditions and the impossibility of finding time for this kind of instruction make reinforcements extremely rare. From the little evidence there is, the effect of
reinforcement is clear. It occurs on the teacher's initiative and is based on a positive attitude, emphasizing the child's strengths, abilities and appreciation for his positive behaviour. These are supportive messages; they convey approval of the child. In contrast to the outcomes of the reactive pattern, which elicits plenty of negative reactions towards him both by the children and the teacher, leading to negative experiences in the kindergarten for both the child and teacher, here the child reacts positively to the teacher's initiative and has a positive learning experience.

Reinforcement, by emphasizing the child's abilities and strengths, has the potential to positively affect the child's self-image. Ali turns to the children, announcing: "Teacher says: I know everything." This implies that he is asking for approval not only by the teacher, but also by the children; he wants to show that he is not a bad boy to be rejected, but one who has gained the teacher's respect and is therefore entitled to that of the children as well. The smile mentioned is one of the few positive emotional behaviours reported throughout the study, and suggests the effect positive reinforcements have on the children and what it means when they are absent from the child's emotional experience in the kindergarten. The lack of preventive practices, in particular of positive reinforcements, as described by the pre-school teachers, is detrimental to their self-esteem and also to their attitudes to learning and to educational frameworks, which also contributes to the risk of later failure at school.

Non-preventive practices, which have the aura of policing, not only have a negative effect on the child's behaviour, intensifying his difficulties and also his exclusion, but also affect the teachers' experience. These practices leave her helpless, preoccupied by the child and unable to attain her professional objectives: to be an educator, implementing her professional knowledge. The practices used by pre-school teachers intensify the child's maladaptive behaviours; thus we may assume that the identification of the child leads to teachers' practices, which may in themselves contribute to the child's later failure.

9.4 Conflicting roles – 'policewoman' or a supportive teacher?
The effects of pre-school teachers' working conditions and the implementation of reactive, non-preventive behaviour patterns in dealing with a child having difficulties lead to a role conflict. I maintain that the predominant inner conflict
pre-school teachers experience is due to what they perceive as their 'policing role' and their supportive educational role. Their policing is manifested in their responses to disruptive behaviour. The reactive behaviour pattern, described in the previous section, appears in some cases similar to the role of 'a policewoman in the kindergarten', meaning - keeping the children under control. The pre-school teacher has to keep order in the classroom, stop children from violating the rules, stop children from endangering, hurting or offending other children, and punish them if necessary. The other role, that of the supportive educator, involves guiding and fostering the child's learning in all spheres.

The origins of the role conflict may also stem from what they perceive as their real duty - to support and enhance the child's learning - and what they are actually compelled to do. They know the child's needs "Rani needs more support and encouragement from me, I should enhance his self-confidence." They perceive their role as being supportive but are unable to fulfil it, resulting in a role conflict.

Pre-school teachers' behaviour and practices vary according to different activities in the kindergarten and the child's difficulties. Teachers tend to use more non-preventive methods in 'lesson like' and free play activities, and play a more supportive educational role in one to one settings. It appears that pre-school teachers rarely have an opportunity to exhibit their professional knowledge and they fulfil their supportive educational role almost exclusively when working individually with the identified child. Ella, a very experienced teacher, observes that when she works individually with Sagi "we sit together at the table, Sagi is very relaxed, attentive ... and looks at me." There is no need to take any measures against restlessness or inattentive behaviour in this case.

In teachers' reports on individual meetings with the child, when asking him to tell about a picture or when telling him a story, playing didactic games with him, or just sitting close to him, observing him in free play, one may find that the teachers behave in a very supportive way. During these individual meetings, their knowledge and professional skills in intervening, mediating, and guiding the child are evident. The teacher is able to help the child with his learning difficulties without having to handle his disruptive behaviour, without playing the role of policewoman. When a child is lost in the room, teachers may direct him to an activity - "a child is wandering in the room and the teacher directs him to an activity". This practice, reported by several teachers, seems to be used to with a
child who has difficulties in orientation or in choosing an activity, or even when he is detached and the teacher is trying to involve him in the activities. The teacher may help the child arrive at an answer, overcome a difficulty and give him an opportunity to have a successful learning experience: "The teacher invites a child to pick a card and identify the number written on it; he finds it difficult and the teacher advises him. And he picks up the right card." Although the above scene did not take place during a one to one meeting with the child, it also provides evidence of the supportive role pre-school teachers are capable of playing. However, it occurs rarely.

The majority of these supportive practices are detected mainly in one to one meetings:
"Ali did not want to play the game and I told him: I will sit next to you and we'll play together. A. sat still and played"

Or in another anecdote:
"Today we'll play a game.
I don't recognize this game, I never played it.
Don't worry, I'll teach you. I ask the child to help me in sorting the cards
What is "to sort..."

Such interventions deal mainly with cognitive learning, and are very different from practices relating to the child's disruptive, hyperactive or other conduct disorders. It seems there is a great difference between their reactions to the child's disruptive behaviour and to his cognitive difficulties. During the individualized assessment meetings, teachers are able to observe the child's preferences, to enable him to learn in his own way in line with his learning style and interests, and thus improve his learning. The experienced teacher, Ella, told Sagi, (aged five) a story, and reports: "Usually Sagi likes to hear stories and concentrates fully while listening to them; when having to answer questions about the story, I felt he was a little restless and later seemed tired...maybe I should first tell him the story and some other time have a conversation about the story." She is able to identify the child's preferred way to learn by becoming aware of his attention span, noticing when he lost interest and became restless and tired. Responsive teaching is generally perceived as consisting of immediate responses to the children's needs or leads, adaptation to their learning styles, and elaborations on the children's behaviours (Bredekamp, 1987).
It is quite obvious that the difference in Ella's practice is related to the context in which Sagi's difficulties occur. Cognitive difficulties are easier to detect when there is an opportunity to sit with the child individually for some time and devote personal attention to him, while most of the inattentive, restless behaviour occurs during large group meetings. Here she is not relating to inattentiveness as the child's intrinsic characteristic, not identifying him as having an attention deficit; she reflects on her action and how she might change her method to make it more appropriate. We can see that in this example the pre-school teacher realizes that when the child is not responding to her teaching, his needs are not being met, and considers what can be done to facilitate his learning (Hart, 1992).

Bina's assessment shows that it is possible to be more aware of the child's abilities in more individual contexts. Bina, also an experienced pre-school teacher, tells the boy a story; he asks for crayons and a sheet of paper, and begins to draw a picture connected to the story. The teacher, although identifying his weak fine motor skills, also pays attention to his imaginative reaction and his initiative. Again, she is able to adapt her method to the child's preferences, to enable the child to lead her to what he is interested in doing, and thus facilitate his learning. The child learns what is important and of interest to him, becomes an autonomous learner, and when his wish is respected, he is motivated to learn (De- Onis & Coxwell, 1997).

During these individual sessions, the teachers begin to reflect about the situation. Orit, working with Mor (aged 5 years and 8 months) mentions: "I don't insist on the right sequence of the pictures he sets down, because I noticed he has difficulties in sequential memory..." "Because of Mor's restlessness I chose to end the meeting in order not to frustrate Mor." "During this observation (while playing a didactic game) I identified Mor's difficulties and was able to adapt my teaching to meet his needs; I worked with him individually, breaking up the task and proceeding step by step." These examples reveal the potential of reflective thinking and its possible contribution to alternative assessment methods.

One to one assessment and the possibility of observing the child's strengths and preferred ways of learning are related to Vygotsky's theory. Vygotsky (1978) claims that learning is a social process, occurring by means of social interaction between a child and an adult who serves as a mediator. It emphasizes the teacher-child relationship and the teacher's role as a mediator and guide as central to the
learning process; this approach makes eco-behavioural assessment even more relevant. Since Vygotski assumes that learning promotes development, the lack of opportunities to have a dialogue with the teacher, leading to the structuring of higher order concepts, has implications for the child's development. The minimally restless and inattentive (and in particular disruptive) behaviour during these individual meetings suggests the possibility of a different approach to discipline, promoting a framework for dialogic learning (Slee, 1995).

Vygotsky's term 'the zone of proximal development' (ZPD) relates to the distance between the child's actual level of development, determined by observing him solving problems without help, and the level of his potential development, determined by his problem-solving with adult guidance or together with more capable children. Zone of proximal development relates to cognitive functions that are not yet fully developed, but will soon become so. They will only develop further with a mediator's support. Only both scores, before and after mediation, can be considered reliable criteria for determining the developmental level (Vygotsky, 1978, pp 84-91). During one to one assessment meetings, teachers are also able to mediate, intervene and change their assessment. Ella and Orit not only identify difficulties, they also reflect about intervening differently, and Bina not only assesses, but changes her assessment in the process. These supportive practices emphasize their positive and approving attitude to the child, their understanding of the child's needs, and their willingness to meet them by using more appropriate practices.

Free play is another interesting and important opportunity for playing the supportive role, as revealed in this study. It is a situation during which pre-school teachers may intervene, become involved, and promote the child's social skills. As a part of the study, pre-school teachers were asked to observe the child during free play; the request was for 3 observations, 20 minutes each. Systematic observations are not an integral component of their work, and it was a very demanding task, in view of their complaint about a lack of time. When I explored these observation reports, I found them to be an optimal opportunity to intervene and help the child learn social and cognitive skills experientially and naturally. Pre-school teachers have an opportunity to identify a lack of social skills and assess the child's needs in this area. Here are several examples of the pre-school teachers' assessment after observing the child at play: "The child uses force to solve problems," "he has no
communication skills with other children," "needs more opportunities for social participation to enable him to improve his social skills." "Ben is motivated to get along with the children."

Several pre-school teachers even reflect on specific practices to promote these skills. Bina suggests: "Ben needs more stimuli, so he will find more interest and will not withdraw so soon from dramatic play." "Rani can be a friendly boy, if he gets more support and encouragement ... and if his self-confidence grows." Although very little actual intervention in the child's play was reported, it revealed that it provided the teacher with an opportunity to implement her supportive role and professional knowledge. Bina reports: "After relaxing from a quarrel Ben had with another child, he started building the shape of the figure four with blocks, turned to me and asked me to guess what number it is. After doing it with figure eight he said to me: 'I see you know what I am doing'...A girl approached and asked to join in." In this intervention, even just staying close to the child helped him experience a positive relationship and undergo a learning experience. By paying attention to the child the teacher was able to reinforce the child's positive experience. It also demonstrates the use of interactive techniques to prompt children to elaborate on what they are doing. The elaboration can be an expansion of the child's communicative behaviour (e.g. saying more) or play behaviour (e.g. doing something different with a toy) (McWilliam, de Kruijf and Zulli, 2002).

Pre-school teachers' involvement in the child's play contributes to developing his competence. Research has consistently demonstrated that children with developmental delays initiate interactions with objects and people less frequently than do their typically developing peers, and an important condition for children's learning and development is adult sensitivity and responsiveness to child behaviour (Dunst et al., 2001). Research clearly indicates that children's learning is enhanced and development is facilitated when the display of competence elicits a contingent response and when caregivers support and encourage the display of new competencies (Shonkoff & Phillips, 2000). Research also shows that individuals acquire important skills appropriate for specific contexts by participating in those contexts, often with the assistance or guidance of a caregiver or more competent peer. Situated learning research is beginning to be applied in early childhood special education and shows substantial promise. An example of such application is the recent research that has identified a large range of learning
opportunities existing in natural settings, such as the home and the community (Odom & Wolery, 2003).

When teachers create a non-judgmental, supportive, empathic, and relaxed atmosphere, they provide children with emotional space for activity; then they exhibit not only their cognitive abilities, but also their willingness to establish reciprocal relationships with the teacher, and share their knowledge with them. In this case, the intrinsically motivated activity, both cognitive and social, enabled the child to develop and display his skills in creating figures with blocks. It may also be interpreted as a very meaningful social event, because of what happens at the end of this scene: a girl who sees the pre-school teacher playing with Ben, asks to join in the game too. This is important, because here is an opportunity for the boy to have an experience of social interaction with another child, an opportunity that might not occur, if the teacher were not involved in the game. The teacher playing with a child who is neglected or rejected by other children, due to a lack of social skills, may improve his social status. She may be doing so either by her modelling social skills, such as sharing, cooperating and other pro-social behaviours, or by being a model for other children, motivating them to approach the child the teacher prefers to play with. Her status and her choosing to stay close to him and play with him attracts and motivates other children, like this girl, to approach the child, and enables the child to participate in a social situation, which may help him develop social skills.

Observations during free play provide additional opportunities for learning experiences for the child, and teacher-child interactions in this context facilitate naturalistic intervention strategies that are more developmentally appropriate. (Malmskog & McDonell, 1999). Naturalistic intervention strategies use typical routines and activities in natural environments such as the teaching context. Most naturalistic teaching strategies share the following characteristics: a) Teaching opportunities occur during ongoing activities and interactions in the natural environment, as in the child’s self-initiated play. b) Typically, individual teaching interactions are brief and distributed over a period of hours and days; in free play the teacher does not determine the time and the content, only to whom she has to pay individual attention when required. c) Instructional interactions are responsive to children's behaviour. d) Instruction results in naturally occurring consequences and feedback
A child's social difficulties may be treated in the natural settings where they are mostly experienced. Research found that the more frequently children participated in activity settings, the less frequently negative affective behaviour occurred. The greater the number of activity settings used as sources of learning opportunities, the higher the child's positive affect and behavioural style scores for the children. More frequent use of responsive teaching methods was also related to enhanced positive child affect (Dunst et al., 2001).

Infrequent involvement in the child's free play is due not only to lack of time, but also to lack of awareness or knowledge regarding social skill instruction (Elksnin & Elksnin, 1998). Although, after observing the child's social behaviour, most of the teachers assess that the child needs help in social adaptation and opportunities for social participation, they do not teach him these skills, and it rarely appears in their reports. I found in several pre-school teachers' observation reports statements relating to lack of social skills: When the pre-school teacher observes a child who pushes other children, hits them, throws toys at them, destroys other children's structures built of blocks, complains to the teacher about others and the children complain about him, gives orders and bosses other children - she tries to stop the maladaptive social behaviours by acting in her 'policewoman' role. Stopping maladaptive social behaviours in this way, when the child lacks alternative social skills, is futile, unless she helps him acquire them. It also contradicts the principles of developmentally appropriate practices, postulating that children learn best experientially and within social contexts.

Teachers are aware of the vicious circle created by the lack of social participation, caused by the lack of social skills, leading to rejection and neglect by other children, which in turn leads to even fewer opportunities for social relationships and for learning social skills. "Ben needs to enhance his social skills in order to fit in with the group." "Ali doesn't let others become his friends." The teachers realize that the lack of social skills leads to rejection and that one of the child's basic needs is to be involved in social activities. However, lack of time for this type of teaching, and lack of awareness of their role in teaching these skills, abandons the child to his difficulties without the teacher becoming sufficiently involved. Research supports the use of teacher-mediated intervention strategies to facilitate social engagement of young children with disabilities; it demonstrates that the use of naturalistic teaching strategies is effective when incorporating...
systematic instruction in the course of ongoing activities in a developmentally appropriate practice and classroom environment (Malmskog & McDonell, 1999).

When the teacher does not intervene in the child's play, the child has few opportunities for participation and social interactions, and social interchange becomes a disappointing experience. It denies the child a very potent learning experience, and the situation will lead to ego confinement instead of ego expansion. If he has no social skills and no one intervenes and helps him develop them, the child loses an opportunity to learn them. The rejection of these children prevents them from acquiring social skills, which leads to more loneliness, leaves them frustrated and unsatisfied, or, as the observations reveal, provokes aggressive behaviours and more rejection, and more disciplining by the teacher. I assume teachers will be reluctant to adopt these practices, even if they acknowledge their importance or are taught how to implement them; they will cite lack of time, preventing them from implementing them consistently. Moreover, according to the organizational paradigm, while individualized instruction may improve the child's cognitive abilities and even the teacher-child relationship, it is unlikely effect a substantial reduction of behaviour problems. Disruptive behaviour should be perceived within an educational theory of control that establishes synergy between discipline, goals and processes of learning (Slee, 1995).

Individual meetings and involvement in free play do not merely enable pre-school teachers to fulfil an educational supportive role, but also to identify the child's strengths. I relate to the identification of strengths as a factor facilitating the fulfilment of the pre-school teachers' supportive role. Even though the list of weaknesses exceeds that of strengths by far, during these activities they will also be able to identify the child's strengths. In their observations and assessments they may notice social skills such as sharing and cooperating with other children: Dina (15 years on the job) reports such a scene when observing Dan: "Let's put it in the box. Come and help me, now we can build a big car together." In this scene she observes Dan's ability to collaborate with other children during play. The teacher may also identify cognitive skills, like Orit when observing Mor playing with blocks: "Mor has good categorization skills. He says: 'I'll build both with hollow cubes and solid ones'."

Several pre-school teachers also identify progress as reflecting ability. Progress assessment as one of the child's strengths, describing a change in the
child's behaviour from one meeting to the next, although rarely observed, is one of the great merits of special education. Naida writes: "Rani counts up to six, and it should be compared to the beginning of the school year then he counted only up to two." Here she compares the child to his own achievements, not to those of others. This progress assessment may also be perceived as an ipsative assessment, whereby the norm against which achievement is measured is based on prior performance of the person being assessed - the present performance is assessed against performance in the past. Although less reliable and valid than norm-referenced scores, ipsative assessment holds a certain intuitive appeal because, by removing the general ability component as reflected in one's average performance level, the subsequent score profile appears to isolate and amplify the pattern of abilities peculiar to the child (McDermott & Fantuzzo, 1992).

Progress assessment may constitute another advantage of alternative assessment, assessing the process and not merely the product. This is important, especially in the case of children with special needs, whose achievements are not always a valid indicator of their abilities; their strengths may be assessed through their progress, or the change after mediating processes, and not be compared to a norm or intuitively to other children. It may also be a good start to planning more change (McConnell, 2000). Observing progress may also be developed into assessment of zones of proximal development by pre-school teachers and not only of the current level of a child's ability.

Individual meetings with the child are better able to identify the child's positive characteristics, and thus lead to attitude change. Attitude change towards a child with special educational needs is thought to be an important factor in favour of inclusion. The difficulty of identifying strengths is manifested in the expression of reservations by many of the pre-school teachers in this study: "He tries to...," "makes an effort," "wants to, but..." It is closely related to the teachers' problems with the child and, I assume, has a detrimental effect on their ability to identify strengths and adopt a more positive attitude to the child and to inclusion. When most of them are preoccupied by their 'policewoman role', they may overlook a scene such as this one: "Ben was happy when I suggested we play a new game he was not familiar with, he was not too shy to ask for help and guidance, he was happy to cooperate with me, as he knew I would help him if he finds it difficult...He played this game, even though it was not an easy one. This shows he
is motivated to learn, he worked on this game for half an hour, which is a long time for him." In this scene the teacher was able to establish a personal relationship with the child, who had the opportunity to enjoy the teacher’s support and a positive experience. The teacher, too, had an opportunity to discover some positive characteristics of the child. Her noticing his concentration, his ability to persist in quite a demanding game for half an hour, contradicts the most frequently mentioned weaknesses of the identified children - restlessness and impulsive behaviour. A lack of opportunity to observe a child’s strengths means that the teacher also lacks opportunities to develop a positive attitude to the child.

