THE EFFECT OF PARENTAL ACCEPTANCE IN THE SUCCESS OF INCLUSION IN PRESCHOOL EDUCATION

Arzu ÖZYÜREK
Karabuk University School of Health, Department of Child Development, Karabuk/Turkey
E-mail: a.ozyurek@karabuk.edu.tr

Abstract

Inclusion is not only physical association. It is also a kind of education which includes educational support services for class teachers and disabled children whenever they need it and should be started as early as possible. The factors that affect the success of inclusion could be listed such as peer support, perceptions of school staff and the parents of disabled and normal developing children towards inclusion, their attitudes and support and the quality and applicability of the training program. Qualitative research design was used in order to examine the affect of parental acceptance in the developmental success of a child in inclusion who was diagnosed as having Down's syndrome with mild mental retardation. The disabled child in inclusion was observed in classroom environment and Gazi Early Childhood Assessment Tool – GECDA was used in determination of developmental characteristics of the child. Semi-structured interviews were carried out in the study with the parents of the disabled child, with 2 of the normal developing children and their parents, with the class teacher of the inclusion class and with the administrator of the school.

At the end of the study, all adult participants stated positive and negative aspects of the inclusion. It was remarkable that the parents were quite influential in the acceptance of the disabled child by the school management, demonstrating positive attitudes towards him and in planning of the training program. It was determined that the parental acceptance of the disabled child has an important place not only in child’s education but also in his integration into social life.

Keywords: Preschool Period, Inclusion, Parental Acceptance

INTRODUCTION

The main purpose of the inclusion programs is to facilitate the integration of the disabled children into the societies they live in and forming constructive relationships between their peers and thus helping them develop a number of skills and accelerate their developments (Aral, 2011; Metin, 2012). Inclusion is applied in different ways such as; Full-Time Inclusion in which the students who need special education are included in the normal class all day long, Part-Time Inclusion in which the students who need special education are included in the normal class for the areas they can be successful and Reverse Inclusion in which the normal students who do not have any disabilities are enrolled in an inclusion class upon their requests. Recently, it is seen that integration term is preferred instead of inclusion (Sart et al., 2004; Yıldırım Doğru, 2009a; Aral, 2011).

Inclusion of young children with their peers who are developing is seen as a problem in many ways (Soodak, et al., 2002). Inclusion is not only physical association. It is also a kind of education which includes educational support services for class teachers and disabled children whenever they need and it should be started as early as possible. Proper inclusion programs which are applied by providing necessary conditions offer numerous advantages to disabled and normal developing children and to their parents and teachers. Before inclusion, current performance of the disabled child and the type of inclusion should be determined by evaluating him in detail. For a successful inclusion, the teacher should be willing and have a positive attitude towards inclusion and disabled children besides...
having knowledge and skills about them; the parents of disabled and normal developing children should be prepared for the inclusion; necessary physical arrangements should be done and essential equipments should be supplied; and the school staff should be informed about the child (Metin, 1997; Ankara, 2009; Kargin, 2009; Yıldırım Doğru, 2009a; Aral, 2011; Aral and Gürsoy, 2011; Ardıç, 2011).

Common problems encountered in inclusion are; not having adequate number of support services staff, not having appropriate environments for inclusion at schools, teachers’ and administrators’ not having adequate knowledge about the inclusion, negative teacher attitudes and not providing support services (Aral, 2011). Arranging classroom atmosphere and activities in a way that includes all students, whether they have special needs or not, is closely related to the attitudes towards the inclusion. Teacher is the person who makes the healthy communication between inclusion and normal developing students possible and who creates the suitable atmosphere for their special needs. Thus, the teacher is the person who makes the student with special needs become an active, happy and well accepted person by the other people at school and in the society he lives in starting from the class (Sart, et al., 2004; Aral and Gürsoy, 2011). Studies have shown that positive attitudes of educators and school administrators towards inclusion and being willing to accept the inclusion students are highly important for a healthy implementation of inclusion (Kuz, 2001).

