a lot of them had, in a sense, "sold out." One student I can think of, who was planning to be a teacher, is an investment banker now. He belongs to a country club, he wears the right shoes, he drives the right car. He is not the altruistic kid that we knew when he was eighteen years old and he was going to go out and join the Peace Corps. He got into money. I could tell you more stories like that.

So even though kids want to shrug it off from their parents and they want to be altruistic, somewhere that piece of identity is deeply ingrained. They are what they were groomed to be as little children, going to the right nursery schools and then·all the way up through the right colleges. It's not that there's something wrong with students living their lives this way, but it bothers me sometimes when I think about what they could have done.

How can educators support students' positive identity development, especially those students who might not be part of the dominant social groups at school?

Bessette: I think the teachers who really acknowledge a student, not just whether he got the right answer or not, but acknowledge him for who he is, make a big difference. Such teachers don't just bring students to my office and say, "Mary has the top average in my class." They might also say something like, "Mary has a new job after school." Or, "Sandra is on the dance team. Have you ever seen her dance?" Or, "Who is your favorite writer, Jeremy?" Then Jeremy will answer, "Vonnegut," and the next thing you know we are having a discussion about Vonnegut. We want every student to feel that someone knows him or her well on a personal level. I think that helps develop a sense of self.

Quinn: To me, identity is based on many things, but two things are most important. One aspect of a student's identity is, "How do I experience myself given all my capacities? Am I defined by what I can do academically? What I can do athletically?" That part of them that is the center of their own experience is a major part of identity. But another major contributing factor in identity is, "Who do the people outside of me say I am? Who does my family say I am? Who does the school say I am? And what does the larger culture say I am?" For students who are minority students—whether it be economic minority students, racial or cultural minority students, sexual minority students—outside society may be giving them messages that are not supportive of their true selves. And the question we need to ask as educators is how we can begin to counteract those messages.

The Impact of Disability on Adolescent Identity

MICHAEL L. WEHMEYER

Any discussion of adolescent identity and disability must begin with an acknowledgment that, fundamentally, there is no such thing as a unitary "disability identity." Indeed, it is difficult to generalize almost anything as applying to the group referred to as "people with disabilities," due in part to the sheer number of people in this category. According to a U.S. Census Bureau report, there are more than 51 million Americans with disabilities, roughly 4 million of whom are between the ages of fifteen and twenty-four, a large and diverse group of young people.[1] Some are born with a disability, and their identity emerges with that "characteristic" as part of how they think about themselves and how others think about them. Others experience injuries or are identified later in childhood or adolescence and must therefore accommodate this new aspect of themselves into their still forming identities. Some disabilities are "hidden" and known only by the young people who have them and those close to them, while others are openly discernible. Some disabilities affect cognitive development and performance, while others do not.

The Individuals with Disabilities Education Act (IDEA) defines a student with a disability as "a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance . . . orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities."[2] The most recent report to Congress on the imple-

mentation of the IDEA indicates that about 2.9 million students ages twelve to seventeen receive special education services funded under the act.[3] The majority of students receiving special education services are those with cognitive disabilities, such as learning disabilities and mental retardation.

In light of the variety of disabilities that exist and the diversity of young people who have them, it is a daunting task to try to describe an identity associated with adolescent disability. Still, some experiences are nearly universal to people with disabilities and provide a way of describing the impact that disability can have on identity during adolescence. It is important for educators to understand these issues so that students with disabilities have instructional experiences that promote a healthy, positive sense of self.[4]

IDENTITY AND DISABILITY

If we define identity in the simplest and most straightforward manner, an identity is, in the words of psychologist David Moshman, "an explicit theory of oneself as a person."[5] This "theory of oneself" is derived from multiple sources, including important input from peers. Thus, one's understanding of self is derived not only from personal attributions of identity, but also from understanding others' perceptions. This metarepresentational process (thinking about how others are thinking about you) is particularly salient when one of the primary "descriptors" of oneself is "person with a disability." How disability is understood and viewed by peers and others in society is a key component of the construction of identity for young people with disabilities, and the fact that disability is associated with stigma also greatly impacts the construction of self for these youth.