The absence of opportunities to assess the child’s strengths, while engaged in policing, also has a negative effect on the possibility of a change in the teacher’s attitude to the child having difficulties, leaving both the child and the teacher with a negative experience. Low probability of the development of a positive attitude affects the possibility of effective inclusion. It is not surprising that the main changes occurring in the course of this project relate to the teacher’s perception of the child's strengths, occurring mainly while working individually with the child, and sometimes while observing him in free play. After describing a long list of weaknesses, mainly in the cognitive sphere, and the effects of hyperactivity while observing Tomer during lessons and individual work, then, during free play, Mally (29 years on the job) writes: "Tomer is a leader, everybody likes to play with him... friendly... plays also with girls, gets along with them." For the first time the ratio between weaknesses and strengths has changed. By taking time to observe the child Mally is able to assess the child’s positive attributes.

A change in attitude after working with the child individually and her assessment of his strengths is described by Naida (7 years on the job): " When doing the observations, I had an opportunity to sit with Rani individually, get to know him better ... I felt he now trusts me more... I also found out he is ready to learn. He got closer to me... began smiling at me when entering the kindergarten in the morning... and I noticed he even began playing with the children." Again, the positive atmosphere, her readiness to listen, meet the child's needs and be supportive, her realizing that he is able to learn, and the observed change in the child's functioning and thus in his self-image, may demonstrate the potential of the pre-school teacher's supportive role during inclusion of a child with SEN.

The conflict between the supportive role and that of a policewoman is
likely to be decided in favour of the policing role, with its negative effects on the child and teacher. I conclude this from the description of the working conditions. The supportive role, with its prospects for the child's successful inclusion, is less likely to be implemented, for reasons mentioned earlier. As the one to one meetings with the child took place essentially as a component of the study, I must conclude that during the everyday routine, the policing practices are more frequent than the supportive-educational ones, intensifying the child's behavioural difficulties and also the teacher's frustration through not being able to do justice to her real role.

9.5 Conclusions – The start of a vicious circle.
The identified pre-school child, with the specific typology, is at greater risk of school failure even before starting school, owing to non-preventive teachers' practices, based on the conception of control, and due to working conditions perceived by the pre-school teachers as obstacles to applying their knowledge. This chapter described how the child's behavioural difficulties are perceived and experienced by his pre-school teacher, predict not only later learning difficulties, but cause problems, which in themselves increase the risk of later failure.

Under these conditions, coping with a child with behaviour problems may become a burden. This chapter makes it clear that pre-school teachers' overwhelming duties, and their having to devote more time and energy to such a child, make her use non-preventive practices that do not meet the child's needs. Having to cope with behaviour problems appears to be the main cause of teacher burnout and reservations about inclusion (Nelson, 2000). The behaviour problems of children with special educational needs cause more concern and stress than problems of any other group of children (Scruggs & Masterpieri, 1996).

The main conclusion to be drawn from this chapter is that working conditions in pre-school classes do not make it possible for teachers to implement their professional knowledge. Working conditions characterized by overcrowded classes, a tight schedule, and in particular by teacher isolation, are perceived by teachers as obstacles to the inclusion of children with SEN. Their implementation of non-preventive practices are sometimes at variance with their own assessments of the child's needs. This situation appears to create a role conflict; the teacher is torn between a controlling and a supportive approach, between what her
knowledge tells her to do and the reality that prevents her from doing so. The fact that she is unable to improve the child's behaviour under these conditions exacerbates her frustration.

Pre-school teachers are not able to exploit the advantages of observation as a component of eco-behavioural assessment; the valuable authentic information about the child's abilities derived from it (which cannot be accumulated through traditional testing in external clinics), would provide a good basis for planning an individual educational program. Instead, this study reveals what a large amount of time and energy is required to deal with this child, making the application of their professional knowledge impossible.

The boy with behaviour problems is usually the one identified as at risk of learning disability; this reinforces the notion that the problems are a combination of the child's characteristics, interrelated with the pre-school teachers' working conditions and the curriculum. Behaviour problems are more often identified and observed during whole class meetings and teacher-centred activities. During these activities the teachers tend to implement controlling rather than supportive practices.

Two possible interrelated processes have been described in this chapter. The first occurs when the teacher plays the policewoman's role. Working with a child with behaviour problems, who is restless, aggressive, breaks the rules – and under difficult working conditions - prevents the pre-schoolteacher from implementing professional knowledge and leads her to use reactive, non-preventive, policing methods, based on the conception of the primary need for control. These practices in themselves do not decrease the child's disruptive behaviour, but tend to increase them, leading to labelling.

When practicing the supportive educational role, a second interrelated process becomes evident. When the teacher has the opportunity to play her supportive-educational role, she implements her professional knowledge to help the identified child overcome some of his difficulties and have a positive learning experience; this decreases his disruptive behaviour and it is less likely that he will be labelled. I assume the latter process actually occurs less frequently in the kindergarten, because many of the individual child-teacher meetings were part of this study and rarely occur in everyday life in the kindergarten.

The teacher tends to adopt the policewoman’s role and the first interrelated
process is more likely to occur, thus intensifying the child's difficulties, and also the teacher's problems. The processes described lead to a shift in focus: identification turns into exacerbation of the problem. It is the start of a vicious circle: difficulties not coped with increase, and become even more difficult to cope with. Is it possible that the child's difficulties are not only identified, but also intensified in the kindergarten? Maybe his kindergarten experience in itself increases the risk of later learning difficulties. These three main factors – the working conditions, non-preventive practices and conflicting roles - aggravate the child's difficulties, turning the identification process into a burgeoning self-fulfilling prophecy. The pre-school teachers' role is central to understanding the process by which identification becomes labelling. The child's typology is a product of the teachers' knowledge and of their working conditions and practices, all components of the pre-school teachers' role perception and identity.
Chapter 10
CONSEQUENCES: THE' MAKING' OF A CHILD WITH LEARNING DISABILITIES

Contents
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10.1 Introduction
In this chapter I discuss the impacts of the child's typology and of the problems in coping with his/her difficulties under the existing working conditions, on the pre-school teachers and on the identified children in this study. It deals with the relationship of identification and assessment of these children with the pre-school teachers' professional identity, and portrays the possible impact of this situation on the child's identification and inclusion.

I describe and analyze how the processes described in previous chapters affect the pre-school teachers' professional identity and the impacts of this variable on the child's self image. Difficulties pre-school teachers have when coping with the child's behaviour problems affect both the pre-school teacher herself, and the child with special needs, identified by her as at risk of LD. The main impact I deal with is that on the pre-school teachers' perception of their role, in particular on lowering their professional image, making them feel incompetent, causing negative feelings towards the components of the role, related to the identified child and his/her inclusion.

A professional image, an important aspect of one's self-concept, has three main components: a sense of professional competence, i.e. the teachers' feelings about their professional educational role; self-efficacy, i.e. the teachers' feelings that they are in control, self-confident in playing a leadership role; and professional satisfaction (Friedman & Farber, 1992). The first two aspects,
professional competence and self-efficacy, may be distinguished, but are interrelated in this study. Each of these aspects, and in particular the relationship between them, may explain some of the processes described earlier: identification and assessment, coping strategies, and conflicting roles. The pre-school teachers' professional image affects the way they perceive their role vis-à-vis the child, their emotional state, and their attitude when identifying, assessing and relating to the child.

Three professional variables should be taken into account: The teachers' experience with the children, their professional knowledge and their professional image all have an impact on the identified child; this is most clearly manifested in their identification of the child, which becomes a process of labelling and stigmatization. Unable to cope, frustrated by the quality of their working conditions, feeling that they are unable to act in a professional way, pre-school teachers seek help from professionals, and thereby assign the children an 'institutional identity' (Mehan, 1996).

The pre-school teachers' low professional image is related to the child's self-image. It tends to lower the child's self-image, since it leads to labelling and possible exclusion, perceiving the child as having special educational needs or more specifically, learning disabilities, or emotional – behavioural disorder (EBD), or assigning some other label. This is also the start of a vicious circle; during his formative years, the child lives with a label and internalizes it.

In section 2 I discuss the effects that working almost alone with an overcrowded class has on the role perception of the pre-school teacher, her views on coping alone with a child with difficulties. Section 3 sheds a light on the negative effects of lowering the pre-school teachers' professional image and in section 4 I return to the child, to show how all these factors and processes contribute not only to the identification of the child, but even tend to 'create' a child at risk of LD, even before he/she enters school.

10.2 “Fighting a lonely battle” - perception of the professional role
Pre-school teachers' attitudes, knowledge and experience with the identified child are inter-related with the unique characteristics of their professional image. The identification process and typology that emerged, reflect not only the child's characteristics and the teachers' professional knowledge and working conditions,
but also the pre-school teacher's professional image. The research literature also supports this claim. Identification and referrals by regular teachers to services for children with special needs were found to be affected by the teachers' characteristics related to their professional image and by variables such as locus of control, self-efficacy and self-esteem. The identifiers' professional characteristics are both affected by the children's characteristics (typology) and have and impact on them, in particular through labelling, possibly leading to exclusion (Podell & Soodak, 1993).

The processes, events, knowledge and beliefs described in previous chapters, which are integral to pre-school teachers' experiences as lived by them, may be explained by the unique characteristics of their professional image (Friedman & Farber, 1992). I used the metaphor 'fighting a lonely battle' to describe their working situation; I found it appropriate to most of the teachers' experiences and professional image in relation to the identified child. It appears to define closely the situation reported by the pre-school teachers in this study.

A major aspect of the pre-school teachers' role perception is their awareness of the important role of early identification of the child at risk of later difficulties: "My duty is to identify a child at risk of LD and to refer him to the authorized persons and professionals." This was the answer given to the question as to the pre-school teachers' role in the assessment of pre-school children. Being the first professional educator to meet the child at the age of three or four (sometimes even when two years old), they know that early identification may also mean access to early intervention, called by Mally "starting intervention before entering school." They know that during the early years it is possible to intervene and prevent later problems. Bina said: "It is important to identify the child as early as possible before entering school, so the child will be given help at the beginning of the first grade and will not have to wait to the end of the year in order to get help." "If you identify the child in the early stages and not wait till the end of the 6th grade, when someone notices that the child cannot read..." or "In the early years the problems are not so serious and therefore easier to cope with." The consensus among pre-school teachers was that early identification is an important aspect of their role. However, their attitude to this role appears emotionally loaded.

While the teachers are aware of the importance of early identification and
that it is an essential component of their professional role and their responsibility, it is accompanied by negative feelings. These feelings towards the role of identification are related to three issues: acting as the bearer of bad tidings, the possibility of being mistaken, and the negative effects of erroneous identification. Being the first professional educator to meet the child and maybe the first person to notice he has difficulties, pre-school teachers feel it is their responsibility to share their premonitions with others or convey their concern to agencies within the community - social welfare agencies and psychological services - and the parents: "When I identify a child at risk of LD, I have to refer him/her to professionals, to discuss it with his/her family..."

Pre-school teachers find their role of the bearer of bad tidings to parents as a "difficult" and "delicate" task (as described by them). One pre-school teacher explained, right at the start of the study: "... because it adds another duty to my role, which is very difficult for many people, to be the bearer of bad tidings," and although it is very important to identify the difficulty, she continues: "The most difficult dilemma is how to approach the parents and thrust the information at them." The early identification creates a conflict: On one hand, they have to pass on this information early to enable the child to have access to intervention programmes; on the other hand, such early identification may alarm or alienate the parents, producing negative emotional reactions.

Bearing the bad tidings may affect the relationship with the child's parents. This also intensifies the feeling of ‘fighting a lonely battle’ and adds worries and negative feelings. When answering the question about problems encountered when identifying the child's difficulties, they mentioned "fear of the parents' reaction," "it destroys the good relationship between teacher and parents. However, working in partnership with parents in early childhood education is a key component of the teacher’s role, and is even more crucial when the child is identified by the teacher as at risk. However, it is another burdensome component of the pre-school teacher’s role perception.

The feeling of being left alone to cope with both the child and the parents is a recurring and dominant factor in the pre-school teacher’s role perception. Identification leads to the need to inform the parents, receive their consent to refer the child to psychological assessment or intervention programmes, and ensure their cooperation in attempts to develop the child's abilities. All these issues are
involved when pre-school teachers identify a child with difficulties. "Rani may improve, but only if full cooperation between parents and the educational team are achieved," writes Naida, reflecting on the process at the end of her assessment report. Ella, a very experienced teacher, reflects: "I am glad I chose Sagi for this inquiry, if only because of the full cooperation I got from his parents as to how to improve and help Sagi to achieve more and to develop his abilities." In both these cases it is implied that sometimes difficulties arise in ensuring cooperation. I should again mention here, that in this study we identified children with mild disabilities that their parents may not be aware of. Therefore, when pre-school teachers identify difficulties, confronting parents with the information becomes a burden. This became evident right at the beginning of the study, during the focus group discussion: "I knew a child had problems...and I was confronted with the parents' denial...it was an embarrassing, unpleasant scene."

Informing parents is perceived by the pre-school teachers in this study as "destroying relationships with parents," as mentioned by one pre-school teacher. There are parents who reject the pre-school teacher's identification: "His father would not admit that his son has difficulties;" some parents deny it: "His father never visited the kindergarten, and his mother would not listen", or refuse to let the child be referred to other professionals: "The relationship with the parents was not so pleasant... however, at last they became reconciled to taking the child for psychological assessment." Once more, pre-school teachers find themselves alone when facing the parents' denial, anxiety and even anger, when they hear about their child’s problems. We may assume that it also has an effect on the teachers' attitude towards identification and inclusion of the child in their classes.

Bearing bad tidings is closely related to worry about being mistaken. Pre-school teachers in this study express concerns about the possibility of erroneously identifying a child. Typical answers to the question about difficulties were: "Concern about an erroneous assessment" and "worry about making a mistake." Ella, the experienced teacher, says: "I am worried I'll make a mistake in identification, although I am aware that it is preferable to ask for a diagnosis and find out that everything is O.K., rather than overlook real problems." Here the pre-school teachers even point to a dilemma between the risk of erroneous early identification and the importance of catching a problem in time. Teachers expressed their concern about identifying children's difficulties in early childhood
and being mistaken: "Maybe he is only a 'late bloomer', so why stigmatize him so early?" said Judith, an experienced pre-school teacher, in the focus group discussion. It seems that pre-school teachers in this study are aware of the outcomes of erroneous identification.

Concern about erroneous identification causes emotional reactions, such as "I don’t go to sleep well the night before submitting the referral form," as Judith said. Ella explained that she fills out the formal referral form (which is a checklist) very tentatively: "I put the x on the line between categories." "I am afraid I might be labelling the child." These feelings and worries about being mistaken are quite common, and tend to affect the teachers’ attitude towards the identification process.

On the other hand, failing to identify a child at risk and thus prevent him from being referred to treatment may also cause guilt feelings. Mally, a very experienced teacher, said: "I want to tell you about something that happened some 20 years ago. Maybe if I had taught this girl in recent years, it would have turned out differently, considering the amount of experience I have now... She was just an ordinary child, lovely, charming... Two or three years after entering school I met her mother and she told me that the girl was diagnosed as dyslextic. I told her that I had not noticed anything when the girl was in my kindergarten, and the mother told me, she did not expect me to notice it, because even in the first and second grade no one identified her problem..." Even after 20 years Mally felt the urge to tell the group that the girl's mother told her she should not feel bad, because even at school they identified the problem "only in the second grade." Mally has guilt feelings after so many years, and thinks that she should have identified the girl's problem in the kindergarten, and consoles herself by knowing that it was identified only two years later, so maybe she is not so guilty.

Such cases also affect the pre-school teachers’ perception of their professional identity. Besides preventing the child from getting help with his difficulties by not identifying him early enough, they are worried about being blamed by parents and school teachers for not having identified his problems. They are concerned about their professional image. They are worried that school teachers or parents will blame them when difficulties emerge at school, if they had not been identified and reported when the child was in their kindergarten. "I don’t want anybody to ask me - where were you at the time?!" Ella said. It is as though
their professionalism is being questioned.

The negative feelings concerning early identification as a part of the preschool teachers’ role perception add to their burden. The teacher is alone in facing the decision about identifying a child and informing others, and this in itself is a source of stress, adding to the difficulties she has with the child. The fear of not acting professionally, while there is no one to consult – all these are essential components of the teachers’ perception of their professional competence. The anxiety involved in identifying the child and the everyday experience in coping with him/her appear to be central in their role perception, leaving them feeling overburdened, ‘fighting a lonely battle’. It may also affect their professional self-image.

Figure 7: Relationship between identification and professional self-image.
10.3 "I am only a kindergarten teacher" - low professional self-image.

A low professional self-image is linked to the pre-school teachers' difficulties in coping with the child's behaviour and in trying to meet the child's needs. In support of this claim, here is a statement that best summarizes their low professional self-image. It was written by one of the experienced pre-school teachers in this study: "I am only a kindergarten teacher, not a psychologist."

The low professional self-image of the pre-school teacher is a crucial factor related to the inclusion of a child experiencing difficulties in her kindergarten and affects the feasibility of its success. Left to struggle alone under adverse administrative and organizational conditions may affect her professional image. The situation where the pre-school teacher does not always cope successfully with a child consuming much of her time and energy, may cause her to doubt her own professional competence.

The pre-school teachers in this study feel that assessment should be carried out by psychologists. The following answers from the questionnaires reflect this attitude: "It is important to identify the child...refer him for professional assessment..." "The problem I have with identifying and assessing a child at risk of LD is that I am a pre-school teacher and not a psychologist." One pre-school teacher explained her reservations clearly: "I may identify the child, but do not have the authority to assess him". All these statements imply that they feel they are not qualified to assess. Assessment is an expert's job, of someone more professional than they are. I would not interpret these feelings as an attempt to shirk the responsibility or reject it, but rather as a reflection of their professional self-image. Assessment is a professional task, not an educational one, and they are not professionals, nor experts. I do interpret it as a reflection of low self-efficacy, low self-confidence in their professional skills.

A low professional image is also manifested in their deference to other professionals, a lack of appreciation of their own strengths. Very experienced pre-school teachers still feel the need to get approval and confirmation from professionals: "Two years ago, the psychologist of the kindergarten told me that I hit the nail on the head" or "the psychologist says that in 99% of my referrals, she relies on my assessment." It means that this pre-school teacher is confident about her identification only when a person with higher professional status confirms it.
being on the same level as other professionals working with children with special needs.

This attitude to other professionals regarding the child with SEN is congruent with the teachers’ knowledge and beliefs, as described in previous chapters. It may be linked to the concept of deviance (Skidmore, 2002). Pre-school teachers in this research consider LD a deficiency in the child’s ability, mainly "something in the brain," and seek individual support and intervention - a remedy - for the child; this also underlies the notion that assessment and the following intervention should be carried out by experts. This process lowers the pre-school teacher’s professional self-image even more; she considers herself as coping with children with SEN unprofessionally.