According to Rohner’s Theory of Parental Acceptance and Rejection, physical and verbal behaviors which are used by the parents in expressing the love towards their children represent parental acceptance. On the other hand, disinterest and neglect of the parents and their behaviors that cause physical or psychological pain represent parental rejection. It is commonly accepted that parental acceptance or rejection is a strong predictor of psychological or behavioral harmony in different cultures (Batum and Öktem, 2011). Family has an important role in the development of the disabled child as much as it is in each child’s development. Family is the first environment that the child acquires some rules and roles about the social life and gains basic habits (Şahin, 2008). Parents know the child best and they spend most of the time with him. They provide information about his development, interaction at home, interests and performance, values of the child and the family, his favorites, aims and ideas about the future. They contribute to the determination of the services that the child needs and update his medical information. And also, they help the educational efforts of the teacher by repeating the concepts and skills taught at school (Gürsel, 2003; Özen, 2003; Sönmez, 2010). Beside contribution to the disabled child’s education, parents have responsibilities such as; taking care of the child, providing financial support, receiving support for his behavior and learning problems, having information about his education, receiving psychological support for the child, dealing with normally developing children, coping with problems with their spouses and informing the people around them (Özen, 2010).

Because of all of these reasons, it is necessary to improve the cooperation with the family members in order to provide a high quality service to the child in inclusion. Influence of the parents should be taken into consideration and the contribution of the family should be provided with a two-way communication. Families should be informed about the activities and assessments at school and their approval should be received, they should be in contact in order to be reached when professional support or the services like physiotherapy are needed and they should be informed about the laws and legislations (CCLC, 2004). Parents are accepted as the most influential factor in inclusion (Sönmez, 2010). Studies on the attitudes and perceptions of parents towards inclusion are quite a few (Kırgın, 2009). It seems important to understand the opinions of the parents of disabled and normal developing children about the inclusion in order to discuss the success of the inclusion and to direct the support services related to it. The aim of this study is to examine the development of a disabled child in inclusion and determine the affect of parental acceptance in the success of inclusion.

METHOD

Method of the Study

Qualitative research design was used in the study and case study was conducted in order to give detailed information about a person’s behaviors and development. This study contains the interviews, tests and observations. Case study provides personal information and cannot be generalized since there is not a way of testing if the collected data is valid (San Bayhan and Artan, 2011). This is the limitation of the study.

Study Group

After getting necessary permissions, information about disabled children in inclusion obtained by cooperating with Karabuk Guidance and Research Centre (GRC). A 78 months old female child who was diagnosed as having Down’s syndrome and included in inclusion in preschool
education was shown as a successful example of inclusion by GRC was chosen as the case study. In this study, she is called “Susan”. Susan’s parents, her class teacher and the director of her school, two children from her class who are developing normally and their parents were also included in the study.

**Collection of the Data and Analyses**

In order to get a general impression about the inclusion in preschool education, arrangement of the classroom environment, Susan’s behaviors in the class, her interactions with her peers and her participation in the activities were observed by the researcher. Observation results were recorded. Gazi Early Childhood Assessment Tool – GECDA was used in the assessment of Susan’s developmental characteristics. GECDA is a developmental assessment tool that includes four subtests; Psychomotor (73 items), Cognitive (60 items), Language (60 items) and Social-Emotional Development (56 items) and 249 items. It can be used in the detailed assessment of Turkish children between 0-72 months, arrangement of their educations and early diagnosis of their developmental retardation. GECDA is used with a standard set of materials, a guidebook, GECDA form and an information form. It can also be used in transferring the children with special needs to further evaluations (Baykan, Temel, Ersoy, Avci and Turla, 2002).

**Interview method**, which can be defined as an interactive communication process that includes asking predetermined questions with a purpose and answering them, is a frequently used research method in social sciences and education (Aksoy, 2010). In the study, semi-structured interviews were carried out with the people in the study group. The questions were predetermined by the researcher and the progress of the interview was due to these questions. The data obtained from observation and interviews were analyzed using content analysis method.

**FINDINGS AND DISCUSSION**

**Characteristics of Preschool Inclusion Student Susan:**

Susan was diagnosed as having Down’s syndrome after birth. She is 78 months old. It is her third year in inclusion and she is included in full-time inclusion. Besides, she does not receive special education. According to GRC records, she is described as having mild mental retardation. Along with the Down’s syndrome, which is characterized with the XXX form in 21st chromosome, Susan has mental retardation, small mouth, slanting eyes and reduced muscle strength (Durmuşoğlu Saltalı, 2009). Her walking exercises with physiotherapists started at the age of 1. As a result of GECDA assessment Susan’s developmental characteristics are given in Table 1.