It can be helpful to view the relationship between identity formation and disability through a historical lens. Since the early 1900s, disability has been associated with a variety of negative stereotypes. In the early part of the century, people with cognitive disabilities were perceived as menaces responsible for many of society's ills, including crime, pauperism, and prostitution, and people with physical disabilities were seen as subhuman ("vegetables") or as economic burdens to society. By mid-century, the stereotypes associated with disability became more charitable, but they were still stigmatizing. The return of large numbers of soldiers who had been injured and disabled during World War II led to a flurry of rehabilitation and training initiatives. Medical advances that conquered diseases linked with disability, including polio, began to move public opinion about disability away from stereotypes of menace and burden. These were replaced by perceptions of people

with disabilities as objects of charity and pity. The ubiquitous poster-child images and the constant pleas to "help the retarded" or "aid the victims" of numerous diseases portrayed people with disabilities as not quite menaces or subhuman, but still not equal citizens. Many of these perceptions persist today.

It is self-evident that these kinds of stereotypical perceptions can have an impact on an adolescent's developing sense of self. For example, if one is thought by others to be a burden or in some way responsible for the problems experienced by others, one's self-worth and self-confidence, not to mention one's image of oneself as a valued person, will be adversely affected. If you are a teacher, consider the number of times you have heard adolescents teasing, harassing, or even bullying their peers using terms like *idiot*, *retard*, *moron*, or *spaz*. Clearly, these perceptions still simmer close to the surface.

The perceptions of disability associated with pity and charity are manifest in a number of ways. People with visual impairments are spoken to in loud voices with clearly (and slowly) articulated measure; adults with cerebral palsy are patted on the head by well-meaning strangers; adolescents with Down syndrome are assigned to classrooms with children with disabilities from the elementary and secondary grades.

Exacerbating the impact of all of these stereotypes and misperceptions are the expectations that arise from them. People with disabilities are sometimes seen as "holy innocents" and are therefore not expected to be sexual beings, marry, or have children. "Victims" and "charity cases" are seen as worthy of being helped but unable (or maybe just unwilling) to help themselves by working. "Eternal children" will, it is assumed, never live independently. Even for students with so-called hidden disabilities, such as epilepsy or learning disabilities, these stigmatizing perceptions lower expectations and limit their options and possibilities.

New images of disability are beginning to replace these older, stigmatizing perceptions, albeit slowly. These newer conceptions frame disability as a natural part of the human experience, not separate or distinct from it, and focus on the interaction between a person's capacities and his or her social context or environment. Rather than placing an emphasis on "fixing" or "curing" the person, new perspectives on disability involve efforts to modify the environment to provide more effective supports, which will in turn enable the person with a disability to succeed despite limitations. By viewing the relationship between students with disabilities and their context in this way, teachers, administrators, and others who work in schools can envision ways to change aspects of learning environments in order to sup-

port the positive identity development and academic success of adolescents with disabilities.

FACTORS THAT AFFECT IDENTITY FORMATION FOR YOUTH WITH DISABILITIES

A beginning point for making positive changes in schools is understanding the factors related to disability that uniquely contribute to identity formation, some of which are "internal" to the adolescent and others of which arise from the experience of living with a disability. Unfortunately, most of the factors that have been studied by researchers have shown a negative impact on identity development, including cognitive impairments, social isolation, segregation, ineffective social skills, and other problems that often affect students with disabilities.

Self-definition, self-concept, and self-image

How students think about or define themselves is critical to the development of a positive self-identity. Students who have a disability often hold self-concepts and self-perceptions that are negative because of the way disability is perceived in our society. However, the experience of disability is not *always* associated with negative self-perception. In reviewing the research on self-concept and students with learning disabilities, developmental psychologist Susan Harter concluded that there are both similarities and differences between the self-evaluation patterns of normally achieving students and special education students.[6] Other research has found that the self-concept of students with mental retardation is strongly determined by the quality of their interpersonal relationships and their personal sense of well-being.[7] A student with mental retardation who has an adequate social network and a positive sense of well-being, then, may hold a very positive self-image and have positive self-esteem, independent of the fact that she or he has mental retardation. Based on these findings, it seems clear that school environments can strongly affect these students' self-esteem and self-image.