A low professional self-image may be related to the teacher’s self-efficacy, defined as teachers’ beliefs about their ability to bring about desired outcomes in their students, and that teaching can overcome the effects of other influences (Gibson & Dembo, 1984; Podell & Soodak, 1993). Research has demonstrated the salient role of teachers’ self-efficacy in decisions pertaining to children with learning and behaviour problems. Teachers’ beliefs about their personal efficacy were associated with their decisions to refer a difficult-to-teach student in their classroom to a special education framework. Soodak and Podell (1994) found that, when teachers with a low sense of personal efficacy were compared to teachers with a high sense of personal efficacy, the latter were more willing to take responsibility for meeting the needs of students with learning problems in their own classrooms. When pre-school teachers say that they have the knowledge (see chapter 7) to intervene to help the child, but cannot afford the time to do so, this may reflect a gap between teaching efficacy and personal efficacy, which, together with other factors, contributes to referring the child to another professional.

The locus of control, a component of the self-image, is a personality characteristic related to the teacher’s beliefs, knowledge and practices in dealing with the identified child. ‘Locus of control’, a term coined by Rutter (1954), refers to a person’s belief in a specific degree of control over his/her life. Phrases used by several pre-school teachers may be interpreted as reflecting an external locus of control with regard to their treatment of a child with SEN: "It is something in the brain"; "This is not a task for pre-school teachers." These phrases may imply an external locus of control, felt by the teacher, and another interpretation to the
minimal assessment inserted in educational - organizational paradigm.

A teacher, subjected to many pressures, finds it very difficult to reflect on her own practices: "My problems with identification and assessment of children with SEN stems from my lack of ability to cope with a large number of children and at the same time relate to such a child. This requires a great deal of effort; but I do have the motivation to help the child." In this answer I detect a pre-school teacher's attempt to protect her self-esteem. This answer involves an ego defence mechanism: if difficulties are due to the child's intrinsic characteristics - something is wrong with the child - then I am not accountable; he should change, not me. The teacher is defending her professional image, while feeling she is unable to control these children's behaviour, to apply her knowledge and implement what she was trained to do, yet perceives as part of her role and her responsibility.

An external locus of control is detrimental to reflection. I claim that when the pre schoolteacher feels that her self-image is under attack, it prevents her from reflecting on her own practices, because it is perceived as blaming herself, another burden to be shouldered; if she has to admit or accept that "it is not something in the brain" of the child, maybe it is something in her conduct that should be changed. The process that begins by teachers' identifying behaviour problems as risk of learning disabilities, the difficulties in coping with them and improving the child's behaviour in the kindergarten lead to lowering their professional self-image, feeling unable to implement their professional knowledge and to effect a change. The difficulty of improving the child's behaviour is not merely an outcome of misunderstanding the child's condition, but points to a lack of reflection on environmental causes and their own role in the child's difficulties.

A low professional self-image may also interfere with the teacher perceiving herself as an integral part of an interdisciplinary team, which is considered in the research literature (Wilson, 1998) as the appropriate model for inclusion. The information the teacher collects, when observing the child every day six days a week, is invaluable and contributes greatly to early identification and intervention, when an interdisciplinary team meets to discuss the child and to build an individualized educational program. Mally, a very experienced teacher mentioned: "I have a personal relationship with the children in the kindergarten...I observe their development all along the school year..." and ends "...I can identify ...and refer him to professionals." She implies that though she knows the child
better than any other professional, she is not an equal member of an interdisciplinary team, but rather a provider of information to others.

When pre-school teachers are not familiar with teamwork and do not perceive themselves as professionals, their expectations - when encountering professionals whose opinion is required for inclusion - are that they will get advice and help from specialists, or better still, that the family will get advice, since the difficulties are due to them. “After the professional assessment, the child may begin to receive specific help and, if possible, the teacher will receive some guidelines for intervening in the kindergarten.” Here Mally differentiates between professional intervention to alleviate the child's difficulties, and intervention in the kindergarten. She does not perceive herself as one of a team; she expects to be guided by professionals.

Advice, guidance and support is the type of collaboration pre-school teachers are looking for from professionals, when including a child with SEN in their kindergarten. "One day the psychologist visited my kindergarten, observed the child… and gave me some advice…we invited his parents and the psychologist explained several things to them." Although only one teacher described this procedure, from my own experience it is quite common. Teachers seek advice and reinforcement and especially support for what they already know, because they do not feel they are professionals like the others and therefore do not have the authority to carry out certain tasks, and do not have the same status as other members of the interdisciplinary team. Since she works alone and is not required to collaborate with colleagues, and therefore is not familiar with the need to negotiate, argue, convince, and accept other participants’ ideas and get support for her own, her participation in such a team is likely to be less useful.

Teachers' low professional self-image, together with knowledge anchored in psycho-medical models, leading to perceiving the child as different, only intensifies the child's difficulties and pre-school teachers' burnout. Pressures on pre-school teachers may cause negative feelings towards the child and reservations about his inclusion (Nelson, 2000). This may cause the child to develop a negative attitude to educational contexts, when experiencing being excluded.

10.4 Labelling and exclusion
The cycle that began in portraying a child's at risk of learning disabilities , became,
in the course of the study, a description not just of an identification process, but rather of a process of ‘creating’ a child with LD. The effects of the unique typology of the child identified as at risk, emphasizing behaviour problems, when interacting with ecological variables in the kindergarten, negatively affect the child’s self-image and gradually lead to the forging of an institutional identity of a child with special needs. The identification process described by the pre-school teachers interacting with their knowledge about LD, and the teacher’s professional self-image also contribute to the labelling of the child, with the possible consequence of exclusion.

Not being able to cope, frustrated with her working conditions and feeling helpless, the pre-school teacher seeks help. " 35 children in class ... makes it difficult to watch 35 children". Her belief as to the source of the difficulties, "something in the brain" and conflicts between her knowledge and what she was trained for, and the reality, she decides that the child needs professional help, and refers him to professionals who will diagnose the problem, label it, and maybe also treat it. One of the needs commonly assessed by pre-school teachers in this study is his being referred to professionals, for assessment and intervention, which leads to labelling. The tendency to refer children outside the class for intervention is supported by a study that surveyed 381 general and special educators and concluded that teachers in elementary schools favour an exclusion model of education over an inclusive one (Semmel et al., 1991).

Labelling by professionals is a consensual expectation by pre-school teachers when referring children to professional assessment. "When referring a child to experts ...they may identify the problem, 'give it a name' and begin intervention;" or "give the right definitions, to 'put the finger' on the point." I interpret these expressions as showing that pre-school teachers in this study refer children to professional assessment in order for them to be labelled. Labelling, or as the pre-school teacher called it, "to give the problem a name", is the beginning of a process leading to 'an institutional identity' (Mehan, 1996). By referring children who are difficult to control to an outside authority starts a process of medicalization (Slee, 1995).

A great deal of thought was given to labelling by the pre-school teachers. The need of pre-school teachers 'to give a name’, to put the finger on the problem, may be found in Allan's (1999) ideas about special education. She borrows
Foucault’s (in Allan, 1999) term 'the medical gaze' that allows psychiatrists to construct an account of what is going on inside a patient. Moreover the label is seen as stating a truth.

Pre-school teachers themselves are aware of the possibility of stigmatization when identifying the child. "It is difficult to assign a label to a child, which is not based on a concrete fact", "stigmatizing a very young child". A very young pre-school teacher in her first year on the job, who participated in the focus group, said: "I am worried about stigmatizing a child... I mean when I identify a problem, I think that, maybe it is only a temporary difficulty and he will be O.K when he grows up, so why declare that he has a problem, when he is still so young?" These statements were made by the pre-school teachers themselves and seen as one of the risks in erroneous early identification and referrals. Thus labelling is acknowledged by the pre-school teachers as an outcome of the referral to professionals. This acknowledgement reinforces Allan's (1999) observations that teachers by their practices disable individuals, albeit unintentionally.

The first formal phase in defining a child by the label of a child with special educational needs begins when referring him to professionals for assessment or therapy. Orit assesses: "I recommend that Mor should undergo a psychological assessment because he has difficulties in completing tasks, because of his intense dependency on an adult's presence when doing the tasks, dependence on reinforcement, and especially his difficulties in paying attention and concentrating." Ella said: "From the start I had a gut feeling... I have already discussed it with the kindergarten psychologist; maybe Sagi will be referred to a learning centre." In this study, the needs' assessment of the children in pre-school teachers' reports yielded a list of referrals to undergo psychological assessment and therapy, remedial instruction, neurological assessment by professionals, referrals to speech therapists, psychologists, special kindergarten teachers and child centres. "The child needs speech therapy to help with pronunciation problems, and to discover reasons for his stutter - to establish if it is caused by stress or organic factors." "The child needs an assessment of his attention and concentration behaviour - what are the causes of these difficulties." “Mor should undergo an assessment by a neurologist to check the possibility of ADHD." “Ben needs art therapy in order to enable him to 'open his heart' and give expression to his problems." "He should be referred to a special kindergarten teacher who will
work with him individually and intensively to improve his cognitive ability."

Owing to the teacher’s belief that the source of the difficulties is intrinsic and medical, and in view of the conflicts between her knowledge, what she was trained for and the reality in the kindergarten, and in particular due to her being overburdened and isolated, she identifies the child as in need of professional help, and refers him to professionals who will diagnose the problem, give it a label and maybe also ‘heal’ the child. The discourse clearly reflects the conception of deviance (Skidmore, 2002). Since the difficulties are due to deficiencies intrinsic to the child, helping him should mean remediation of his weaknesses and this should be done by experts. Slee (1995) interprets this process as "achieving control through medical discourse" (P. 74).

Referral to assessment by professionals with labelling as one of its outcomes has merits and flaws (Riddick, 2000). The merits of referral in my study are a possible diagnosis and appropriate treatment for children who need it, like the child who stutters and needs the help of a speech therapist. However, it also implies labelling. The resources for the provision of special education in inclusive settings are currently limited and this may also contribute to labelling (Allan, 1997). Ella said she had already spoken to the psychologist and asked her to assess the child and refer him to a learning centre. This means that the child should be assessed and labelled in order to be eligible for special education resources as soon as possible.

Riddick (2000) claims that labelling may have positive and even desirable outcomes; observing behaviour difficulties or being labelled as a child with special educational needs is important, and she presents evidence that parents were informed that their children were unable to read for environmental reasons, such as changing school, and when assessed were found dyslexic and thus received appropriate treatment.

Negative outcomes of labelling may leave the child with a stigma, yet without providing any intervention for the child or support to the teacher, as often happens. The case of Souhair and Ali, described in previous chapters, is a case in point: The insufficient support by the psychologist she reports, exemplifies the futility of labelling without effective intervention. In many cases, merely labelling the child as ADHD when identified by a pre-school teacher as overactive and inattentive, neither contributes to meeting the child's needs nor to the teacher’s
ability to improve the child's behaviour. The specific typology of children at risk of LD as portrayed in this study, mainly children with behaviour problems, makes remedial instruction by experts outside the class ineffective, over and above the negative effect of exclusion and labelling.

Referral does not in itself mean labelling the child or assigning him to categories such as ADHD or LD; without this referral the child would not be eligible for special assistance (Mehan, 1996). School psychologists spend 40%-60% of their time in assessment activities, most of them use tests or checklists to assess individual children, almost no eco-behavioural assessment tools are in their repertoire (Hutton & Dubos, 1992). Referring the identified child with the specific characteristics of behaviour problems portrayed in this study, backed by belief in the medical model, implies he should be treated by experts and returned to the kindergarten a 'normal' child, namely quieter and calmer. I have often heard a pre-school teacher say: "I cannot handle this child, he is unbearable and his parents refuse to give him the medication, I am helpless." Pre-school teachers seem to believe that when experts' assessment and treatment are not implemented, they can do nothing to change the child's behaviour.

The process of labelling or assigning an institutional identity may be best exemplified by the way a child is assigned to the ADHD category, which is the most relevant to this study. Pre-school teachers notice a restless and overactive boy and most of them link this behaviour to ADHD. "Uri (5 years old) has an attention disorder... not paying attention when talked to...doesn't like to participate in activities that require paying attention such as listening to music or group meetings...every stimulus from outside interrupts his attentiveness. He also shows signs of hyperactivity". Hanit (9 years on the job) begins her assessment: "The characteristic of Dan (5 years old) that was very dominant throughout all my observations is his attention problem... he is easily distracted ...and he is very restless." Mally writes: "From the observations one may conclude that Tomer (5 years old) has attention and concentration problems...they are manifested in the way he moves from one game to another..." Even some of the terms used by the pre-school teachers, such as distracted, hyperactive, attention disorder, belong to professional jargon and are part of the psychiatric classification, which has penetrated into educational discourse.

The connection pre-school teachers make between restless behaviour,
inattentiveness, over activity or detachment, and ADHD is supported by their referral of the restless child to a neurological assessment. "Ben needs an assessment of his attention and concentration behaviour – to find out what causes these difficulties," writes Bina in her needs' assessment. Most of the school psychologists assess pupils individually, in fact most of their time is devoted to individual assessment activities, (Fagan & Wise, 1994) and the child who is assessed by a psychologist or a neurologist is formally placed in the ADHD category, which emphasizes his identification and labels him.

The process of labelling begins in the classroom and continues through psychological assessment and a placement or inclusion committee (Mehan, 1996). Transforming a child's status by means of technical terminologies suggests that he is not just naughty or lazy, but sick, disabled, in need of treatment, sometimes even medical treatment, or some other remedial intervention, approved by professionals, sometimes administered outside class (Slee, 1995). One may relate to ADHD as 'a label of forgiveness', since it is thought to have a neurobiological basis; the individual is thus freed of responsibility for his/her actions. Children with disruptive behaviour or behaviour disorders choose to behave badly, but those with ADHD may be considered as having no choice. The use of this label may derive from an approach to education that considers children's actions in a simplistic way, neither bad nor good, but sick. (Reid & Maag, 1997).

The child who is overactive and restless, and teachers have difficulties in coping with his behaviour problems (as seen in their observation reports), becomes an ADHD child. The most negative effect of labelling is that this diagnosis in itself, in particular ADHD, is of no help to the teacher trying to cope, nor to the child. Although it is a psychiatric label, the teachers still have to deal with this behaviour by means of educational measures. Thus, whether the doctor prescribes medication or not, or the parents give it to him or not, the teacher still has to use educational methods. Otherwise the child continues to behave in the same way, but now he also has a label, and the teacher has an alibi for not being able to do anything, and becomes even more frustrated. She is left to cope with the behaviour of a child whose problems are seemingly medical, and she is unable to deal with them, because there is apparently some better way of doing so. The problems she has with the child may become less acute within a short time and with less effort on her part, alleviating the difficult situation, and yet the label sticks - confirming
Mehan's claim (1996) that a plea for help turns into a formal diagnosis. Sometimes the label itself becomes an explanation: "He behaves like that because he is ADHD and not taking the medication," a teacher once told me. Research reveals that even when teachers do not believe ADHD is merely of biological or neurological origin, they prefer medication to controlling this behaviour (Glass & Wegar, 2000). When reading the descriptions of their working conditions by the participants in this study, the impact of the child's behaviour problems on their self-esteem becomes clear, and their wish for something to control the child's behaviour becomes understandable. The outcome of the labelling process on the child is not difficult to predict: A child who is labelled and lives with the label from early childhood internalizes the image, and the consequences to his developing self-image are clear, as Ali's words show: "You see, the teacher says I know everything." At the age of 3 years and 9 months, he already has to convey to the children, maybe also reassure himself, that he is not so 'terrible' and stupid. Already 30 years ago Hargreaves (in Slee, 1995) described the conditions which cause a child to internalise a label: the frequency of labelling, the extent to which a pupil considers the teachers' opinion as significant, the extent to which the label is made public beyond the classroom, and the extent to which others consider the label as accurate. Little Ali already feels that something is wrong with him, an expert has already been invited to diagnose and treat him. The path to being labelled is short.

Pre-school teachers, who, as was shown here, feel frustrated and helpless trying to cope with an overactive child, while the conditions in the kindergarten undermine their efforts and their professional self-image suffers, actually begin to forge the child's 'institutional identity'. Their request for help evolves into a label (Mehan, 1996). This label, sometimes accompanied by medication to control his behaviour, not only identifies the child, but also stigmatizes him. The impact on a child, growing up from the age of 3, 4, or 5 with the stigma of a problem child and a medical label of being hyperactive, is negative; different behaviour becomes a disability; a restless, overactive and impulsive child is labelled as ADHD, also implying that he is a 'disabled child' (Barkley, 1997). This situation, which both the child and the teacher experience, impedes the identification of the child's strengths and abilities, and any reflection about other possible causes of this behaviour, such as organizational factors in the kindergarten. Using psychiatric
classification so widely, as indeed the high frequency of this phenomenon in children corroborates, puts children at risk of stigmatization and exclusion (Armstrong, 1996), which neither helps to meet the child's needs or promotes the teachers' ability to improve the child's behaviour. The interaction between identification and modes of coping results in labelling, leading to stigmatization. This has negative consequences, especially in early childhood, when children are in their formative years, when their own identity and attitude towards learning and educational contexts have not yet crystallized.

The identification of a boy displaying behaviour difficulties as at risk of LD, referring him to professionals, because of inability to control his disruptive behaviour, leads to the creation of a vicious circle, by labelling and giving him an institutional identity.

10.5 Conclusions – the vicious circle completed
Dispositions and difficulties that the child brought into the kindergarten when he was 3-4 years old are intensified by the processes described in the above chapters. Due to the identification process, anchored in the discourse of deviance (Skidmore, 2002), locating the causes in intrinsic factors inside the child, eco-systems that might explain and alleviate the difficulties of the identified child are neglected. Exclusion processes are intensified when professional knowledge and beliefs are applied under the existing pre-school teachers' working conditions, and the discipline of control fails to improve the child's behaviour or to meet his needs.

The difficult working conditions of pre-school teachers, mainly isolation, lack of support and being overburdened, are obstacles to the application of their knowledge and to the implementation of their educational role of meeting the child’s perceived needs. Under these conditions, the identified child becomes not only another burden, but also contributes to the lowering of the pre-school teacher’s professional image. Within a discourse of deviance, neglecting ecological variables such as the teacher-child relationship and the effects of the daily programme on the child's behaviour, the pre-school teacher refers the child to experts for assessment and individual intervention. When the child is referred to experts, he is assigned a label, defining him as a child with SEN and marking him, sometimes for many years.

Instead of identification being the start of educational intervention,
integrating all the child's learning, it turns into a process of ‘creating’ a child with risk of LD. Their working conditions and a low professional image tend to make the teachers ‘blame the victim’, with all the implications for the child's exclusion. Labelling and assigning an institutional identity to a child during the pre-school years shape the child's attitude to learning and to people in authority within educational frameworks; all this happens before he has begun formal studies.
Chapter 11
DISCUSSION AND CONCLUSIONS:
The making of a child at risk of learning disabilities

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11.1 Introduction
The study, which was initiated to explore issues concerning pre-school assessment of children at risk of learning disabilities, was greatly expanded as new questions emerged in the course of the inquiry, related to the identification and inclusion of these children in pre-school education.

The study was based on my experience as a school psychologist working with pre-school teachers, and also on my work as a teacher educator teaching pre-service, in-service and staff development courses dealing with issues of early childhood psychology and early childhood special education. I assumed that by asking pre-school teachers to observe daily children they consider at risk, I might be able to explore pre-school teachers' assessment skills and better understand their conceptions of assessment of pre-school children at risk of learning disabilities. I found that their early identification and also the research literature supported this assumption, invaluable within the context of preventing later failure at school; therefore understanding their views on this issue was of great interest.