**Table 1. Table of Developmental Characteristics (GECDA results)**

<table>
<thead>
<tr>
<th>Development area</th>
<th>Developmental characteristics specific to 25-30 months</th>
<th>Developmental characteristics specific to 31-36 months</th>
<th>Developmental age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor Development</td>
<td>Climbs stairs with both feet.</td>
<td>Jumps over the rope at a certain height.</td>
<td>25-30 months</td>
</tr>
<tr>
<td></td>
<td>Jumps with both feet.</td>
<td>Jumps a certain distance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cuts paper with help.</td>
<td></td>
</tr>
<tr>
<td>Cognitive Development</td>
<td>Puts square, triangle, circle shapes into the proper place.</td>
<td>Knows his gender when asked. Knows a color.</td>
<td>31-36 months</td>
</tr>
<tr>
<td></td>
<td>Repeats three numbers after hearing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Development</td>
<td>Makes sentences consist of three or more words.</td>
<td>Shows the lower part of his body when asked.</td>
<td>31-36 months</td>
</tr>
<tr>
<td></td>
<td>Uses pronouns while talking.</td>
<td>Understands three words that indicate direction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fulfils two orders out of three correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tells the names of three objects out of five.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Emotional Development</td>
<td>He is dry during the day.</td>
<td>Tells his need to go to the toilet to the adult.</td>
<td>31-36 months</td>
</tr>
<tr>
<td></td>
<td>Washes and dries his hands.</td>
<td>Completed daytime toilet training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gets dressed with a little help.</td>
<td>Wears wraparound.</td>
<td></td>
</tr>
</tbody>
</table>
As it is shown in Table 1 and according to GECDA assessment criteria, Susan’s psychomotor development, whose calendar age is 78 months old, is between 25-30 months, and her cognitive, language, social-emotional developments are between 31 and 36 months old. She got the highest score in social-emotional development area. She knows her name, surname and her age and she is able to join the organized games with her friends. She was asked closed-end questions during the interview and she stated that she loves her friends and her teacher and she is happy to be at school. She also stated that she sometimes plays with her friends and she complains to her teacher about her friends that make her unhappy; she loves her teacher a lot; her teacher is never angry with her, on the contrary she always teaches new things and helps her all the time. Besides, according to the data obtained from the class teacher and her parents; she learns slowly and has difficulty in learning, knows the basic colors, can count from 1 to 10, can understand what is told to her and although she has difficulty in telling her ideas fluently, the things that she tells are understandable, she likes being with the adults and she is not very successful in making friends with her peers. Especially her hand muscles are weak and she started walking more balanced after she started school. It could be stated that the data regarding her developmental characteristics are consistent with the developmental test results applied to her.

**Characteristics of Preschool Inclusion Class:**
The number of the students in the classroom is 19 including Susan. Classroom is wide enough to give the students opportunity to move comfortably and all kinds of interest corners are available in the classroom and educational materials are sufficient. The lighting in the classroom is bright enough for the students; floor coverings prevent slip and fall and cupboards and shelves are suitable for the height of the children. Classroom and the educational materials are arranged according to the normal developing children and no changes have been made because of Susan. Maybe it is because Susan has only mental retardation. She has the chance to pass some time in playgrounds outside her classroom or in other classrooms when she does not want to stay in her own classroom. The behaviors of the normal developing students in the classroom towards Susan are a bit more tolerant than their behaviors towards the rest of the class. The behaviors observed in the normal developing children are; they speak distinctively as if they were talking to a little child and in a sympathetic tone, if she wants a toy or material they immediately give it to her or try to convince her to take another toy instead of the one she wants.