Self-efficacy and perceptions of control

Another factor contributing to students' "theories of self" is the degree to which they perceive themselves as able to act successfully *in* and *upon* their environment. This perceived *self-efficacy* is defined by psychologist Albert Bandura as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments."[8] Psychologist Julian Rot-

ter defined a related concept, *locus of control*, as the degree to which a person is able to perceive the contingent or causal relationships between his or her actions and outcomes that might result from them.[9]

Research examining the self-efficacy, locus of control, and outcome expectations of students with disabilities has shown that many students with cognitive disabilities hold perceptions that are not conducive to promoting autonomy and enhanced self-determination. That is, they perceive themselves as either not capable of acting on their environment, not in charge of outcomes caused by their actions, or not believing that anticipated outcomes will occur. As a result, students with disabilities may be more capable of acting successfully on their environment than it appears to teachers or others (and perhaps even themselves). Students may have more skills and knowledge than they demonstrate, yet they may not display these skills because they do not believe that it will make any difference. A student with a disability who on a number of occasions has approached a group of popular students and tried to initiate a conversation but has been rebuffed will eventually quit trying to initiate conversations because he or she believes it doesn't make a difference. This has little to do with the student's social skills, and much to do with his or her belief about efficacy and control. Other students come to believe that they cannot succeed when they try to do something, so they stop trying new or challenging things because they don't believe they can achieve them, even if that belief is not based on experience. These students will, in turn, form self-identities that are based on these negative beliefs and perceptions.

There is sufficient evidence, however, that these perceptions can be changed through intervention. For example, teachers can ensure that students with disabilities experience success in classroom tasks by using "errorless" learning strategies, "scaffolding" on students' prior knowledge, and verbalizing the links between students' contributions and the successful achievement of learning outcomes. Such learning experiences, repeated over time, will support more positive efficacy and locus of control perceptions.

Self-determination

Beliefs about control over one's life form an important component in the development of self-determination. Fundamentally, self-determination refers to the degree to which someone acts as a causal agent in his or her life; that is, they act to make things happen in their lives instead of having someone else act for them.[10] Enhanced self-determination is, theoretically, an important contributor to the process of individuation (the movement from

being largely dependent on others to being largely dependent on oneself) and adolescents' movement toward autonomy. In fact, setting goals, making decisions, solving problems, and advocating for oneself are all elements of self-determined behavior and essentially describe the role of the adult in our society.

Students with disabilities are not often provided with experiences that enable them to learn to make decisions, solve problems, or set goals. Particularly with regard to students with cognitive disabilities, many parents, educators, and other adults assume that students with disabilities cannot perform these kinds of tasks. However, there are numerous examples of students with cognitive and other disabilities acquiring skills related to self-determination.[11] Moreover, research has shown that students with learning disabilities or mental retardation who are more self-determined upon graduation from high school are more likely to achieve positive adult outcomes such as competitive employment, higher wages, and greater independence.[12] As such, it is important that teachers consider ways to focus instruction on promoting self-determination both to improve outcomes and to promote more positive identity development. Some suggestions follow:

Teach students the skills and knowledge they will need to become self-determined. The educational programs of all students, not excluding students with disabilities, should promote the skills students need to:

- set personal goals
- solve problems that act as barriers to achieving these goals
- make appropriate choices based on personal preferences and interests
- participate in decisions that influence the quality of their lives
- advocate for themselves
- create action plans to achieve goals
- self-regulate and self-manage day-to-day actions

Promote active student involvement in educational planning and decision-making. Planning for special education services is an important aspect of educational programming for students with disabilities, and students can and should be active participants in such planning sessions. Students can learn goal-setting skills that enable them to develop personal objectives for learning in advance of the meeting and then have those objectives considered in the planning of their educational programs. Similarly, students can be taught basic skills for participating in meetings (such as compromise and negotiation, listening skills, and assertiveness) and be encouraged to use

those skills to contribute meaningfully to the discussion. Finally, students can be taught simple skills that enable them to assume a leadership role at the meeting, such as introducing meeting participants, reviewing previous goals and progress, or identifying areas of future instructional need.