Observation of children during everyday activities in the kindergarten by their pre-school teachers manifested its effectiveness both by what it revealed and
by what it ignored. Pre-school teachers’ observations of children proved to be an effective tool, anchored in eco-behavioural assessment, making it possible to encompass ecological factors impacting on the children’s life in the kindergarten, such as teacher-child relationship and organizational factors, and did not limit itself to the child's intrinsic difficulties. However, owing to several of these organizational-environmental factors, the most prominent issue to emerge from this inquiry was the evidence that the process of identification turns into labelling and building an 'institutional identity' (Mehan, 1996) even before the start of school studies.

The main contribution of this study is the establishment of a relationship between organizational variables, impacting on the pre-school teachers’ work, and their knowledge and beliefs about the difficulties they have to cope with when they identify a child at risk of learning disabilities. Behaviour patterns and attitudes of the pre-school teachers interact with the child's behavioural difficulties to create a vicious circle. This vicious circle intensifies the difficulties experienced both by the child and by the teachers as they attempt to cope with the situation, and leads to labelling and a process of exclusion. The conclusions derived from these findings deal with the implications of this process for early childhood education and pre-school inclusion.

The exploration of the world of pre-school teachers dealing with children with special educational needs has enabled me to reveal the components of their practice, to give them an authentic voice based on their experience and knowledge, and to learn about their reflective thinking and their treatment of children who have special educational needs. The group of teachers who functioned as my co-researchers have learnt from the experience, and have created knowledge that may help others understand the educational experience of children with special educational needs in kindergartens. The process also helped me examine and conceptualize my practical knowledge or 'practical wisdom' (Whitehead, 1987), to improve my own teaching and, hopefully, also my practice as a school psychologist. Through my interviewing and analysis of written assessments I was able to learn about the implicit and latent practical knowledge of pre-school teachers, when they relate to issues concerning the identification of children with special educational needs.

This research design has enabled me to derive knowledge that, I believe,
will have an impact on the way teachers relate to children with special educational needs, no less than the academic knowledge they may have acquired during their studies. The experience of working with in-service kindergarten teachers on the one hand, and teaching and supervising pre-service teachers on the other hand, have enabled me to learn from these experiences, to reflect on them and try to initiate some changes. Using the action research design in a naturalistic setting was an inspiring experience, enabling me to learn about certain phenomena existing within the context of their work and mine, to arrive at an empathetic understanding of their difficulties and to cooperate with them as active partners in the research process. I meet pre-school teachers as their teacher in teacher training settings and as a psychologist in in-service settings; however, functioning within a different kind of relationship, making them my colleagues (and not the subjects of my research), was an important aspect of my decision to use this approach.

This research design also helped me reflect on certain aspects of my teaching activities that have, for some time, puzzled me: the place of pedagogic or psychological theories and knowledge in teacher education. Here I had an opportunity to question and study my teaching methods. I could also use a more constructivist approach to learning about how pre-school teachers develop their concepts of learning difficulties and special educational needs and to enhance their understanding and practice, while making these issues more relevant. This reflective inquiry made it possible for me to move from the context of the deficit model, prominent in academic research, to the framework of the educational model.

An influential motive for doing this type of research was the possibility it offered for change and improvement. The inclusion of children with special educational needs within the regular classroom in fact calls for action research, because so many changes are required as a result - in the teacher’s attitude, in teacher training, in intervention techniques and assessment procedures. By working with pre-school teachers on the identification and assessment of children at risk of learning disabilities and by making a change in the procedures of systematic assessment of children's disabilities, I was able to explore the usefulness and efficiency of these procedures. This research enabled teachers to take a closer look at the issues raised when including children with special educational needs in their classes, deepen their understanding of their abilities and
difficulties and of the role they themselves play, become aware of the implications of including such children in the kindergarten and of ways this experience may improve their coping with these children.

The next section (2) begins with a discussion and analysis of the main findings of this study, the main factors that structure the process of identification, which becomes labelling. It discusses the basic research questions, and how, when linking these factors, they present a sequence of 'creating' a child at risk. The following important issues are discussed: the use of observation in natural settings to identify the child, the knowledge revealed in this inquiry relating to this typology, the working conditions in kindergartens, causing pre-school teachers to pinpoint these children as an obstacle to the fulfilment of their role expectations, and the fourth variable, explaining the process affecting the pre-school teachers' professional image. The chapter discusses how these four factors are interrelated and how together they tell the story of identification becoming labelling and building an institutional identity. The next section (section 4) will link these results to theoretical issues, in particular to special education research paradigms and the ecological system theory, and their impacts on the process. The section mainly analyses the relationship between the ecological system theory and processes of inclusion and exclusion in early childhood education, specific to the Israeli context. It concludes by expressing doubts as to the possibility of successful pre-school inclusion of children at risk of learning difficulties. Section 5 focuses on the role of the school psychologist in the processes described in previous sections and in the study itself. I reflect on the implications of this inquiry for my role as a school psychologist. Section 6 presents and analyzes some possibilities of breaking out of the vicious circle that begins before the child starts school, what should be done in order to do so. I suggest several changes that should be made in order to achieve successful pre-school inclusion. The limitations of this inquiry are discussed in section 7 . The last section (8) is a short summary of the conclusions of the inquiry.

11.2 Creating an institutional identity

The main conclusion emerging from the interpretation of the data is that bidirectional interactions between a child's dispositions and the pre-school teacher's behaviour, the educational programme implemented by her, anchored in the
overall organizational structure of the pre-school system - working alone in perceived difficult conditions affecting the teachers’ professional image - contribute to the process of identification turning into labelling. (See Figure7)

The initial question raised in this study, namely the value of the use of observations in kindergartens by the pre-school teachers themselves to identify and assess children at risk of learning disabilities, yielded some very meaningful answers about pre-school teachers as assessors and skilful identifiers. By observing the child during various activities in the kindergarten, they succeeded in detecting a comprehensive range of predictive variables pertaining to learning disabilities. The dominant characteristic observed and identified were the child's behavioural difficulties: Disruptive behaviour, inattentiveness and low social competence were revealed by the pre-school teachers as the predominant identifiers of later learning disabilities. Perceiving behavioural and social variables as predictors of later learning disabilities is supported by the literature (Margalit and Tur- kasp, 1998; Margalit, 1998; Kavale & Forness, 1996). These educational assessments show that pre-school teachers possess assessment skills and may be viewed as potentially effective educational assessors.

Even though pre-school teachers related the children’s difficulties to their intrinsic deficits, eco-behavioural assessment revealed that the difficulties were differentially observed during different activities in the kindergarten. Eco-behavioural assessment proved very efficient in portraying a typology of the child and his/her difficulties in context. Structured, teacher-centred and teacher-directed activities with a large group of children were more prone to elicit behaviour difficulties in most of the identified children. These activities emphasized behaviour difficulties, mainly inattentiveness and impulsiveness, disruptive behaviour and failing to keep class rules.

In child-initiated activities such as free play, the lack of social competencies was more prominent than in individual instruction. One-to-one instruction, even though teacher-directed, enabled the teacher to identify cognitive difficulties and elicited less disruptive behaviour. This emphasized the usefulness of observing the child in natural contexts, making it possible to achieve a comprehensive assessment that distinguishes the child's characteristics in various situations, and links them not only to his/her intrinsic dispositions, but also to ecological variables in class. It displays the merits of eco-behavioural assessment
and adds to our understanding by relating the child's difficulties to contextual variables, and not solely to intrinsic deficits.

**Figure 8: Ways in which identification leads to labelling**

- **Identification:** behavior seen as predictive of later disabilities
  - Teacher's professional self-image
    - Non-professional concerns may lead to false identification and teacher's anxiety
  - Organizational conditions in the kindergarten
    - Teacher burnout; isolation, lack of support; 'mission impossible'
  - Teacher's professional knowledge
    - Learning disabilities perceived as intrinsic to the child
  - Referral
  - Labeling
    - Institutional identity

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The centrality of the medical model, based on positivist ideas, affecting the teachers’ knowledge, which does not include other possible identification and assessment approaches based on educational-organizational paradigms, lead to the creation of a gap/clash between academic-positivist knowledge and the teachers’ practical knowledge, manifested in their identification of the child’s characteristics.

Ignoring contextual factors in the child's assessment greatly affected the creation of the typology of the child at risk of learning disabilities. Pre-school teachers displayed knowledge of the formal and academic definitions of learning disabilities, of the early signs predicting them, and the way of assessing them. In their assessments pre-school teachers encompassed all the areas of development and all the main variables found to predict later learning disabilities: limited linguistic, reasoning and pre-academic skills in the spheres of literacy and arithmetic, a limited attention span, cognitive difficulties, inadequate fine and gross motor skills and social competence. Although this makes them potential effective educational assessors, their knowledge is anchored mainly in psycho-medical assumptions, a specific diagnostic view of children with special educational needs (Hart, 1992).

The failure by both pre-school teachers and myself to recognize the relationship between the child's behaviour and contextual factors, which became clear only when analyzing the materials and not during the course of the inquiry, is an important finding. The reasons for overlooking these connections are crucial to understanding the process by which identification becomes labelling. I claim that the reasons for our overlooking contextual elements lie in the following factors: a) the teachers' professional knowledge, mainly anchored in the psycho-medical approach to learning disability; b) the organizational structure of kindergartens, placing an excessive burden on the pre-school teacher, coping alone with the difficulties and impeding efforts to implement professional knowledge; c) the impacts of the organizational structure on lowering the teacher’s professional self-image and preventing reflective thinking. These factors lead pre-school teachers to believe that the child should be referred to external experts, because the difficulties are perceived as intrinsic to the child, and also because they themselves are overburdened and cannot afford the time for individual instruction, which is the
usual outcome of needs assessment; they do not perceive themselves as sufficiently professional to assess and treat the child identified at risk of learning disabilities. All these factors lead to referring the child to professionals, who have to label the child in order to make him/her eligible for remedial programmes.

The differentiation between two bodies of knowledge - propositional knowledge ('knowing that'), mainly academic, and practical knowledge, may explain some of the findings and processes in this inquiry. Academic knowledge, involving theories, is scientific and standardized and specialized; practical knowledge relates to knowing how to apply scientific principles (Schon, 1983) and reveals the propositional knowledge of pre-school teachers about learning disabilities. It reflects the psycho-medical model, in particular neurological-psychological theories. Academic knowledge about learning disabilities and their identification, based on the medical model, prevents pre-school teachers from including eco-behavioural assessments. The neurological-psychological theories of learning disabilities were found to be deeply internalized by the teachers at the beginning of this inquiry and there was little change in the course of the study.

The positivist approach, which is the paradigm underlying most neurological-psychological research about learning disabilities, is perceived as more legitimate, more scientific and even more prestigious. Relating the causes of learning disabilities to neurological theories plays an important role in shaping pre-school teachers' attitudes and practices, and may be referred to as creating 'the victim is to blame' attitude. When teachers have to cope with a child's difficulties, they tend to ascribe them to deficiencies in the child. The emphasis is on biological-intrinsic explanations of learning disabilities, and referral to experts who are to remedy the weaknesses in the child's learning is anchored in the discourse of deviance. The belief that disabilities are intrinsic to the child lead to the assessment that remedial instruction is needed to overcome them (Skidmore, 1999, 2002). I found little discourse about inclusion in my research. Educational-ecological explanations of a child's difficulties in learning, such as lack of a sensitive, responsive attitude to the child's needs, were rare; nor were factors related to the organizational environment of the kindergarten or other ecological factors taken into account. The practical knowledge, as revealed in the typology of the children with learning disabilities identified by the pre-school teachers, was not consistent with their academic-declarative knowledge about learning
disabilities. Whereas pre-school teachers declare that learning disabilities will be manifested in reading, arithmetic and writing owing to cognitive deficits, similarly to formal and academic definitions, owing to their practical knowledge, they identify behavioural characteristics as predictive of learning disabilities. My claim is that this inconsistency between their academic-declarative knowledge and their practical knowledge means that pre-school teachers knew what is at risk, when they predicted that the child is at risk and this inconsistency can be explained by the conditions, creating these differences.

The effect of the psycho-medical model on pre-school teachers' thinking leads to their neglect of organizational-educational explanations, or of possible interactions between biological dispositions and the micro-system context and other ecological factors in the kindergarten, affecting the behaviour and the difficulties of the child. This model has an impact on their ability to cope with the inclusion of children with learning difficulties. The teachers do not try to relate causes and solutions. While suggesting educational solutions, they do not consider the possibility that the causes are also educational. They perceive the solutions they introduce as their duty and responsibility - why not the causes of the difficulties?

Both academic and practical knowledge prevents pre-school teachers from reflecting on such ecological factors as teaching methods, controlling practices, or the teacher-child relationship as contributing to the child's difficulties. Awareness of ecological factors would enable them to suggest changes in the organization of the kindergarten and in teaching practices. It might also widen the scope of the assessment of the child's needs beyond individual intervention, aimed at treating the child, to changes in the pre-school teachers' own practices, methods and class organization.

The teachers' implied knowledge about inclusion reveals that they understand the meaning of inclusion as supporting the child with professional help and with individual interventions by the teacher. This approach may be characterized as "discourse of deviance" (Skidmore, 2002) and modes of diagnostic and differential thinking (Hart, 1992). Their assessment focused on the child's difficulties, without recognizing that these characteristics do not exist as objective facts (Hart, 1992). Whether the child's needs are met by referral to experts or in the kindergarten by the pre-school teacher, the focus is always on
effecting a change in the child. Even when pre-school teachers assess that the child's needs are to be met in the educational setting, and changes in the organization or activities should be made, as indeed several teachers suggested, they still consider individual remediation as crucial. Individual interventions reflect modes of diagnostic and differential thinking (Hart 1992) that inclusion is aimed at helping the child adapt to the class. These beliefs underlie the teachers’ discourse in this study, starting with their skilful identification of early signs of learning disabilities, up to their rare reflections on their own role in intensifying these early indicators.

When the professional knowledge of the pre-school teacher is implemented in the Israeli kindergarten, the process of identification leads to labelling. Translating knowledge derived from research into classroom practice is rare in all areas of education (Fullan, 1991) and it appears that knowledge that is implemented is of little help to pre-school teachers when trying to cope with a child's difficult behaviour in the specific working conditions of the Israeli kindergarten. Reactive responses to the child's disruptive behaviour do not decrease it but rather intensify it, thus creating a vicious circle, and it becomes more likely that the child will be identified as at risk of a learning disability. Trying to make the child behave in a way considered normal is fruitless, and the practices implemented even intensify the child's negative behaviours and thus also the teachers’ difficulties.

Even when trying to implement academic-procedural knowledge based on behaviour modification and class management practices, it brings only a temporary relief as Souhair so vividly described (see chapter 9). These practices are perceived by Slee (1995) as 'discipline of control', as they try to 'adjust' the child to the teacher’s demands or the system’s expectations. Attempts to 'normalize' the child's behaviour are inevitably more evident during structured, teacher-centred activities, when the child’s behaviour difficulties are more prominent. Discipline of control is implemented to improve the child's behaviour, in order to make him adapt to the pre-school teacher’s goals. In themselves these behaviour patterns reinforce the possibility of exclusion (Slee, 1995). As directed teacher-centred activities are considered developmentally inappropriate practices (Bredekamp, 1992), we may conclude that the interaction between the child's predisposition and teacher-centred activities intensify the child's behaviour difficulties.
From the pre-school teachers' perspective, inclusion of the identified child becomes an excessive burden and a source of stress. Lack of time is one of the most common teacher-reported sources of stress. The other sources of stress are poor relationships with colleagues and head teachers, large class size, inadequate resources, a heavy workload, poor child behaviour, adapting to change and role conflict (Nagel & Brown, 2003). All these organizational factors seem to create pressure on the pre-school teacher and intensify her difficulty in coping with the child's behaviour.

The inquiry, initiated to explore issues of assessment, highlighted a whole range of problems related to the inclusion of children with special needs in pre-school education. The need to perform multiple duties under the difficult working conditions, described by the teachers, in particular the overcrowded classes, an overloaded timetable and 'fighting a lonely battle' appear to be related to the process of creating an institutional identity. Under these conditions, the assumption that to include a child with difficulties requires more individual support or intervention is counterproductive to inclusion and contradicts the discourse on inclusion (Skidmore, 2002). One of the most common assessments by the pre-school teacher is the child's need of more individual time with the teacher, leading to the conclusion that lack of time prevents her from helping the child. Putting emphasis on the need for more individual intervention in order to include the child successfully, makes the pre-school teachers emphasize their lack of time and excessive burden. Lack of reflection about other factors blocks the possibility to find organizational solutions that are not necessarily time-consuming, but require changes in class management and practices. They may be also less likely to exclude the child, by not pointing out the identified child as different, in need to be treated individually.

Working conditions also contribute to the role conflict between what the pre-school teacher knows to be appropriate and what she practices, and to the clash between what she practices and what she believes to be important for inclusion: paying more individual attention, and working individually with the child. I conceptualized it as a role conflict between 'a policewoman's role' and a 'supportive-educational role'. She plays the policewoman's role mainly when trying to reduce disruptive behaviours, usually during structured 'lesson- like'
activities, and a supportive role when working individually with the child – which she did as a component of this study, but was not able to do so regularly.

In individual teacher-child supportive sessions, described by the preschool teachers, their professional knowledge was indeed implemented: mediating, guiding, supporting the child's learning, changing teaching practices to meet the child's needs and preferences, and identifying the child's strengths, leading to more positive attitudes towards the child. As these one-to-one meetings were part of the study and since the pre-school teachers reported that they do not find the time for them regularly, I must assume that pre-school teachers are left with an unresolved frustrating inner conflict between what they practice and what they think should be done, and this is another motive for referring the child to experts, reinforcing the tendency to find solutions through exclusion.

The pre-school teachers' professional image is another factor affecting the process. Their self-image suffers from their working conditions, role conflicts and frustrations; their difficulties in coping with the child, contributing to the process of labelling, make them feel guilty. They expressed feeling non-professional, were concerned about 'bearing bad tidings', being blamed for creating a stigma and also blamed if they fail to identify the child; consequently they protect their professional image by narrowing their role to being only a referral pipeline to the experts, who will carry out the examination (Allan, 1999). Pre-school teachers turn to the psychologist for support, approval, or guidance, and not as equal members in a multidisciplinary team. They feel they are not sufficiently professional and therefore not qualified to identify, assess or intervene, and should refer the child to professionals.

A low professional self-image is also related to lack of reflective thinking. It functions as an ego defence mechanism that prevents teachers from reflecting on their own practices. The medical model may also be perceived as attributing the cause of the difficulties to external factors. If the sources of the child's difficulties are intrinsic to him, it means they are external to the teachers, and therefore they are not responsible for them. The child has innate-intrinsic problems and they are not related to the pre-school teachers' own actions; therefore it is the child who should change, not the teacher.