**Characteristics of the Parents of the Inclusion Child and Their Opinions Towards Inclusion:**
Susan’s mother is 34 and her father is 38 years old. Both of them are university graduates and work full time in a bank. Previously they received psychological assistance but at the moment they don’t receive it. They stated that their child’s syndrome was diagnosed after birth as a result of the blood tests. They had difficulty in accepting the situation and they needed to have a six months period to recover from the shock. At the end of this period, they started to get information about the situation, went to some schools and investigated deeply and talked to the parents of the children in similar situations. They always made decisions about her together and received support from their family elders. All of the family members are aware of her diagnosis and they all accepted her situation but still they never stopped making efforts to learn what could be done for her. Susan’s parents went on holiday when she was 2 years old but they understood their mistake and turned back the next day and then they never went anywhere without her. They stated that they go to all kinds of social activities with her and they never feel uncomfortable because of her. On the contrary, they are very happy to have a child like Susan / because Susan is their child. Starting from these statements, it could be said that the family has information about the situation and they are quite happy.

Parents are always in contact with not only the class teacher but also with GRC. According to them, the class teacher has sufficient information about the topic, has a positive attitude towards it and works with special education teacher. The other students in the class who are developing normally have accepted Susan. Her parents use the activities such as concept teaching at home. They observed positive improvements since she started school. They are contented with the inclusion and they don’t want Susan to go to a special education institution. They don’t have too many expectations since she is a slow learner. They hope their daughter to become a self sufficient person in the future and to be able to attend to primary school. It could be said that her parents have realistic expectations about Susan.

**Opinions of Normal Developing Children Towards Inclusion:**
The children who are developing normally and attend to the same class with Susan stated that; they talk to Susan and they help her when she fails at doing something, they play games with her, they sit next to her, they match with her during the games, they complain to the teacher if somebody upsets her and if Susan makes a mistake, they tell
her the truth. Besides, they also stated that they are very happy to be in the same class with Susan and they don’t want her to go to another school. According to teacher’s views, it could be claimed that her peers in the class accept Susan as a member of the class and they don’t feel uncomfortable with her presence in the class and in some occasions, they undertake the role of protector.

Opinions of the Parents of Normal Developing Children Towards Inclusion:

Interviews with the parents of two normal developing children were carried out. One of the parents is a nurse and it is her 12th year in business. The other parent is a father and he has been working as a teacher for 22 years. Both of the parents stated that they have information about the inclusion. One of the parents who is a nurse stated that she was informed about it at school. Both of them think that the disabled children can attend to the same class and become friends with the normal developing children as long as they do not give harm to the other children in the class. Despite these opinions, they told that they don’t feel comfortable because of their children are attending the same class with the disabled child and their children might learn exclusion from her. They also told that they might send their children to disabled child’s home to play with her or to accept her to their homes on condition that she is with at least one of her parents. In the light of these opinions, it could be said that the parents of normal developing children are not very well informed about inclusion and having positive and negative emotions about it.

Characteristics of the Class Teacher and Her Opinions Towards Inclusion:

Class teacher is a 31 years old female teacher and she has been working for 8 years in preschool education. Previously, she had a student with Down’s syndrome. She told that she doesn’t feel uncomfortable because of having an inclusion student in the class in spite of some difficulties. It could be claimed that the teacher’s former experience with a similar disability, her experience in teaching, the type and the degree of child’s disability affect her attitude towards inclusion positively. She hasn’t informed the parents of normal developing children about inclusion. She collected the data about Susan from Susan’s parents and from the files of GRC. She thinks that she doesn’t have enough information about inclusion although she has attended to a one week seminar on special education. She told that she is in cooperation with Susan’s parents and GRC and some of GRC staff visited her at school only once and showed how to prepare the individualized education program (IEP) and they got in touch with her about the further planning on the phone. She tutors her whenever she has the opportunity and thinks that Susan will be able to graduate from high school with inclusion. Except for a male child who has similar problems with the other children in class, her peers do not behave her negatively and they accept her as a member of the classroom. In the light of these findings, it could be argued that the teacher has a positive attitude towards inclusion, her personal efforts are not sufficient for supporting Susan’s development and she is aware of it. It could also be argued that the teacher has not received sufficient assistance from the school administration or from the experts on the preliminary preparation of inclusion and educational applications which are necessary for the inclusion. According to the teacher who accepts that the inclusion has positive affects; the number of the students in class should be low, parents of the disabled children should accept their children, preliminary preparation should be done and the cooperation with the parents should be provided for a successful inclusion. Generally, it was observed that, the teacher has a positive attitude towards inclusion.