Teach students to direct their own learning. Many instructional models emphasize teacher-directed learning strategies, in which the teacher is primarily responsible for providing content information, directing student response, and guiding learning. It is important, however, also to teach students self-management strategies that enable them to direct their own learning. This can be done by teaching students skills such as self-instruction, self-monitoring, self-evaluation, and self-reinforcement that put the student in charge of instructional activities typically performed by teachers. Creative teachers can easily develop self-monitoring tools that enable students with a wide array of abilities to track progress on educational goals. These might include developing a checklist to fill out at the end of the day or class period, using graphing or charting features of word processing software, or dropping a marble in a jar upon completion of a task (and teaching the student that when the marbles reach a certain level, a larger goal has been met).

Communicate high expectations and emphasize student strengths and uniqueness. One simple yet powerful thing educators can do to promote student self-determination is to have high expectations for students and to communicate those expectations often. Students with disabilities are often all too aware of what they cannot do, and are not as aware of their unique strengths and abilities.

Create a learning community that promotes active problem-solving and choice opportunities. Students who learn to solve problems do so in classrooms that value diversity of opinion and expression and that create "safe" places for students. All students, but particularly students with disabilities, can benefit from the opportunity to provide answers to problems that might be incorrect, knowing that they will be provided the support they need to learn from their mistakes. Such learning communities often emphasize collaboration and student involvement in classroom rule-setting.

Create partnerships with parents and students to ensure meaningful involvement. While much can be done through the school to promote self-determination, unless there are parallel activities occurring in the student's home, efforts at school will not be sufficient. Parents are a student's first and longest-lasting teachers, and it is important that, from elementary through sec-

ondary education, teachers work to ensure the meaningful involvement in educational planning and decisionmaking of both parents or family members and the students themselves.

THE INTERSECTION OF DISABILITY WITH OTHER FACTORS

The experience of disability does not exist in a vacuum, and in many ways the issues pertaining to disability that teachers need to consider occur at the intersection of disability and other identity-related characteristics. Gender and race/ethnicity are particularly important, in that girls and young women with disabilities and students of color with disabilities often encounter stereotypes and biases that have a more negative impact on them than on other students with disabilities.

Gender, disability, and identity. Considering issues of gender alongside disability and identity makes an already complex situation more so. It is clear that stereotypes and biases related to gender combine with stereotypes and biases related to disability to create a "double jeopardy" for girls and women with disabilities.[13]

Though employment is primarily an aspect of life that affects adults, the special issues that face women with disabilities in the job market have strong implications for the education of adolescent girls with disabilities. The authors of a Harris Poll on the employment of people with disabilities conducted in the mid-1980s concluded that perhaps the best definition of disability in the country was "unemployed." Indicators vary across time, but today it is not unusual to have unemployment rates reach 80 percent among people with disabilities. As negative as these conditions are, however, the situation is even worse for women with disabilities. In a comprehensive overview of vocational and employment outcomes for women with disabilities, educational researchers Bonnie Doren and Michael Benz found that:

- Women with disabilities are less likely to be employed than women without disabilities and men with and without disabilities.
- Women with disabilities earn substantially less than men with disabilities, and the wage gap between women and men with disabilities increases as the time since exiting high school increases.
- Women with disabilities are more likely than men with disabilities to be employed in low-status occupations, and they are less likely to be engaged in full-time or uninterrupted employment.

Although research documenting the relationship between educational experiences and these adult outcomes for women with disabilities is scarce,[14] it seems evident that the root of these problems lies in a combination of two factors: (1) the social and educational experiences available to girls with disabilities in school, and (2) societal expectations for girls with disabilities in general. Educators need to be alert to the ways that girls with disabilities are treated differently, and how the curriculum content to which they have access reflects gender stereotyping and/or differs from that offered to males. In addition, educators need to provide girls with opportunities to see themselves as capable of achieving in a wide range of careers.