When the locus of control is external, the teacher believes she is not to blame for the children's difficulties, because they are either intrinsic to them - they
were born like that ("it is something in the brain") - or caused by their family background, or by the difficult working conditions, for which the pre-school teacher is not responsible either. The overcrowded classes, lack of equipment or lack of professional support due to insufficient funding, are factors pre-school teachers have no control over. If teachers were to reflect about the causes of the child's difficulties, and conclude that some of the difficulties are due to factors in the classroom and in particular to ecological factors under their influence, then they would also feel responsible and accountable for these difficulties. The ego defence mechanism, related to the teacher's low professional image, may impede the possibility of such reasoning.

Thus the pre-school teacher's low professional self-image acts as an obstacle to reflective thinking, which begins with critical thinking about one's own actions, identifying their positive and negative aspects, and leads to ways of improving them. Schon (1983) described reflection-in-action as the process of criticizing one's initial understanding of a phenomenon, constructing a new description of it, and testing the new description by an on-the-spot experiment. There is a fairly wide consensus that one of merits of reflective thinking is the ability to resolve problems of practice through reflection, including reflection on multiple ways of interpreting a problem and solving it (Giovannelli, 2003). I assume that pre-school teachers refrain from reflective thinking since they sense that it might point to their responsibility for the child's difficulties and might further lower their self-image.

Each of the factors discussed and the relations among them initiate the process of referral of the child, who will probably be assessed as having ADHD, a learning disability, or an emotional-behavioural disorder. The vicious circle is closed: Professional knowledge, working conditions and a low professional self-image are interrelated with identifying the child as a child whose needs will be met individually by experts. It is the discourse of deviance, or diagnostic and differential modes of thinking, that lead to the child being identified, labelled and assigned an institutional identity. Since the identity and self-image of young children is not yet developed, when they are treated as different from their early years they grow up with an identity they will later struggle to live with (Allan, 1999).
11.3 Obstacles to pre-school inclusion: An eco-system analysis

The implications of the vicious circle that creates an institutional identity should, in fact, make inclusion of children at risk of learning disabilities even more important. Although the children in this study began their pre-school life in regular settings, they are at risk of later exclusion and being removed from these settings when at school, or when their behaviours deviate from teacher and parental expectations of children of their age. Research revealed that lack of support for the children and the pre-school teachers, in terms of school options, specialized instruction, and trained personnel, contributed to these educational shifts (Hanson et al., 2001).

The most influential contribution to my personal and professional development has been the shift that occurred during this inquiry in my theoretical approach to the concept of learning disabilities. I found eco-behavioural assessment an appropriate method, encompassing all variables that put a child at risk. Assessment within the eco-system theory is relevant to the conceptualization of learning disabilities in pre-school years. My conclusions from this inquiry about eco-behavioural assessment are twofold: On the one hand, it proved to be a useful approach to understanding the difficulties of the pre-school child with learning disabilities without reducing them to one explanation; on the other hand, it showed that ignoring the whole range of ecological factors is risky and in itself a risk factor, contributing to the 'making' of a child with learning disabilities. Eco-system theory may explain the obstacles to pre-school inclusion, revealed in this inquiry.

An important conclusion seems to be that disregard for the ecological contexts of the child's difficulties, both by teachers and school psychologists, in itself contributes to the process of labelling. Ecological system theory suggests that it is necessary to identify risk and protective processes at several levels of the human ecology (Bronfenbrenner, 1979). The interactions within each eco system and among them explain the identification of the child becoming a process of labelling. Due to the lack of reflection and the predominance of neurological-psychological theories, the difficulties were attributed by pre-school teachers mainly to intrinsic dispositions of the child, thus ignoring ecological systems.

Using eco-behavioural assessment unconnected from the theoretical aspects of the tenets of the ecological system theory has flaws. Using observations
was useful in exploring the child's difficulties in their natural contexts, and showed how the child's difficulties are inter-related with different contexts in the kindergarten, and with the child-teacher relationship during different activities. However, although the child's difficulties were identified in their natural contexts, they were still attributed to innate-intrinsic sources - the child. This reduces learning disabilities mainly to a single explanation, the neurological-psychological one, and focuses only on the child's intrinsic dispositions without relating them to factors in the micro or mezzo system. It minimizes the usefulness and potential value of eco-behavioural assessment and its main merits: to encompass various contexts that may explain the child's development and special needs, without reducing them to one explanation. The reduction of learning disabilities to one explanation is an obstacle to the effective use of eco-behavioural assessment.

Eco-behavioural assessment is not effective if the programme and the underlying educational philosophy are based on a non-ecological educational perspective. In that case it will not effect a change, neither for the child, nor for the pre-school teacher. Relating to the child's difficulties separately from the context within which they are displayed impedes reflection on the ecological factors within the kindergarten that may explain the difficulties and lead to better inclusion.

The fact that the pre-school teachers do not see any connection between the child’s behaviour problems and the activities they initiate is another consequence of the predominance of neurological-psychological theories. It seems that surveillance and control, anchored in psychological and management discourse and regulatory processes, without a broader theory of education encompassing the curriculum and the physical and human environment, may be less effective in reducing disruptive behaviours (Slee, 1995). Discipline will meet the needs of a pre-school child with behaviour problems only if it is an integral component of a theory and consistent with it; only then can it minimize the effects of intrinsic dispositions. Neglecting these factors may reinforce the mechanistic view of the child as someone who should be examined, labelled, 'cured' and made to fit in with the norm. Eco-behavioural assessment not based on a consistent, coherent educational philosophy that integrates the child's learning and multiple environmental contexts, affecting his difficulties, is less effective in meeting the child's needs.

The ecological system theory enabled me to assess the proximal and more distant
processes that affect pre-school identification and assessment. The professional characteristics of pre-school teachers and their difficulties, in addition to those of the child, as manifested in the various eco-systems, are at the core of this process. These environmental factors prevented the pre-school teachers from reflecting on the relationship between the ecological factors within the environment and the child's difficulties; however they enabled me to analyze these processes. I was able to place children with difficulties within the micro systems of their classrooms, their relationships with the teachers and their peers. The interrelationships between these micro systems were analyzed, and so were the effects of the pre-school system's policies and structures (mezzo system) and the wider societal influences (macro system), such as cultural beliefs and values related to inclusion.

According to ecological theory, risk factors are shaped by a myriad processes and these processes must be identified on multiple levels of the human ecology (Bogenschneider, 1996). The analysis of risk factors across all levels showed how the process of labelling is influenced not just by one risk factor, but by multiple risks, and how variables in different contexts are related to the processes putting a pre-school child at risk of learning disabilities. It is this accumulation that threatens the child's development – as this study has demonstrated (Bogenschneider, 1996).

Eco-behavioural assessment reveals that proximal processes in the micro system interact with the intrinsic dispositions of the child to increase the risk factors. The bi-directional relationships between the child's predispositions, his highly-strung temperament, his problems with self-regulation and low frustration threshold are difficult for pre-school teachers to handle by means of responsive measures. The pre-school teachers' non-preventive behaviours and the discipline of control, practiced during teacher-centred activities, reinforced the child's intrinsic difficulties. The lack of possibility to be responsive to the child's needs, unlike during individual instruction or when observing him in free play, also intensifies the child's difficulties. Owing to organizational processes in the mezzo system, lack of reflection on the interrelations between developmentally inappropriate practices, the teachers' own behaviour and the child's difficulties forge the core of the micro system, leading to the identification of the child and starting a vicious circle, reinforcing the difficulties and exclusionary processes.
Figure 8: The Eco-system model

Macro-system

Mezzo-system

Micro-system

Overcrowded class

Discipline of control

Professional isolation

Cognitive Deficits

Restless, Over-active, In-Attentive

Individual instruction

Non Preventive responses

Non DAP*

Overloaded schedule

Low professional image

Psychomedical paradigm

Normalizing beliefs

Bi-directional influences

Bi-directional relationships

Micro system

Mezzo system

Macro system

* DAP – Developmentally appropriate practice
The processes in the micro-system are anchored in, and inter-related with the broader concentric circle, the mezzo system. In this study the meso system included organizational factors in the pre-school system: relationships between teachers and professionals, and the working conditions of the pre-school teacher. The difficulty to implement professional knowledge and be responsive to the child's needs are embedded in the pre-school teachers’ working conditions: working alone in professional isolation, when no professional staff that knows the child is available, there is no opportunity to discuss and reflect on one's own practices, and a lack of an interdisciplinary team, where the teacher would feel at ease.

The bi-directional relationship between difficulties to cope with the child's behaviour (in the micro system) and the working conditions (in the meso system) mean that they are reinforcing each other. The difficulties in coping alone with the child's behaviour and not being able to reflect on their own behaviour interrelate with the child's behaviour, as described in the micro system context, affect and are affected by the pre-school teachers’ isolation. The apparent autonomy of the pre-school teacher is really isolation that affects her ability to include the identified child.

The pre-school teacher's isolation becomes a prominent obstacle to pre-school inclusion of children with mild disabilities (as the more severe cases are accompanied by an aide, or placed in special kindergartens). This is an outcome of the pre-school system structure, kindergartens being independent units, in which the pre-school teacher works alone, functioning as head teacher, secretary and educator. This leaves her to cope alone, to inform parents, to be responsible for referring a child for intervention, while having to devote more time and energy to a child's disruptive behaviour. In the literature we find that teachers who receive more social support from their head teachers report less stress than those who do not (Nagel and Brown, 2003). Here, they have no head teachers, and supervisors are not a source of support, so lack of support is another obstacle to coping with the identified child.

The relationship between the pre-school teacher and the interdisciplinary team is another factor in the meso system. The unequal relationship that exists between the pre-school teacher and the interdisciplinary team staff affects the process occurring within the micro-system context. The pre-school teacher feels
inferior to these experts; therefore the interaction is not between equal partners in a team. Being isolated and working under difficult conditions affects the relationship with the identified child and makes it even more difficult, and this filters down to the professionals outside. The pre-school teacher does not perceive herself as professional enough to be an equal member of an interdisciplinary team and refers the child to professionals outside the classroom, thus contributing to the process of labelling.

A low professional image is also related to difficulties in working collaboratively in an interdisciplinary team. Although able to assess the child's needs comprehensively and very competently, pre-school teachers do not consider themselves professional enough to do so and to meet those needs. Their concern about not being sufficiently professional to assess the identified child and intervene, also leads them to seek professional aid. Inadequate support, being isolated in an overcrowded environment and overburdened, lacking the reassurance of interdisciplinary collaborative teamwork, feeling inferior to professionals, all these factors have an impact on their everyday experiences and contacts with the identified child and function as obstacles to inclusion.

The macro system mainly involves cultural variables such as values, attitudes and beliefs, as well as legislative measures related to children with special educational needs. The values and beliefs held by pre-school teachers underlie the process of identifying the child. Processes within this eco-system have a major effect on the inner concentric circles, encompassing and influencing all the processes described in the inner eco-systems. The most influential values, beliefs and attitudes are those embedded in the discourse of deviance (Skidmore, 2002). These views held by pre-school teachers result in a narrow, almost mechanical, conception of inclusion. It puts the identified child at the heart of the problem; he is the one to change. This prevents pre-school teachers from widening their perspective and seeing the whole range of possible responses to the child in the micro-system context, and the effects of the lack of working together with an interdisciplinary team within the mezzo-system context. This situation, manifested in normalizing beliefs and reinforced by their academic and practical knowledge, motivates pre-school teachers to refer the child to outside professionals, apparently able to assess and 'cure' the child. When inclusion is perceived as a way to 'normalize' the child and help him/her adapt to the class and the programme, it
promotes labelling and the tendency to exclude the child.

Beliefs and attitudes to identification and assessment in the macro-system influence the mezzo-system processes by lowering the professional image of pre-school teachers. This intensifies the desire of the pre-school teacher to ask experts for approval and support. They feel the need, and yet are isolated from collaborative teamwork, which influences their practices and behaviour to the child. The values pre-school teachers hold about children and the need to 'normalize' them, about hierarchy among professionals, and about the meaning of terms such as learning disabilities, affect the processes within the inner ecosystem. These processes in turn affect the teacher-child relationship, the implementation of the discipline of control, and the need to devote more time to a child with special educational needs.

Lack of reflection manifested in ignoring the differences between the child's behaviour on different occasions and the pre-school teachers' response patterns in different contexts, in failing to reflect on the significance of these differences, is the most prominent factor making eco-behavioural assessment less effective. Reflective thinking requires the ability to make decisions and formulate ideas about educational goals, practices and outcomes that are subjected to careful reconsideration in the light of information from current theory and practice (LaBoskey, 1994). Failing to reflect on the relationship between inappropriate practices and a child's disruptive behaviour is also related to lack of knowledge or awareness of the bi-directional influences among these ecological systems.

Reflective thinking is also related to locus of control. This may be another explanation for the very rare, almost non-existent educational-organizational explanations of the child's difficulties. The organizational model is based on teachers' reflective thinking about their role in educational situations, their role in bringing about change. The organizational model requires that pre-school teachers reflect on their own actions, what they should change in their practices. It may also be described as a lack of the discourse of inclusion (Skidmore, 2002). Discourse of inclusion would encourage teachers to reflect about the difficulties emerging from implementation of the programme that is insufficiently responsive to the child's needs, about the impact of their behaviour and of their attitude to the child's behaviour.

Lack of reflective thinking is the outcome of the processes and bi-
directional influences between these eco-systems. Reflective thinking, so essential in eco-behavioural assessment, in which the pre-school teacher has to reflect on ecological factors, including her own behaviour and practices, is missing in this inquiry. Lack of reflection on these ecological contexts in assessing the child is embedded in processes within these three contexts. Reflective thinking requires dialogue, which does not exist in the pre-school organizational structure. Isolation and lack of a professional staff to discuss difficulties impedes pre-school teachers' reflective thinking on her own practices, the programme and class organization. Their isolation from collaborative teamwork makes it more difficult. The lack of reflective thinking is most strongly felt within the macro-system. Not being aware of and not reflecting on the effects of knowledge and beliefs on practice, exerts great influence on the process by which identification becomes labelling.

According to this study, from the perspective of the eco-system theory inclusion of pre-school children at risk of learning disabilities is still far from being achieved. The processes in each eco-system and the bi-directional influences among them make successful pre-school inclusion doubtful, unless several changes are made.

11.4 Psychologists and pre-school teachers: Assessing the already assessed?

Reflecting on the study from my school psychologist's point of view raised several issues and provided insights about the role of psychologists in educational settings; these will be discussed in this section. On the basis of the eco-system theory, the relationship between the pre-school teachers and psychologists may be located in processes within the mezzo system. The closer the relationship between the various factors within and between systems, the better is the situation of the child. (Bronfenbrenner, 1979).

The relationship with the psychologist, as pre-school teachers perceive it, support Mehan's claim (1996) that psychologists reframe the request of the pre-school teacher for help into labelling and categorization. In this inquiry, the difficulties of pre-school teachers in coping with the child's behaviour and finding time to work with the child individually are channelled into referral to psychologists. The expectations are that they will assess the child professionally to enable him to benefit from special education services. Psychologists are mainly perceived as assessors, approving the teachers' identifications and adding the
classification that will state the child's eligibility for an intervention programme. Psychologists should be aware of the possibility that the pre-school teacher's identification may be a plea for help with a child that is a burden, and this need for help is not met by psychological assessment and referring the child to outside intervention.

This study may lead to the conclusion that school psychologists' assistance to pre-school teachers may be insufficient. They are perceived mainly as assessors that may ensure the eligibility of the child for special education services. This also supports the perception of psychologists as prescriptive experts, who lack understanding of classroom practices and of the many constraints under which teachers work (Hanko, 1995). Moreover, it appears that psychologists assess the already assessed. The subtle details of the child's difficulties skilfully assessed by the pre-school teachers, and the potential of eco-behavioural assessment in their reports, backed by research establishing the predictive value of pre-school teachers' assessments, makes the psychological assessment no more than an expert's approval of what was already assessed.

This situation intensifies the process of assigning a label to the child instead of providing support for his inclusion. The context-free assessments by psychologists, using testing as their tool, without examining the difficulties that initiated the referral within their environmental contexts in the kindergarten, intensify the tendency towards labelling and later affect the creation of an institutional identity. Traditional norm-referenced measures and assessment results based on discrepancy analysis are unrelated to an intervention design and to decision-making. (Neisworth & Bagnato, 1992). These context-free assessments, based on the psycho-medical paradigm, reinforce the belief that the difficulties are intrinsic to the child and not context-bound. The ongoing use of intelligence tests with pre-schoolers, though contested, leads to the acceptance of such assessments as representing objective facts, even though they ignore the impacts of contextual changes on the children's development. The conclusion I draw from my study is that psychological assessment may be beneficial only if it is a component of eco-behavioural assessment. Interdisciplinary assessment, requiring collaborative teamwork, is one of the changes required in the assessment of young children.

School psychologists persist in carrying out traditional psycho-educational assessment as their primary function (Nastasi, 2000). The conception that
assessment is the expertise of psychologists, since they are able 'to give the problem a name', as one pre-school teacher said, leads to referral to psychological assessment, even though, as evident in his study, pre-school teachers are quite capable of carrying it out themselves. 'Examination is a space of domination in which disciplinary power manifests its potency' (Foucault in Allan, 1999, p.81). This begins a process in which children and their families “are scrutinized through disciplinary techniques of hierarchical observation, normalizing judgments, and the examination” (Allan, 1999, p.85). Psychological assessments, being considered more professional, tend to be more readily accepted by placement committees in determining eligibility for special education services, and in discourse that leads to an institutional identity (Mehan, 1996). The present study clarifies the conditions in different ecological systems within the kindergarten environment that cause the pre-school teacher to initiate the process of labelling by professionals, and reinforces the view that singling out children by professional labelling puts them at risk of exclusionary processes (Wilson, 1998; Mehan, 1996; Allan, 1999).

Psychologists, who deal with children individually, assess them and are involved in ensuring eligibility for special education services or in placement decisions, reinforce the process of the classification and labelling of children. This is due to their examining one child at a time and using psychological assessment tools to determine if the child meets the criteria for special education services. School psychologists base their work on the psychometric theory of assessment, and apply assessment data to educational decisions. Although assessment skills are essential and very valuable, they are often used for decisions regarding classification, rather than for structuring appropriate interventions (Ehrhardt-Padget et al., 2004).

School psychologists spend most of their time conducting assessments to qualify students for special education services, rather than addressing their multiple needs at a programmatic level through prevention and early intervention practices. Such a model only perpetuates the need for more school psychologists to assess children, which may eventually result in their needs not being met (Ehrhardt-Padget et al., 2004). School psychologists should play the role of agents of prevention and intervention, by conducting a school-based needs assessment; and addressing multiple levels: Their aim should be to help both the child and the pre-school teacher, and they should use multiple measures to develop and evaluate
preventive and interventional aspects.

School psychologists have access to the educational system, and possess the interpersonal skills to facilitate and influence a support group for pre-school teachers, through which the needs of both the children and the pre-school teachers can be met within the pre-primary school system. Psychologists should adopt a model that supports pre-school teachers and addresses conflicts, tensions and stresses, when new legislative demands for inclusion are put forward (Hanko, 1995). As shown in this study, unattended staff concerns may reinforce educationally dysfunctional distinctions between children with and without special needs, and also lead to distinctions within the staff between those who deal with children with special educational needs and those who do not (Hanko, 1995).