Characteristics of the School Administrator and Her Opinions Towards Inclusion:

School administrator is a 34 years old female teacher of Child Development and she has been working for 14 years in her job. Previously, she had an inclusion student with autism. She was informed by the file sent from GRC about Susan’s case. She thinks that the number of the students in class should be low and the support of special education teacher should be provided for a successful inclusion. School administrator told that; she does not have enough information about Susan’s disability; inclusion activities sometimes force the teacher and hinder the education and she does not fully believe in the advantage of inclusion. According to the school administrator, there are not any negative reactions towards the disabled child. On the other hand, they receive negative reactions from the parents of normal developing children. The other students in class who are developing normally have also advantages in inclusion as much as Susan does. As an administrator, she motivates the children personally to develop positive relations.

RESULTS AND DISCUSSION

Down’s syndrome, which is the most well-known anomaly, could be diagnosed during pregnancy or after birth (Çiftçi Tekinarslan, 2010). Susan, who was observed having physical characteristics of the Down’s syndrome, was diagnosed as having mild mental retardation. Mild mental
retardation is a case which requires the individual to receive educational support services and special arrangements. The children who are diagnosed as having mild mental retardation and whose IQ scores are between 50/55 and 70 are defined as “trainable mentally retarded children” by the educators. They frequently have health problems, develop slower than their peers; their muscular abilities develop slowly; have problems with hand-eye coordination, learn academic concepts slower than their peers and have difficulties in comprehension and in generalization. They also have difficulties in stating their feelings, have younger friends, their social skills are insufficient and have difficulties in making friends. Because of all these reasons, the teachers should give tasks that they can achieve; topics should be convenient to their levels of understanding, their level of competence should be recorded and evaluated (Yıldırım Doğru, 2009a; Çifçi Tekinarslan, 2010; Aral, 2011). It makes the inclusion easier if the disability of the child is not so severe. On the other hand, it makes the inclusion become more difficult if the mental retardation is severe and covers the other areas of life (Gemici and Alat, 2009). Susan’s diagnosis and her developmental characteristics show that she is suitable for the inclusion.

In the study, no special arrangements for the inclusion student were made and she was free to outside the class. It was necessary to explain her case and the reasons behind her special treatment to her peers in class. Otherwise, all children may ask different privileges and it may cause a big problem for the teacher to enforce classroom rules. Classroom area, furniture, equipments and tools should be planned, adapted and integrated into the classroom according to the developments of not only the disabled child but also the normal developing children for the success of the inclusion (Yıldırım Doğru, 2009a).

Having a healthy child is the desire of all parents and having a child with different characteristics while expecting a happy child makes them feel different feelings. They may experience an emotional shock. The way of explaining the problem plays an important role in their acceptance of the child (Aral and Gürsoy, 2011). At first, the parents of the disabled children do not want to accept this situation and refuse to accept the reality for some time. They apply to medical experts and institutions in order to investigate the case when the symptoms become apparent. Shock, mourning, sorrow, grief and blaming themselves or the others could be seen after the disability of the child become definite. The parents who cannot go beyond these stages have difficulties in accepting the case. Psycho-social assistance and emotional support are necessary in accepting it. Otherwise, happiness of the family is in danger and the disabled children might be pushed out of social life. Parents see their disabled child as a member of their family during acceptance stage. In this stage, the perception of the parents changes and they focus on their child’s strengths rather than his weaknesses and they try to prepare him to the life (Saygın, 2008; Ardıç, 2010; Özen, 2010; Aral and Gürsoy, 2011; Seyyar, 2011). Majority of the parents who have disabled children cannot fulfill their familial responsibilities as needed because of being deprived of institutional or professional psycho-social assistance (Seyyar, 2011).

A successful inclusion can be realized only with conscious parents. They cannot become aware of the positive and negative effects of the inclusion on their children since their expectations would be low if their level of knowledge is low. Contribution of the parents and cooperation between the teacher and the parents are essential for the success of the inclusion (Batu, Kırcaali-İftar and Uzuner, 2004; Gemici and Alat, 2009). Susan’s parents state that they are always in cooperation with her class teacher and the GRC. Constant communication of the parents makes the continuation of the education possible by using the teacher’s techniques at home (Özen, 2003). In this study, her parents include Susan in all kinds of social activities and see her as a part of their lives. Riper (2007) found in the study on the parents of the children with Down’s syndrome that the parents have a high level of family harmony if they have sufficient resources and problem solving skills, having a child with Down’s syndrome causes mixed feelings; sorrow and adversity can be along with the feelings of joy and pleasure (cited from: Ardıç, 2010). Family elders who spend more time with the disabled child can help their parents by attending the planning meetings for children and the educational activities towards teaching the parents how to educate their children. It is also possible in Turkey to make the grandmothers and grandfathers of the disabled children participate in the training activities towards teaching them certain skills and how to contribute to the education and nursing of their grandchild (Özbey, 2010).

Diken (2004) found that the mothers of disabled children are aware of the fact that they cannot use their skills because of their disabilities but they do not see their children’s disabilities as a problem. The mothers stated in the study that they want to see their children become more independent. Implementation of the trainings can be effective in accepting their disabled children and in overcoming the stress caused by this situation. Studies have
shown that the trainings given to the parents of the disabled children is effective in overcoming their stress, decreasing their anxiety levels and increasing their life satisfaction (Yıldırım and Conk, 2005; Deniz, Dilmaç and Arıcak, 2009). In this study it is remarkable that Susan’s parents and the other members of the family accept her as she is and they have realistic expectations for her. The attitude of the family towards the case is quite positive. It could be said that this positive attitude is reflected in their plans on her education and future, and in their points of view on her peers in class and the school staff. The parents are making continuous efforts to get information about their child’s case. Increasing their level of knowledge about the case constitute a driving force for guiding the class teacher, ensuring the continuation of the cooperation between school and GRC, attending the training and exchanging information for guidance when necessary. The acceptance of the parents and interest are reflected into the individuals around them and cause an increase in their individual efforts. When the attitudes of parents have an important affect on the implementation of inclusive education successfully, it could be envisaged that the positive affect of inclusive education on Susan will increasingly continue.

Her peers are not disturbed by Susan’s presence in class; on the contrary they support her. According to the class teacher, normal developing children are behaving more tolerantly than the beginning. Normal developing students make use of the inclusive education as much as the disabled students. The behaviors of the teachers having positive attitude towards inclusive education are influental in increasing normal developing children’s sensitivity to individual differences and their cooperation and social interaction (Gülay, 2009; Kargın, 2009; Sucuoğlu, 2009). The disabled child who was included in a well planned inclusive education starts to acquire the behaviors that are easy to acquire during the childhood but difficult during the adulthood. They acquire these behaviors which are accepted by the society as a result of the interaction with the normal developing children. The more they acquire these behaviors, the easier to receive social acceptance becomes for the disabled children (Metin, 1992).

Neither the class teacher nor the normal developing children and their parents were informed about the inclusive education beforehand. However, preparation of the normal developing students and informing them before placing the inclusive student into the class is very important for the success of the inclusive education (Batu et al., 2004). In order to get successful results from the inclusive education, not only the parents of the disabled child but also the parents of normal developing children should have a positive attitude towards it. Making regular meetings with the parents, giving information about the implementation of the inclusive education, receiving their opinions, providing concrete examples when needed to illustrate the success of the implementation are useful in obtaining the acceptance of the parents (Aral and Gürsoy, 2011). Majority of the studies evaluating the parents’ point of view on inclusive education have shown that families have positive opinions and attitudes towards inclusive education and some studies have also shown that some families are worried about the inclusive education (Kargın, 2009). One of the problems that worries the educators and the families is the question of “I wonder if normal developing children will imitate the disabled child’s behaviors?”. However, there are no findings on the negative effects of the disabled children on normal developing children in the studies up to now (Metin, 1992). The level of parental acceptance is as important as the acceptance of the school administrator, class teacher and the peers of the disabled child for their inclusion. Therefore, informing the families about the inclusive education during the preliminary stage could be effective in their developing positive attitudes towards it.