Psychologists should understand the pre-school teachers’ perspective and not adopt a teacher-deficit model, just as pre-school teachers here adopted a child-deficit model, otherwise their consultancy will not help teachers lose their deficit perception (Hanko, 1995). By confining their attention to meeting the needs of specific children referred by the pre-school teachers, psychologists miss the opportunity to support pre-school teachers in developing their own skills in responding to all children, to make programme adaptations, and to become effective school psychologists (Hanko, 1995). Special attention should be paid to the role of the psychologist in supporting pre-school teachers in their efforts to include children with special educational needs, and develop their sensitiveness and responsiveness to children's special needs (Hanko, 1995; Rimm-Kauffman et al., 2003). This may involve an interdisciplinary team; by working with others from different fields or settings, it is possible to grasp alternative points of view, and broaden the conceptualization of children’s needs and consider alternative and creative solutions (Ehrhardt-Padget, 2004).

School psychologists have an opportunity to assist pre-school teachers in reframing the concept of learning disabilities and children's special needs as a function of contributions from multiple contexts. Both pre-school teachers and psychologists may work towards understanding child development in its context, focusing on reciprocal relationships among eco-systems, rather than on the properties or practices characteristic of one system, and attending to the individual's perception and meaning of a given situation to make sense of the circumstances in which children live and learn (Bronfenbrenner, 1992). The role of
the school psychologist should be to help prevent the creation of an institutional identity, the issue discussed in the next section.

11.5 Preventing the emergence of a vicious circle: Empowerment of pre-school teachers

This section is devoted to some of my own reflections and suggestions regarding both my practices. I shall reflect on my work both as a teacher educator and an educational psychologist, practicing school psychology. I gave this section the title of ‘preventing the vicious circle’, because it is my profound conviction, supported by research findings, that an appropriate early identification and intervention may prevent later failure in school as well as the creation of an institutional identity.

All roads should lead to the empowerment of regular pre-school teachers, in order to enable them to cope with the difficulties described, and prevent the initiation of an exclusionary process before the child starts school. This study reveals that non-empowered teachers with a low professional self-image implement practices that fail to include the child and in some cases intensify the risk of later failure. It appears that it is not lack of knowledge or bad intentions that propel this exclusionary process, but the discourse they, and to some extent I myself use, ignoring other knowledge. It is the type of knowledge that underlies the process, and not a lack of knowledge per se. The discussion about preventing this process from taking place will focus on the implications of ecological theory.

Empowerment should relate to both pre-school teachers’ pre-service education and to their professional in-service development.

Empowerment refers to a process whereby an individual's belief in his or her self-efficacy is enhanced, thereby giving them the power to do the job demanded by their positions, and to achieve control over their lives (Johnson, 1998). Empowered professionals strive to have control over the circumstances with which they are faced by taking action to successfully solve problems they experience (Soodak et al., 2002). Empowerment is also the process of decentralizing decision-making and granting more autonomy to teachers. The process of empowerment is directed towards autonomy, and to finding solutions to situations of personal or professional helplessness. Empowerment of people and positions has three components: information, support and resources, and it comprises elements of knowledge, skills and motivation (Soodak et al., 2002)
According to this study, the empowerment of pre-school teachers should relate to changes in their beliefs and perceptions of the concept of special educational needs. The knowledge of pre-school teachers and that of their teacher educators should be revised in order to empower them. Pre-school teachers' knowledge and beliefs are a major factor affecting their practices regarding the identified child. The predominance of neurological-psychological theories in the teachers' knowledge, lead to the adoption of the medical model when explaining the child's difficulties. My reflections on my practice as a teacher educator lead me, first of all, to find fault with my own teaching. Both the contents and the teaching methods should be revised. I have discovered that the predominance and impact of the psycho-medical paradigms, in particular the psychological-neurological theories, constitute an obstacle to inclusion; empowering pre-school teachers means revising their knowledge.

Teacher training is based on reflection during practice, which does not create links to the relevant aspects treated by research. It is advisable to change the approach that overemphasizes learning from experience on the job, without any attempt at the development of analytical ability and at the exploitation of theoretical knowledge. Moreover, the school situation, involving social and educational conflicts, demands that the teacher consider in depth her own role and responsibilities within the various social and educational situations (Avdor, 2001). It appears that providing pre-school teachers with procedural knowledge is not sufficient; they acquire it in action through staff development courses, but find it difficult to implement, and to reflect on the contextual reasons for these difficulties.

Inclusion of the child having difficulties requires support, not only knowledge. Staff development courses provide procedural techniques, but this is not sufficient to prepare pre-school teachers for inclusion. Research literature, in particular research, is not relevant for most teachers (Shkedi, 1999) This study leads me to conclude that overemphasis on academic research and in particular the adoption of the psychological-neurological assumptions regarding the child's difficulties may even be an obstacle to the teachers' adopting more educationally based models. The academic knowledge presented to teachers, the detailed and specific neurological psychological body of research, not balanced or challenged by other conceptions or paradigms, not only does not help teachers in their
everyday attempts to cope with the child, it even makes the situation worse for both the child and the teacher. The academic-oriented teaching of learning disabilities, its definitions and emphasis on psycho-neurological research with its scientific aura, is important, but not enough to prepare a pre-school teacher to cope with inclusion.

The knowledge relevant for pre-school teachers emerging from this inquiry is knowledge about contextual-environmental definitions of learning disabilities, problem solving, developing and implementing plans to create solutions to problems that impede progress. Efforts at prevention may be more successful, if practitioners take time to identify environmental issues (Bogenschneider, 1996). For pre-school teachers it implies being taught to identify risk and protective factors in their classes at all eco-system levels. As ecological theory predicts and a growing body of research indicates (Bogenschneider, 1996), most problem behaviours have no single cause, but multiple causes. Moreover, risk and protective processes are not confined to any one aspect of the child's development. Successful programmes address both risk and protective processes at several levels of the human ecology to create a comprehensive, multifaceted effort. During pre-service and in-service education, pre-school teachers should be informed about the multiple dimensions of learning disability.

Eco-system theory and eco-behavioural assessment may promote a discourse of inclusion. Eco-behavioural assessment should become an integral component in an educational philosophy that encompasses all environmental contexts. Developing the knowledge base of pre-school teachers should relate also to changes in values, beliefs and attitudes that will lead to a discourse of inclusion. Such a discourse would relate to each child's potential, also search for difficulties in the way the programme is presented to the child and for ways of adapting it accordingly while and all the children still cover the same programme. (Skidmore, 2002). Inclusion takes into account the optimal ways a child learns, and calls for an exploration of the dynamics of environmental factors (Hart, 1992). Eco-behavioural assessment may shift teachers' thinking from how to change the child's behaviour and 'normalize' him/her, to questions of how to change ecological factors to include the child and other children and to value their diversity. This would lead the teacher to avoid activities that emphasize exclusion and include those that are more congruent with the child's learning, such as
developmentally appropriate practices or situated learning. As shown in this study, teacher-centred activities are more likely to suggest deviance and normalizing judgments than other activities.

However, not only should the knowledge base be widened, teacher educators' teaching methods should also be altered. The method of teaching about special educational needs, instead of only dealing with information and procedural techniques, should also facilitate pre-school teachers' learning from their own experience. Using systematic observations and reflecting on them revealed their usefulness in contributing to the teachers' understanding of the child's needs. Changing beliefs does not precede changing practice, but rather changing practice (and seeing positive results) leads to changes in beliefs, and ultimately, more sustainable changes in practice (Boudah & Knight, 1999).

This inquiry led me to change my way of working with pre-school teachers on inclusion. I no longer see myself as a transmitter of knowledge, but rather as a facilitator, focused on the kindergarten teachers, encouraging them to explore their environment rationally and acquire knowledge from their own experience, and learn from it what it really means to include a child with special needs. This research emphasized the need for more training for regular teachers in ways to promote the inclusion of children with special educational needs, not only providing knowledge about assessment, class management and remedial teaching, but also about other aspects of teaching: helping them find out for themselves what is appropriate to their unique situation. The aim should be to help and support them in their search for solutions. It may be a way of empowering pre-school teachers – finding their own solutions that suit them best, to make decisions. The concept of multidisciplinary teamwork, so essential for the inclusion of the child, is in some ways problematic, as revealed in this research.

Empowering pre-school teachers should tackle the organizational factors such as their low professional image and professional isolation. The low professional self-image was found to be one of the characteristics leading teachers to refer the child to professionals for assessment and affecting their ability to function as an equal partner in an interdisciplinary team. This would involve participation in decision-making, personal development, a sense of self-efficacy, and autonomy (Short & Reinehart, 1992). Enhancing self-efficacy, in particular teaching efficacy, is the most relevant element of motivation that may empower
pre-school teachers. Promoting pre-school teachers' belief in their capabilities may reduce their feeling of helplessness. It may promote their perceived control, the belief they have the capability to make the change and not feel dependent on others (Soodak et al., 2002). To empower pre-school teachers means to strengthen their belief in self-efficacy or to weaken their feelings of powerlessness, and to provide support in challenging situations.

Both pre-school teachers and psychologists should focus less on identifying the pre-school children, and more on the mechanism that excludes children at such a young age. A child's characteristics should not be examined out of context; it should be made clear how identification processes themselves lead to exclusion: For example, how developmentally inappropriate practices may intensify difficulties, or how perceiving early childhood education as a preparatory programme, imitating school teaching methods not appropriate to ways children learn at this age, contribute to the identification of difficulties.

Empowerment of pre-school teachers should also tackle the isolated nature of their working conditions and its negative effect on their professional image and their capability of participating actively in an interdisciplinary team. All research about inclusion and intervention programmes emphasizes the need for a multidisciplinary team for inclusion to be successful (Wilson, 1998). Teaming up and collaboration are shown to relate to receptivity to inclusion (Soodak, Podell & Lehaman, 1998). The isolated pre-school teacher should be empowered by participating in small interdisciplinary groups, working together on specific topics, where their active participation would be ensured (Soodak et al., 2002). The individual empowerment of pre-school teachers may be supported and enhanced by collaboration with other pre-school teachers.

Empowerment may also be achieved by group reflection on the pre-school teachers' experiences. Isolation and a low professional image were also related to lack of reflective thinking. Lack of reflection, support, a low professional self-image and deference to experts may be alleviated, if pre-school teachers work in a team monitored by a psychologist. It should be a support group facilitating problem-solving. Pre-school teachers should be working towards an understanding that provision of special education services should be seen as a joint problem-solving activity (Skidmore, 1999).

By working with a reflective support group, pre-school teachers may also
overcome difficult working conditions and through innovative thinking find solutions to inclusion. Difficult organizational conditions, making inclusion a heavy burden, are not to be ignored; however, Hart (1992) claims that developing innovative thinking about the child's difficulties "does not imply finding more time, but using whatever time we do have available differently" (Hart, 1992, p.112). Hart calls for a probing analysis of the existing thinking and perceptions in order to develop new insights. Only a more empowered, more reflective and less isolated pre-school teacher is capable of placing less emphasis on the burden of the large number of children in his care, and considering other possible changes. However, this does not reduce the need for broader organizational changes, in particular the reduction of the standard number of children in class.

Action research may empower a group of pre-school teachers and transform them into a learning community (Calhoun, 2002). This study shows that staff development courses, focusing on the implementation of specific initiatives such as a new programme, a new mode of assessment or behaviour modification practices are insufficient. Pre-school teachers themselves possess the necessary knowledge, and creating a supportive atmosphere will enable them to really clarify the meaning of inclusion. However, it is important to enable pre-school teachers to undertake action research alongside their workload, not increase it (Cohen, Manion & Morrison 2000)

These support groups for professional development should also influence the micro-system processes. Empowered teachers, with comprehensive knowledge about the multiple dimensions and causes of learning disabilities, feeling more confident through the provision of support, working collaboratively with colleagues and professionals to promote inclusion, will find their own way to include the child without labelling him/her.

The empowerment of kindergarten teachers also for calls for changes on the policy level. The most important issue to be dealt with by the policy-makers is the number of children in the kindergarten and the additional burden borne by the teacher, due to care for the child with special needs. Undoubtedly, the principal recommendation is to reduce the number of children in the kindergarten and to add a more adequately trained helper. This recommendation is congruent with those made by the “national task force” (the Dovrat Report), stipulating that that the
number of children in the kindergarten be reduced to 20 and calling for professional training for the helpers.

This study reveals that reducing the number of children in the kindergarten may be essential, but not sufficient. The kindergarten teacher's isolation will not be alleviated by reducing the number of children, nor will it change her perceptions about including the child with special needs. In spite of the declarations and policy papers supporting inclusion, it appears that policy-makers must provide a better infrastructure for the inclusion of the child with difficulties. This study focuses on the setting up of effective multi-professional teams that will not only provide support to the kindergarten teacher, but also empower her. This team will not only provide guidance for individual assistance to the child, but also direct structural changes in the kindergarten to create conditions furthering the child's development and adaptation to the kindergarten environment, beyond his/her individual progress outside it. A clear policy of inclusion also requires ongoing further study by the multi-professional team, with emphasis not only on content, but also learning based on problem-solving and the forging of a shared philosophy and language, facilitating concerted planning by the team.

11.6 Further research

Owing to the lack of adequate research related to kindergarten teachers, this study can only be considered tentative and leading to further research. The main issues to be examined are the implications of the structure of the kindergarten teachers' work and of their methods of assessing the children, for the integration within the kindergarten of children with difficulties.

First to be considered are the effects of the make-up of the kindergarten teachers' work on their methods of teaching and in particular on the way they deal with the child experiencing difficulties. The following questions are of interest in this respect: What are the implications of the kindergarten teacher's professional isolation for their methods of teaching and in particular for the way they cope with the child with difficulties, especially when his/her problems are behavioural? How does such isolation affect her educational approach, her perception of her role with regard to children with special needs included in her kindergarten, and her capability to meet their needs?
The teacher’s professional isolation may also have implications in the mezzo sphere, i.e. for her relations with the team treating the child with difficulties, and in particular with the child’s parents. This study raises many questions calling for further research: What are the kindergarten teacher’s expectations of the multi-professional team, in particular of the psychologists, and is their assistance effective? How does the need to cope alone with such a child’s parents affect the ways of identifying and assessing of the child, and her relationship to the child? What are the teacher’s expectations of the child’s parents?

Another direction of research regarding the teacher’s isolation is to examine the implications for this variable of various types of intervention. How does participation in support groups affect the teacher’s efficacy in coping with the child with difficulties? How does effective teamwork by the multi-professional team influence the teacher’s perceptions and positions regarding the inclusion of such a child? The examination of such questions may call for integrative research by psychologists, educators and paramedical staff.

The use of eco-behavioural assessment opens up additional possibilities for the study of children with special needs included in regular kindergartens. Educational ethnographic research may present a wide-ranging perspective on the effect of various activities in a specific kindergarten context on the learning and behaviour of such a child, and on his/her relationship with the kindergarten staff and with other children. How are the teachers’ behaviours towards these children in various kindergarten environments congruent with desirable behaviours on the part of the children and with their learning achievements? It is worthwhile to examine how teaching activities supporting development are related to the behaviour of the child with special needs, and how various environmental kindergarten contexts hinder or facilitate the child’s inclusion.

I suggest that during their training, prospective kindergarten teachers should acquire knowledge and tools to help them cope with children with difficulties; they should carry out action research on a limited scale to examine how various environmental contexts benefit such children; they should work with such a child and explore their experiences, and thus learn through practice how to cope with such children, not only listen to lectures providing theoretical
knowledge. They should then sum up their insights and apply them in action research.

11.7 Limitations

The limitations of this study are due to several factors: my research perspectives, the limited duration of the study and the difficulties encountered by the pre-school teachers.

The action research design is built on democratic principles (Cohen, Manion, & Morrison 2000). However, power relationships were one of the limitations of my research. My being the teacher and also a practicing school psychologist was an obstacle for the pre-school teachers in their effort to perceive themselves as co-researchers. The reported observations and assessments were accredited for their studies for the B.Ed degree (see chapter 6). The accreditation for participation in this research did not help to make the teachers feel more equal in status or increase their participatory role in the research, and the study remained mostly “my research” and “their assignment” – albeit one which was more interesting, rewarding and relevant than many others.

The professional self-image of the pre-school teachers and their attitude to professionals and experts was the second variable determining power relationships: the belief that it is the experts who have the necessary knowledge about special educational needs. The participatory nature of action research and its democratic mode were quite difficult to sustain.

As a teacher educator, I too am a learner of my practice (Zeichner, 1995). I took an idea that emerged from my practice as a school psychologist and brought it to the field of teacher education. It took some time until I realized how greatly I was influenced by the psycho-medical model and how much it affected the assessments of the teachers. As a result, one of the changes I made was to shift the emphasis to the ecological system theory; however, I am not able to estimate whether it was sufficient. I assumed that by guiding pre-school teachers to observe the child during different activities in the kindergarten would enable them to reflect on them during their observations. When reflecting on my practice I became aware that I was caught up in the psychological neurological theories, and
maybe I did not provide sufficient guidance and feedback towards the application of eco-behavioural assessment. It should be taken into consideration when interpreting the findings about the identification and assessment of the child.

Major difficulties appeared during data collection. This was mainly due to the pre-school teachers' difficulty in finding time to observe the child. This factor limited my method of data collection, an aspect I was not sufficiently aware of before beginning the inquiry. It also may be viewed as a component of the limitation to implement observations as a method of identification without empowering pre-school teachers first. The amount of time and effort required for such identification and assessment procedures makes its applicability questionable.

The working conditions of the pre-school teachers are one of the obstacles to using this kind of procedure, since the adult/child ratio makes it difficult, almost not feasible. This research showed the potential value of observations; however, I am afraid that their feasibility as a basis for eco-behavioural assessment is doubtful in the present state of affairs.

The length of time we had, one school year, was insufficient for making more process changes. One academic year was not enough for working on knowledge and on attitude change and in particular for reflection on the observations and the meaning of what was revealed. Yet it was sufficient for teaching and improving pre-school teachers’ assessment skills.

11.8 Conclusions

This action research shed a light on the difficulties experienced by regular pre-school teachers in coping with pre-school inclusion. The main conclusion derived from this study is that the merits of eco-behavioural assessment on the premises of the eco-system theory are minimized due to organizational factors in the pre-school education system. Pre-school teachers competently assessed the child and displayed good skills in assessing a child with special educational needs, based on their observations of the child; however, the organizational conditions, in particular being overburdened, working in isolation and without the real support by an interdisciplinary team, as well as their low professional self-image, prevented them from encompassing the whole range of possible causes of the difficulties and from meeting the needs of the child. Pre-school inclusion requires changes in pre-school policy and institutional-organizational conditions. Further
research should be devoted to the institutional-organizational factors and their effects on pre-school inclusion in Israel. Such research should be more empathetic to pre-school teachers and focus on giving them more voice.
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Appendices

Appendix 1: Souhair’s observations and assessment of Ali

Personal Details:

Field of Specialization: Communications & Education

Place of Work: The Tamra Association

Work Experience: Three years

Number of Children in the Class: 35

Characteristics of Kindergarten Population All the children are residents of Tamra, aged 3-4 years

Details Regarding the Child

Child’s Age: 3.9 years

The child is the only child of a religious family

He was born after ten years of his parents’ marriage.