Characteristics of the class teachers, their experiences and acceptance affect the inclusive education positively (Kuz, 2001). In this study, the teacher had to deal with some difficulties although she stated that Susan is an easy going student and she is not disturbed by her presence in the class. It could be claimed that the teacher’s job becomes much more difficult and she might have difficulty in supporting the disabled child in the cases that the disability of the children require more individual care and they are in crowded classes. Generally, the reasons for the teachers’ unwillingness to accept the inclusive students are high size classes, not having enough information about the individuals with special needs and their education, not receiving support services and etc. From this perspective, teachers’ having information about the definition of children with special needs and their behavior and learning characteristics is important (Arıcç, 2011). Studies have shown that the teachers generally have positive attitudes towards inclusive education but negative attitudes appear when the severity of the disability increases and professional experience, working with disabled child, age and having a disabled child in the family affect their point of views (Temel, 2000; Sargın and Sünbül, 2002; Arıçç, 2011).
It is observed that the administrators of the schools providing inclusive education and the teachers in these schools face with a lot of problems regarding the children with special needs and their parents. It is very important to prepare and implement Individualized Education Programs (IEPs) in order to solve these problems or to minimize them. In this way, it will be planned where, when and by whom the special education services will be provided, how long it will take, for what reasons and to achieve which objectives (Aral, 2011; Çuhadar, 2011). It is remarkable in this study that the class teacher prepared the Individualized Education Program by herself. But the Individualized Education Program should be prepared by the Individualized Education Program Development Unit which should be in the schools that provide special and inclusive education and should consist of the manager of the institution, mobile special education teacher, parents, child that requires special education, guidance counselor teacher-psychological counselor, the teacher in charge of preparing education program, the teacher of the inclusive class and a person in charge of monitoring, assessing and evaluating when needed (Yıldırım Doğru, 2009b). The teachers should be sensitive to the different needs of the disabled children and their parents and should include the activities that are convenient in terms of development and pay attention to inclusive education all the time in order for the children to fully reach their development potential (Tretjack, 2011). Uysal’s (1995) study on the problems of the teachers and school managers regarding the inclusive education shows that there are many problems such as the determination of the definition and scope of inclusive education, selection of the inclusive student, behavioral characteristics of this student and his learning properties, training of the parents of the inclusive student, establishment of the principles of supervision and guidance, insufficiency of the legal framework regarding inclusive education and preparations before the inclusive education and insufficiency of the teachers in their own formations. Almost all of the participants in the study group stated that the programs they implement have a lot of drawbacks in terms of inclusive education (cited from: Kuz, 2001).

Medical and educational service to the children with special needs is provided by a team of therapists and educators rather than a single therapist or an educator. School staff, support service staff, medical staff or movement development staff undertake a variety of roles and responsibilities (Gürsel, 2003). Personal efforts of the teacher are remarkable in the study. The major concerns of the teachers stem from the lack of knowledge. Therefore, informing the teachers before and during the inclusive education may increase their self-confidence and make them understand and accept the disabled children much more easily (Sucuoğlu, 2009; Aral ve Gürsoy, 2011). The teachers should be informed about the student with special needs in class by the school management in advance. Preschool education teacher should accept the student into the classroom firstly when there are not any other students in the classroom and at the beginning the child should have the opportunity to recognize the physical conditions of the classroom with his parents then alone. This facilitates the child’s adaptation to the environment. Making the families a part of the education will contribute to the permanence of the knowledge by making the parents repeat the knowledge and skills at home (Batu, 2011).

There is not anybody who knows the children as much as their families do, so nobody can contribute to the child’s education more than them. Thus, the importance of the families in children’s lives cannot be denied. In this study, it is concluded that the inclusive students can be exposed to positive and negative reactions from the school staff, from normal developing students and from their families. Parental acceptance of their children with their disabilities seems significant for the success of the inclusive education. Interest and efforts of the parents are the driving forces behind the support of the child’s development and the inclusive education. It was determined that the parental acceptance of the disabled child has a significant impact in the child’s and parents’ having healthy relationships, in his integration into social life and in changing the views of the individuals in the environment.

**SUGGESTIONS**

In order to provide a successful inclusive education, all prospective teachers should be provided pre-service and in-service training about the topic and these trainings should include workshops. During the inclusion of the disabled child beginning from the preschool period, an infrastructure to provide special education support by GRC can be can be created. Improvements can be done by evaluating the educators’ opinions about the inclusive education and by starting off from the similar examples abroad. More positive perceptions of teachers can be provided with the implementations that are prepared by taking the views of the teachers into consideration. Besides, inclusive education that includes the trainings of the parents of disabled and normal developing children and participation of the parents into the activities seems more likely to be successful.
REFERENCES