The child is at risk for a learning disability in school, the reasons for my choice of this child are as follows:

1. In focused activity/ morning session: He is unable to sit on the chair, he is continually moving, he jumps up in the middle of the class, touches others, stands on the chair, emits sounds and noises, bangs on the wall, disturbs others and does not allow them to listen, he does not concentrate at all and does not let others concentrate.
2. During the class activity: He does not concentrate on any activity, he is only able to pay attention for two or three minutes, for example: he draws very quickly and goes on to another activity, he pushes other children who are concentrating on their activity, sometimes he leaves his activity and goes to play with chairs in the centre of the class.

3. During story-time - sometimes he pays attention to the story, and sometimes he does not, if the story is new and interests him he will sometimes listen, but usually he does not listen to the stories, sometimes he emits noises, or touches others or lays down on the floor in the middle of the class. Eventually he breaks the attention of my class and enables the others to do as he does since they have already broken their attention.

4. In the sports class: He enters the gymnasium and begins to jump about alone in the centre, he doesn’t wait to listen to what the sports teacher has to say or to hear the rules of the game, he starts to take balls for himself, to climb up on to the benches, scatters the equipment that is arranged in the gym. During the sports activity he pushes others or doesn’t go according to the rules, he wants to do whatever he fancies, freely, and this greatly interferes with the other children and disturbs us from continuing with the lesson because this encourages the other children to act in the same way. Because of this he is often given punishment, for example he is not allowed to participate in this class or to play in the playground.

He usually disturbs others, he is always looking for his things, for his bag, for his hat, his water-bottle. He cannot concentrate in class, his attention span is usually two or three minutes whether this is in a meeting or an activity, it is the same.

Observations

1 - Dramatic Play in the Dolls’ Corner
Ali goes with the group to the dolls’ corner, he sits on the sofa in the corner and takes a doll, Ali says to one of the children: look at the doll’s hair how its messy he doesn’t look good does he.

The child: Its Asil she always plays with the dolls and doesn’t put them in order.

Ali: Let’s dress her up in the trousers.

The child: O.K. you put on the trousers and I’ll put on the shirt.

Ali starts to dress the doll but he doesn’t succeed because the doll’s leg breaks off and he doesn’t succeed in putting it back in place and its very difficult for him.

Ali says to the child: You try to put the leg back in place I can’t.

The child: I can’t either let’s take the doll to the teacher she knows how to put it back.

Ali and the child come to me with the doll and ask for help, I replace the leg in its place, they laugh and return to the corner and continue to dress the doll.

The child finishes dressing the shirt but Ali has difficulty and he gets fed up.

Ali: I’m fed up the doll is broken I don’t want to play with her and he throws her on the floor, and immediately gets up on the chest of drawers and leans on it.

The children shout at him to get down off the chest of drawers.

Ali: I want to lie down on it.

The children shout: Teacher look how Ali is lying on the chest of drawers.

I ask Ali to come down.

Ali: No, I don’t want to.

I hold his hand and ask him to come down.

Ali: O.K. I’ll come down by myself.

The he stands up on the chest of drawers and jumps down and goes to another corner.

**Strong points**

**From an intellectual aspect:**

He thought about how to do it and attempted to dress the doll.
There was a discussion between him and the child as to how to dress the doll.

**From a social aspect:**

He sat down with one of the children and they held a short discussion. He has friends in the class with whom he plays.

**From an emotional aspect:**

He sometimes says that he cannot do something and asks for help. He likes the dolls’ corner and goes their happily and it gives him self-confidence.

**Weak Points**

**From an intellectual aspect:**

The discussion is limited and there was no serious or real discussion. He has no patience to sit in the same corner or continue with the same activity for much time.

**From a physical aspect:**

He goes from one corner to another within a few minutes. He pushes things or jumps on the tables or cupboards. He is unwilling to arrange the corner that he plays in (he just throws things).

2. **Dramatic Play in the Kitchen Corner**

Ali goes into the kitchen corner, he meets the girl Lian who plays with cups and saucers. Ali turns to her and says: Lian are you washing the dishes? Look how she’s washing the dishes! and laughs.
Lian looks at him in surprise and does not speak, Ali starts to take the dishes from her and pushes her aside.

Lian shouts: Enough I want to play.

Ali: I also want to play get out of here.

Ali starts straight away to play with the dishes without relating to Lian, he washes the dishes and emits noises “like the sound of water”, and suddenly starts to throw everything on the floor.

Lian starts to cry.

Another child comes and says to her: Here take your dishes, and begins to collect for her all that has been thrown on the floor.

Ali looks on and does not react, he gets up on the small kitchen cabinet and claps his hands - and he says: I don’t want you to play here.

The children call me: Teacher look Ali won’t let us play.

I ask Ali to get down and play properly with the other children.

Ali gets down quietly and sits on the sofa in the corner and tells another child to sit next to him: when we go down to the playgroup we’ll play together on the slide, no?

The child: Yes O.K.

Ali: But we won’t let anyone else play with us O.K.

The child: Yes just me and you and also Wiam and Tamer.


The child leaves the corner and goes to play with plasticine

Ali goes after him and sits beside him and starts to play also.

**Strong points**

**From an intellectual aspect:**

He is willing to play in the dramatic corner.

He can make the noise of running water from his mouth.

**From a social aspect:**

He likes playing in the presence of other children.

Weak Points

From an intellectual aspect:

He doesn’t play seriously. He does not examine, nor investigate, nor show initiative.
He is unable to play without interfering with others and unable to play in his own corner.
He is always in a state demanding movement and not thought.

From a social aspect:

He creates a situation of disturbances for himself and others.
He doesn’t give others an opportunity to be friendly with him.

From an emotional aspect:

He sometimes feels lonely since the children are unwilling to play with him because he disturbs them too much.

Dramatic Play in the Doctor’s Corner

Ali goes into the doctor’s corner with a group of children.
Ali says to Tamer: Tamer, come and lie down on the bed I want to examine you.
Tamer: O.K. but where’s your stethoscope?
Ali: Yes you’re right, wait a minute. Ali brings the stethoscope from the table.
Ali: Here it is now lie down.
Tamer lies down on the bed and raises her shirt and begins to laugh.
Ali: That’s enough Tamer don’t laugh, I want to examine you, no?
Tamer: O.K. but it tickles.
Ali puts the stethoscope on her chest and pretends to listen: Tamer your throat hurts, doesn’t it?
Tamer laughs and says: Nu, that’s enough now I want to examine you.
Ali: O.K. now I’ll lie down.
Tamer: Nu, raise your shirt.
Ali: O.K. but you have to put the the stethoscope here (motions with his hand to his chest).
Tamer: I know
Ali gets up quickly and says: No, not like that! You don’t know how and he takes the stethoscope forcibly from Tamer.
Tamer pushes him backwards and says: It’s my turn.
Ali: No the stethoscope was mine first.
They begin to hit one another until Ali starts to cry and throws all the instruments on the floor. Eventually I intervene and send each one to play in a different corner.

**Strong points**

**From an intellectual aspect:**

He plays well dramatically.
He understands the function of the doctor and the function of the patient (knows how to distinguish functions).
He knows how to use the doctor’s stethoscope.
He demonstrates initiative and is interested in playing.

**From a social aspect:**

Plays with friends in the dramatic play-acting.
There is a discussion between the two children.
From an emotional aspect:

He feels confident with the play-acting.
He knows the game well.

Weak Points

From an intellectual aspect:
He has no patience to wait for others.

From a social aspect:

He does not consider others.

1 Picture Construction

Ali sits with a group beside the table and each child has a picture jigsaw that he must construct. Ali sits down and begins to play but within seconds he begins to throw the pieces on the floor and interferes with the entire group.
The children shout at him and call out to me: Teacher look how Ali is throwing our pieces and doesn’t allow us to play.
I ask Ali and the children to pick up the pieces together and to play properly.
After they have put everything in order I sit next to Ali and tell him that we shall construct the picture together.
Ali: But I don’t know how.
I: Yes, you know, you just have to try.
Ali: Look where do I put this piece?
I: Its because you’re not concentrating on your picture. Look carefully where does the child’s hand go in the picture?
Ali: Here it is.
I: Well done so you do know, why do say that you don’t?
Ali continues to construct the picture very slowly looking at me and waiting for my reaction.
I: Well done Ali you know it all here you are you’ve almost finished the picture.
Ali puts his tongue out in front of the children and says: You see the teacher says I know it all.
I: Yes I said he knows it all by himself.
Ali: Yes I want to make it by myself, I don’t want them to do it for me.
I: Who is doing it for you?
Ali: Everyone took the pieces from me and said I couldn’t construct the picture.
I: Each person can construct their own jigsaw by themselves and its forbidden to take pieces from others.

Strong points

From an intellectual aspect:

He tries to play and demonstrates initiative when an adult is beside him.
He knows the parts of the body.
He knows how to construct at least four parts of the picture.
He concentrates on playing for at least four minutes.

From a social aspect:

He sits with the group of children.

Weak Points
From an intellectual aspect:

He is unable to construct a picture composed of more than five pieces. He quickly loses attention. He needs someone beside him to guide him all the time.

From a social aspect:

He disturbs others during the playing time. He doesn’t maintain friendship and has no friend together with him.

From a physical aspect:

He is unable to sit still on the chair, sometimes he stands and sometimes he disturbs others.

From an emotional aspect:

He is very nervous. He has no patience.

2. Picture Construction

Ali sits with a group of children around the table and they all begin to play with the picture jigsaw and Ali also begins with them but within seconds he leaves the group and goes to another group takes pieces from them and runs back to his group and says: Look what I took from them! I took all the pieces. He puts the pieces on his chair and goes again to the other group and takes pieces from them and laughs: Look how many pieces I’ve collected I’ve got a lot! One of the children looks at the pieces that Ali collected, Ali looks at him and says: Don’t touch they’re all mine I collected them and not you.
Ali continues to take pieces from others until the children begin to complain about him.

**Weak Points**

**From an intellectual aspect:**

He doesn't concentrate on his own activity.  
He is unable to sit down and to busy himself with his jigsaw construction.  
He does not initiate, does not try, is not willing to think, he does not make any effort to solve the jigsaw.

**From a social aspect:**

He disturbs others.  
He has an influence on the friendship between himself and others.

**From a physical aspect:**

He is unable to sit quietly doing his own activity he shifts, he moves about, goes from place to place, jumps in the middle of the classroom.

3. **Picture Construction**

Ali sits with the rest of the group around the table and plays with the picture jigsaw, Ali begins to construct the pieces and says to one of the children: Give me your jigsaw.
The child: No its mine.
Ali takes his jigsaw puzzle forcibly.
The child starts to cry.
Ali says: So what cry.
The children shout and call out to me
I say to Ali: Ali what happened?
Ali: I want his jigsaw.
I: But I gave it to you two days ago, and today it was given to another child each time another child - that's how we agreed isn't it.
Ali: Yes but I want to play with it.
I: O.K. You want to play? I can give it to you but only after he finishes it and then you can exchange them.
Ali throws the jigsaw to the other child and continues to play with his own jigsaw, but how? He starts to take pieces and to bang on the table, on his chair (the pieces are made of wood).
The children say: Nu enough Ali its disturbing us.
Ali laughs and continues to emit noises and to interfere with the others.

Strong points

From an intellectual aspect:

He can express things, or what he wants.
He wanted the same game that he had a few days before and this means that he knows this game.

Weak Points

From an intellectual aspect:

He doesn't concentrate on his own activity.
He has no initiative to try and think.
From a social aspect:

He interferes with others.
He doesn’t allow others to be his friends.

From a physical aspect:

He moves a lot, his movements in the group cause an interference in the concentration of others.

A Didactic Game

I give Ali a new didactic game which the children have never used nor has Ali.

The game is “SOMETHING AND ITS OPPOSITE”.
I sit down near Ali beside the table and begin to explain the rules of the game to him.
Ali does not want to play with this game and says: No, I want to play with something else.
I say to him: I want to sit beside you, and we’ll play with this together.
Ali sits quietly.
I say: Ali what can you see in this picture?
Ali: It’s a bottle.
I say: Fine, lets find the opposite together, what can be the opposite of a full bottle Ali?
Ali doesn’t answer me just looks into my eyes.
I say: Let’s look at the cards on the table together perhaps we’ll find the opposite of a full bottle.
Ali starts to look and to search I say to him: Have a good look Ali.
Ali laughs and takes out the correct card.
I say: Well done Ali you see you know it all its easy.
Ali: Yes let’s continue.
I say: Choose another card.
Ali chooses a window.
I say: What have you chosen Ali?
Ali: It's a window.
I say: Fine what's happening with the window?
I say: Fine the window is open, let's find the opposite.
Ali looks to find it and takes out the correct card.
I say: Well done very good Ali, now you know how to play alone, I just want to sit beside you and watch and you'll continue by yourself.
Ali plays and continue with the game patiently.

Strong points

From an intellectual aspect:

He can concentrate for more than five minutes.
He demonstrates initiative, searches, tries, thinks about what is suitable and what is not suitable.
He listens to the rules of the game.

From a social aspect:

He sits quietly in the group of children.
He doesn't bother the others.
The children were closer to him because I was beside him.

From a physical aspect:

He sits on the chair without noise and without any interference.
He doesn't move from place to place.

From an emotional aspect:

He has a sense of self-confidence because I am beside him.

Weak Points
From an intellectual aspect:

He needs constant guidance and instruction.
He doesn’t take responsibility for himself.

Observation during the Reading of a Short Story

The title of the story: Three Butterflies

By the child “Ali”

Once upon a time there were butterflies playing together, and the flower would not let them enter her, and when the sun rose they continued to play.

Strong points

From an intellectual aspect:

He tells a story in a few words.
He understands what the story says.
He has the courage to stand before the class of children and to tell it.

From a social aspect:

He felt he was accepted by the group. (Because the children applauded him).

From an emotional aspect:
It gave him confidence and self-trust, that he was capable, he was successful, he was accepted.

**Weak Points**

**From an intellectual aspect:**

He didn’t go into the minor details of the story.
He is unable to tell the story clearly, (he gave short sentences).
He doesn’t have a good vocabulary.

**From a physical aspect:**

He stands before the class with continual body movements, for example: swaying from side to side, using his hands up and down.

**Observation during a Morning Session**

During the morning session all the children sit on chairs in a circle and they all pay attention apart from “Ali”, he gets up from his chair and lies down on the floor in the middle, I ask him to get up and sit in his place.

Ali answers: No I don’t want to sit down.
I ask: Why?
Ali: ‘Cos I don’t.
I say: But you can’t see me like that and listen to what I say.
Ali: So what I don’t want to listen.
I go to the drawer of stickers and say to him: Ali! Look at what I want to give you.
Ali looks but doesn’t react.
I say: Quickly come and sit beside me I want to put a beautiful sticker on you, and the children want to applaud you isn’t that right children? Yes the children answer.
Ali looks at the children and gets up quickly and sits on the chair, and the children applaud, and I put the sticker on him.

Ali sits quietly for three minutes, and then I say to Ali: Ali perhaps you can tell us what you did this morning before you came to the kindergarten.

Ali: In the morning I played with a plane, and my Dad also took me to the swimming pool and there were lots of fish there.

I say: There are fish in the swimming pool?

Ali: Yes lots of fish.

I say: Perhaps you were at the sea Ali and not at the pool? Because in the pool there are no fish, isn’t that right Ali.

Ali: Yes it was at the sea in the Tamra village.

I say: But in Tamra there is no sea only a small swimming pool, but the sea is very big with waves and there are boats and ships, and there are all sorts of fish living there.

Ali: Yes and there was also a dog! And he bites.

I say: Are you afraid of the dog?

Ali: No, I’m not afraid, I can hit him because I’m a big boy.

I say: Fine Ali you needn’t be frightened of dogs, dogs come up to us in order to be stroked and to play with us, and we shouldn’t be frightened of them.

Ali: Laughs out loud.

And I continue with the morning session with a few disturbances from Ali for example: once he bangs on the wall, once he talks to a friend beside him.

Strong points

From an intellectual aspect:

He makes an effort and sits concentrated for three minutes.

He is able to express what he wishes in simple language.

From an emotional aspect:

He feels that he is at the centre and all the children are listening to him.
Weak Points

From an intellectual aspect:
He doesn’t concentrate on one subject, he jumps from one subject to another.
He does not have rich or clear language.
The information, which he has, is not fitting for his age for example: what is the sea? what is a swimming pool?
He does not use his intellect.

From a physical aspect:

He cannot sit on his chair, he disturbs the others, lies down on the floor, touches his friends, sometimes wants to sit here and sometimes there.

Observation during Play in the Playground

Ali goes down to the playground quickly and takes a small bucket with him and calls to one of the children to come and play with him.

Ali says to the child: Musa come and play with me in the sand.
Musa: O.K. I’ve got a bucket!
Musa sits beside him and they begin to play together, to fill their buckets with sand with their hands.
Ali says: Fill it, fill it up to the top.
And they continue to fill without any conversation, and another child joins them and he also begins to fill.
Ali shouts and says: Go away from here, don’t play with us.
The child does not relate to him and continues to play.
Ali pushes him backwards, and puts his hands on the bucket so that he can’t continue to play and fill it with sand.

Ali: Get out of here don’t play with us its ours, isn’t it Musa?

Musa: Yes, its ours.

The child says: So what, I also want to play.

Ali: No go and play in another place.

The child leaves quietly and goes to play on the swings with other children.

Ali and Musa continue to fill the buckets with sand, and once they have filled them they take them to another corner and tip them out there, and again they go back to the previous place to fill and go to tip them out etc.

Ali: Look Musa, Look how much sand we’ve collected in the corner! We’ve got a lot haven’t we? Come on let’s fill it quickly so we can have a big hill.

They go back and refill another bucket and another bucket without any conversation, and when a pile of sand is created Ali jumps on this pile with both legs and laughs.

Ali: Look at how I’m jumping Musa, Go on, jump like me.

Musa doesn’t pay much attention to Ali he only stands and looks at him.

And they continue with the game of filling sand (back and forth) for a quarter of an hour without talking to one another.

Until Musa is bored, and leaves - and plays with a ball, and Ali continues to play alone, and doesn’t allow the other children to sit beside him and play with him.

**Strong Points**

**From an intellectual aspect:**

He uses several terms for example: fill, empty, a big hill.

He learns something from his game because he repeats the same activity several times.

**From a social aspect:**

He has a friend with whom he can play.
From a physical aspect:

He doesn’t sit in one place, sometimes filling, sometimes getting up and tipping and sometimes jumping.

Weak Points

From an intellectual aspect:

There was no serious conversation with friends.
He has no initiative to play or change the game.
He has a limited language or conversation.

From a social aspect:

He has no group of friends
He is not sociable, and doesn’t allow others the opportunity to be friendly to him.

From a physical aspect:

Most of the time he plays in the sand, he does not play on the slide or climb on the ladders.

Observation during a Physical Education Class

The lesson is: Jumping and Crawling
All the children enter the gymnasium, the teacher asks them to sit on the benches and begins to explain the game to them.
All the children sit quietly and listen to the teacher and the rules of game apart from Ali who begins to interfere and to jump around the room.

The teacher calls out to Ali and says: Ali we’re waiting for you come and join the children.

Ali continues to run around the room and does not pay attention to the teacher’s remarks.

I go to Ali and hold his hand and ask him to sit quietly so that we can continue with the lesson, I sit down next to Ali, and the teacher continues to explain the activity.

The children begin the lesson, jumping on the rubber steps, and crawling inside the tunnel and everyone participates, in order each one according to his turn. Apart from Ali, he interferes with the others and pushes them and doesn’t allow them to finish their activities. And sometimes he leaves and goes to another corner, for example: he gets up on the ladder, takes balls from the case and throws them on the children (he plays with things that are not connected to the lesson and the lesson’s activity).

The teacher: That’s enough Ali, come to me, come let’s jump together from the steps.

Ali: No, I don’t want to.

The teacher: O.K. so you won’t have a prize at the end of the lesson.

Ali: So what don’t give it to me. He runs and goes to another corner.

I go over to Ali and talk to him very slowly in order to bring him back to the activity and to help him join the other children.

Eventually Ali is persuaded and goes back and joins the children and acts well and in order for three minutes, then he again starts interfering and pushing other children, but now we don’t react - not I nor the P.E. teacher, and we leave Ali to play freely in the corner with the balls on the condition that he doesn’t go over to the other children or interfere with their activity.

Ali managed to do so for two minutes then went back to disturbing the P.E. class.

**Strong points**
From an intellectual aspect:

He can concentrate and participate for three minutes.

From a physical aspect:

He uses up all his energy that is stored up in him.

From a social aspect:

He is closer to others in the group of children
Weak points

From an intellectual aspect:

He doesn’t concentrate for a long time during the activity, he jumps from one place to another.
He doesn’t participate as required, and does not wait for others.
He doesn’t take an interest in the P.E. lesson and doesn’t notice the rules.

From a social aspect

He interferes with others during the lesson time.
He is not sociable in a serious manner he tries to make contact with the children by disturbing them.

From a physical aspect:

He is unable to restrain himself physically he jumps, climbs, plays with balls.
Father

I'm not a chair child
What can we do?

When I sit straight on a chair,
So orderly,

Like a lady
With a serious face -
This is not me.

Summary

This process of observation influenced me greatly with regard to my relationship with the child with special needs, at the beginning of the year I thought to myself how is it possible to manage a class with such a child who interferes so much with me and the children of the class, a hyper-active child who cannot sit down, cannot concentrate and also encourages the others to do as he does. At the beginning of the year I was under profound mental pressure and I asked myself how it was possible to solve this problem, how to find an appropriate syllabus for this child in a class which was so large with thirty five children. But during the course and with your explanations, Esther, as to how to relate to the child with special needs, I felt otherwise and began to relate to him differently and to think of a solution for the problems, and began to help the child in a calmer fashion, to think of suitable solutions for the child’s needs, for example: in the observation of the morning activity I said to him: If you join the children you'll have a beautiful sticker, or the children want to applaud you. In this encouraging manner he became more serious
more attentive and quieter. And I also found a different solution and this was to make a notice board for this child entitled “Ali’s Notice board”. On the board I wrote the daily timetable and on this programme I stuck stickers according to the duration of Ali’s concentration span for example: If he managed to concentrate on the story hour, I put a red sticker on his board and if he did not concentrate I put a brown sticker and in the end we counted together how many red stickers and how many brown stickers there are, and if the red stickers were more then he got a prize at the end of the day such as: a balloon, a whistle, chocolate, a large sticker. If not then he did not get a prize at the end of the day.

“Ali”’s notice board

Monday
Morning session | Activity | Refreshment time | Playground | Main focused activity | Story time | Didactic Game

With the help of this board I felt completely differently with regard to the child, his behaviour and his focused activity, and even if his concentration was only held for four or five minutes this would encourage him greatly and also decrease my pressure and the difficulties in the class of 35 children. And sometimes if he was very disturbing during the focused activity or during story time I would allow him to sit beside the table and to take a game that he wanted and to play in his corner but quietly and without bothering the others, and he did not always succeed in sitting quietly and playing he sometimes emitted noises, shouted, jumped, banged on the table.

And I did not suffice with this I also sat down with the psychologist of the Association and told her about the child, and she said that she would have to come into the class and observe the child from a distance and to see exactly how he acts in class. So one day she came and sat in the class to observe the child from a distance, she sat and watched and wrote down certain impressions, and at the end told me: Its good that you still have the strength to tolerate this child, and gave me
several recommendations: for example to give him a prize even if he only pays attention for four minutes, and later to extend the requirement to six minutes. And that it is also possible to tell him: I know you want to jump together with all the children and to play, I can let you play as much as you want freely but only after you sit and listen to the poem, or for example after listening to the story you can go down to the playground with a group of friends and together with my assistant.

We also invited his parents and sat down together with them, and the psychologist explained Ali’s situation to them, his parents were not at all surprised and said that he was their only child, and was born to the family after 10 years of barrenness and that he was very spoilt and that he was given all that he wanted and whenever he wanted. The psychologist explained that this was not correct and that it was necessary to set him limits in order that he could understand what is permissible and what is forbidden, what is correct and what is incorrect, and the child should not be given complete liberty because this sometimes confuses the child and harms his ways of thinking.

The parents were persuaded and said that they wished to help us and also themselves since they were unable to control the child, he did not consider anyone else and he did whatever he wanted to and in the manner that he wished.

With all my assistance and the meeting with his parents and with the psychologist - Ali progressed slightly but not significantly or positively, it was always difficult for him to concentrate, if he was in the corners he behaved negatively, noisily, hitting, throwing toys. And if he was in a focused activity he interfered with others, jumped, banged on the chair, touched others. He was continually in movement without pause and in a manner that was intolerable.

In my opinion Esther! it was very difficult for me with such a child in a kindergarten class of 35 children and it required much effort from me in order to be able to respond to all the physical, social, intellectual and emotional-mental needs of the children and at the same time to respond to the needs of the child with special needs.
I would prefer to change something in the learning syllabus or to bring in another assistant, or to find a special syllabus for this child, and it would also be possible to bring someone from special education to sit with him specifically and to provide him with concentration games or focused activities. It is also possible to decrease the number of children in the class to 25 children instead of 35. I think Esther! that it is only in this manner that it is possible to help a child with special needs and this would also help me as the teacher to answer to the needs of the other children in the kindergarten. However to my great regret Esther! all this does not depend on me as the teacher but depends upon the manager of the Association itself because in the end he decides and he organizes the syllabus for us, and he is sometimes unwilling to alter the syllabus or to relate to problems that we encounter in the kindergarten.

The Lessons that I have Learnt from this Process

The process was very long and difficult and required much effort and time. I felt the burden of the child’s problem and knew how difficult it was for the child himself to be a child with special needs and he appeared to me to be lonely because he has no support and home, and the parents are not conscious of the seriousness of the problem and not aware of the importance of education in infancy, I think that he needs help, support, specialists to assist him and guide him to support him in a personal way and seriously in an active manner, and the cooperation of the parents is also necessary and that of the educator and of the education system if they all cooperate together and exert efforts the child progresses better from the behavioural, intellectual, social and emotional aspects. He is a relatively good child he has several positive characteristics however the education at home influences him greatly, and I think it is still possible to help him and to change many things only if there are the people who are concerned for the state of the child Ali.
During this process I understood how to relate to a child with special need, and how to diminish the problem with the help of special methods. I was greatly helped by your explanation Esther! and I understood that there are always children in the kindergarten with different needs and that only we the adults need to adapt ourselves to this often occurring situation and to do all that is necessary and make efforts in order to change the situation and to respond to the needs of the children because there are always encounters with the children’s problems in the kindergarten either intellectual or social-behavioural or mental problems.

Esther, your course provided me with answers to many things which important to me in the kindergarten and you clarified many things which were unclear to me for example: I have a child in the kindergarten who does not speak clearly, he has no vocabulary, he is completely dependent, walks slowly, goes up stairs one at a time, cannot concentrate for more than ten minutes, he falls down all the time, as if he had an unbalanced body.

At the beginning of the year I looked at this child and said there must be a mistake here, and they have mistakenly put this child in my kindergarten he looks to me as though he is younger than the other children, I went to see the manager and told him that I had a child in my class who was younger than the other children, the manager checked the age of the child and told me that he is the same age as the rest of the children and gave me a copy of the names and details of the children. I was at first surprised and thought that the child obviously had a problem, I began to observe the child to examine him intellectually perhaps he is a clever child perhaps he is only physically retarded but I slowly discovered that he has a developmental retardation in all areas and I did not know why, I invited his mother and talked to her about his retardation and she told me that she would also like to help since she sensed the child’s problems, and I suggested several ways in which to advance the child intellectually, physically and socially.

But in our course Esther! I was very astonished when you explained to us about children born prematurely who will be developmentally more retarded than those of their age and you explained to us the exact development of this child for example: physically how he walks, how he goes up stairs, and how intellectually
he is unable to concentrate for long, and sometimes there are problems with the eyes. Then when I got home I thought about the child in my kindergarten and thought perhaps this child was born prematurely and his mother did not mention this, and when his mother came to ask me how he was progressing, I told her that his progress was very slow and that it was necessary to help him more and more, and then she explained that he had been born prematurely, I told her that this was the reason for his retarded development, she told me: What, didn’t I tell you! I said: No, you never mentioned that he was born prematurely. And I understood the child’s problem exactly, and knew the importance of the matters that you pass on to us in class Esther and to what extent you contribute to our work.

Each one
Is a special type
But
He is not only such
Even though this is his nature
He is also a little like the rest of the children around him
A bit obstinate
A bit despairing
A bit dreamy
A bit angry

Sometimes suddenly he becomes greedy
Sometimes he’s a little suspicious or makes concessions
And he has days - and this is not at all strange
When he is suddenly very disorganized
So what
Its allowed

On A Personal Note

The course was extremely interesting and important for me I learnt many new things which were unfamiliar for me beforehand or which had been rather vague, I greatly enjoyed it and it helped me in my work at the kindergarten.
Your way of relating Esther! was really beautiful, you relate to each and everyone of us listen to what we have to say about the problems of children with special needs and give each and everyone one respect and a place, and you helped us a lot in the course regarding how to write-up an observation, how to construct our work, everything was in order, stage after stage, you gave us confidence in our work and in ourselves, and I also felt confidence with a teacher like you Esther! and you transmitted the course itself in a way that encouraged attention and understanding.

Thank you Esther
Appendix 2: Questionnaire regarding a pupil in a regular/special kindergarten being referred to the Placement Committee

State of Israel
Ministry of Education, Culture and Sport

CIRCULARS OF DIRECTOR GENERAL

1. Special Populations
1.2 Special Education
1.2-15 Implementation of Law of Special Education:
Placement and Appeal Committee – addenda
Date of coming into effect: 1st January 1999
Aim of publication: Update of special circular

22.1956

Questionnaire regarding a pupil in a regular/special kindergarten being referred to the Placement Committee (and for the identification of special needs of a pupil in a regular kindergarten within the framework of the Inclusion Project)

Questionnaire for the kindergarten teacher: * [] for the identification of the special needs of a kindergarten pupil.

This questionnaire is a tool for observing the child’s functioning, and it will serve as a basis for the discussion of its educational/therapeutic needs or the discussion in the Placement Committee.

* Mark one of the possibilities.

Part 1: Background information

Date of referral: __________________ Referral initiated by: __________________

1. Details of pupil (Fill in the details and mark the relevant slots with an X)

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>ID Number</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Mother’s name</td>
<td>Father’s name</td>
<td>Family situation*</td>
<td>Private address</td>
<td>Tel. number</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
</tbody>
</table>

* If the parents are divorced or separated, point it out and add the second parent’s address if known.

Child’s country of birth: ________________ Date of immigration: __________
Child’s place in the family (first, second etc.): __________
Number of children in the family: __________
Comments: ___________________________________________________________

2. The type of kindergarten where the child is currently learning (Circle the relevant answer):
   Pre-compulsory / compulsory / regular / inclusive / special / hostel /
   Other: ___________________
   Name of kindergarten: ___________ Number of kindergarten: ___________
   Address of kindergarten: __________________________________________
   Tel. No. of kindergarten: ___________ Name of teacher: ______________
   Teacher’s private address: ___________ Teacher’s tel. No.: ___________
   The child’s year in the kindergarten (circle): first / second / third
   The child’s previous kindergarten framework: ____________________________

3. Reason for referral: _____________________________________________
   _____________________________________________
   _____________________________________________

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4. When were the difficulties in functioning first detected: __________________________

5. Did the parents or any other authorized person report to you about any diseases or special treatment the child had undergone?

6. Did the child undergo a hearing test? Yes / No
   Were any problems found in this area? Yes / No

7. Did the child undergo an eyesight test? Yes / No
   Were any problems found in this area? Yes / No

If the answer to questions 6 and 7 is “Yes”, ask the parents for the results of the test in writing and add them to the questionnaire.

8. Was the child ever referred to the psychological-educational service? Yes / No
   Did the child undergo a psychological examination? Yes / No

Part 2: Concluding assessment of the child’s functioning within an educational framework

1. In which kindergarten activities does the child participate willingly?

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2. Which kindergarten activities does the child avoid?


3. In which activities does the child experience particular difficulty?


4. Describe the child briefly, its behaviour and activity:


In answering the following questions, indicate the level of the child’s activity by marking V in the relevant space:

<table>
<thead>
<tr>
<th>5. Level of participation in the various activities</th>
<th>Very low</th>
<th>Low</th>
<th>High in some of them</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Creativity corners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Dramatic play</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>c) Talk</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Level of activity, motivation and perseverance

<table>
<thead>
<tr>
<th>A. Level (quality) of participation in the various activities</th>
<th>Very low</th>
<th>Low</th>
<th>High in some of them</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Child’s motivation for the activity and for participation, (willingness and interest in the experience and in participating)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Perseverance in activity initiated by the child
D. Perseverance in the performance of tasks

The sensory-motor sphere

<table>
<thead>
<tr>
<th>The sphere/level of functioning:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoids activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually has difficulty, clumsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes succeeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions well acc. to age</td>
<td></td>
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</tbody>
</table>

7. **Gross motor functioning** (e.g. running, jumping, use of yard installations)

8. **Fine motor functioning**
   a) use of tools e.g. pencil, paintbrush, scissors etc.
   b) activity with objects e.g. threading beads, building with blocks, lego, puzzles
   c) Grapho-motor functioning e.g. drawing, copying shapes, writing its own name etc.

If the child has problems in the sensory-motor sphere or behaves in an exceptional way, provide details:

<table>
<thead>
<tr>
<th>9. Sensitiveness to stimuli</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversensitive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-sensitive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td></td>
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</tr>
</tbody>
</table>

a) Sensitiveness to touch (e.g. hugging, caressing)

b) Sensitiveness to visual stimuli (e.g. strong light, T.V., computer)

c) Sensitiveness to auditory stimuli (e.g. loud voice, noises, various sounds)
### Linguistic / cognitive sphere

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a) Understanding words and concepts</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Understanding instructions, questions etc.</td>
<td></td>
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<tr>
<td>c) Understanding stories, conversation (sequence, distinguishing between the important and unimportant points)</td>
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</table>

<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>a) Correct syntax (correct order of words in sentence)</td>
<td></td>
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</tr>
<tr>
<td>b) Correct inflection of nouns and verbs (singular/plural, masculine/feminine)</td>
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<tr>
<td>c) Ability to express needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Ability to express ideas</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e) Ability to express feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Use of communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Clarity of speech (grammatical errors, quality of voice)</td>
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</tbody>
</table>

If the child has other specific problems or exceptional skills in linguistic understanding or expression, provide details:

If the child has other specific problems or exceptional skills in linguistic understanding or expression, provide details:

<table>
<thead>
<tr>
<th>12. Basic concepts</th>
<th>1 Great difficulty</th>
<th>2 Usually succeeds</th>
<th>3 Some difficulty</th>
<th>4 Full command</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts of colour</td>
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<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Concepts of size</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Concepts of shape</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Concepts related to the body</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concepts of quantity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concepts of space</td>
<td></td>
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</tbody>
</table>

### 13. Cognitive skills

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Ability to distinguish &amp; compare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Ability to generalize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Ability to sort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Ability to conceptualize</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 14. Basic concepts

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In structured social activity</td>
<td>Great difficulty</td>
<td>Some difficulties</td>
<td>Good for a short time</td>
<td>Good for a long time</td>
</tr>
<tr>
<td>b) In free social activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 15.

|  |  |  |  |
|---|---|---|
| a) In structured individual activity |  |  |  |
| b) In free individual activity |  |  |  |

If the child has special problems in attention and concentration, provide details:

______________________________

________________________

________________________

________________________

________________________

________________________
Social-emotional sphere

16. The child’s place in its peer-group:  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Rejected</td>
<td>Mostly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>Creates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>makes contact</td>
<td>good contact</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Interpersonal communication 

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) with adults</td>
<td>No contact, detached</td>
<td>Difficulty with contact</td>
<td>Sometimes makes contact</td>
<td>Creates good contact</td>
<td></td>
</tr>
<tr>
<td>b) with its peer-group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Dependence/Independence 

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In free and social play</td>
<td>Very dependent on adult</td>
<td>Sometimes dependent on adult</td>
<td>Usually independent</td>
<td>Always independent</td>
<td></td>
</tr>
<tr>
<td>b) In directed learning activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Ability to keep rules of behaviour in kindergarten 

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has great difficulty</td>
<td>Usually not successful</td>
<td>Usually successful</td>
<td>Very successful</td>
<td></td>
</tr>
</tbody>
</table>

20. Ability to postpone gratification (to wait in line, give in to a friend, self-restraint) 

21. Ability to cope with difficulties (failure, parting, unsolved problems) 

22. Ability to adapt to new situations (trip, party, change in routine, entry of strangers into kindergarten) 

23. Child’s reactions to frustrating situations 

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Closes up, bursts out, reacts generally gets over it,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
apathetic    aggressively    gets over it    copes

24. Moods

<table>
<thead>
<tr>
<th></th>
<th>Mostly despondent</th>
<th>Extreme changes</th>
<th>Generally relaxed</th>
<th>Relaxed and stable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>stable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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If the child displays exceptional behaviours or skills in the social-emotional sphere, provide details:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

25. Exceptional behaviours (circle):
   a) Bedwetting day/night
   b) Faeces
   c) Thumb sucking (exaggerated)
   d) Masturbation (compulsive)
   e) Stereotypical movements (e.g. tics)
   f) Others: ________________________

If the child displays exceptional behaviours, such as weeping, outbursts, attacks of fury, distancing, irrelevant laughter, provide details:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Part 2: Previous Intervention

1. Have you tried different ways of working with the child? Provide details:

__________________________________________________________________________

__________________________________________________________________________

2. Has the child received any educational-therapeutic assistance (Pre-school Inclusion Services, psychological, speech or occupational therapy, physiotherapy
3. Has the child’s functioning improved in the wake of the variety of teaching methods and assistance? Provide details:

________________________________________________________________________

________________________________________________________________________

4. Have you received guidance from any source? Provide details

________________________________________________________________________

________________________________________________________________________

**Part 3: Summary:** Indicate the main strengths and weaknesses of the child, as you see them:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________


Kindergarten teacher’s signature: __________ Supervisor’s Signature: __________

Date when questionnaire filled in: __________ Parents’ Signature: __________

Standing orders
Circular of Director General 59/6(b) 15th Shevat 5756, 1st February 1999