Race, ethnicity, and disability. As with gender, it is likely that issues of race and ethnicity affect identity formation for students with disabilities in a variety of ways. In fact, these issues underscore the need to consider the whole child and not try to parcel her or him into discrete segments.

Although there is little data available on the combined impact of race and disability on adolescent identity formation, it is a well-established fact that students from minority groups are overrepresented in the population of students receiving special education support (and male minority students are even more heavily overrepresented). In *Racial Inequity in Special Education*, Daniel J. Losen and Gary Orfield note that, while African American students account for 16 percent of the total U.S. student population, they represent 32 percent of students in programs for students with mild mental retardation, 29 percent of those in programs for moderate mental retardation, and 24 percent of students enrolled in programs for serious emotional disturbance.[15] Similarly, Hispanic students are overrepresented in special education services. Again, there are multiple reasons for such overrepresentation, including cultural and linguistic bias in testing procedures, stereotypes related to gender and race that affect referral to special education (or, often, simply out of the regular education classroom), and issues pertaining to the economic availability of educationally enriching experiences.

Presumably, this overrepresentation influences identity formation in multiple ways. As with gender and disability issues, expectations for the academic performance of students of color with disabilities are affected by stereotypes and biases about disability, stereotypes and biases related to race (and sometimes language), and interactions and combinations thereof. One area of particular concern for both students of color and students with disabilities—and so particularly, perhaps, for students of color with disabilities—is the school dropout rate. Recent federal statistics place the national

high school graduation rate at about 85 percent. The rate for African American students, however, is 81 percent, and for Hispanic students it is just 59 percent.[16] The dropout rate for students with disabilities ranges from 25 to 30 percent, but varies by disability category. Slightly more than one-third of students with learning disabilities drop out, while almost half of students with emotional and behavioral disabilities drop out before graduating. Similarly, nearly half of all minority students receiving special education services in urban settings drop out of school. This illustrates one of the drawbacks of being labeled as having a disability. Presumably, students who receive special education services get the individualized instructional assistance they need, but only about one-fourth of students with disabilities graduate from high school with a regular diploma.

FOSTERING SCHOOL SUCCESS

Issues affecting "disability identity" are closely tied to the contexts in which adolescents live, learn, and play. Much of the discussion about this issue (including this chapter) focuses on factors that have a negative impact on the identity formation and development of youth with disabilities. It is important, however, that educators not dwell exclusively on these negative factors but focus as well on the "whole" student. Having a disability is, after all, only one aspect of the life experience of a student with a disability. Too often, educators behave as if this one factor were the only factor to consider. Students with disabilities are more *like* all other adolescents than they are *different from them*, if one can see past the disability. Students with disabilities have the best opportunity to develop a positive, healthy identity when they are included in the educational and social contexts that other adolescents experience and are provided the supports they need to succeed in these environments.

Unfortunately, a large percentage of students with disabilities receive their educational services in settings outside the regular education classroom. According to Department of Education data, fewer than half of students with learning disabilities, fewer than 30 percent of students with emotional or behavioral disorders, and fewer than 15 percent of students with mental retardation receive their education primarily in the regular classroom.

When adequate supports are available in the general education classroom (which remains an ongoing problem in many schools), it is evident that inclusive practices promote enhanced social inclusion and more posi-

tive self-concepts and self-esteem than segregated settings.[17] In a study I conducted with Kathy Kelchner, we found that that the self-perceptions of students with cognitive disabilities, as well as their perceptions of the classroom environment, differed from their nondisabled peers based on the setting in which they received their education. Students in separate classrooms perceived their classroom environment to be more controlling, thus offering fewer opportunities for exerting control themselves.

In addition to including rather than segregating students with disabilities, there are a variety of other strategies teachers can employ to promote their positive identity development. Cynthia Warger and Jane Burnette have identified several of these strategies as follows:[18]

Respect diverse backgrounds. Students come into learning environments with a variety of experiences. The educational process needs to take into account cultural, linguistic, racial, ethnic, and other differences in addition to disability-related variables.

Make the curriculum relevant and conducive to the success of all students. Students with disabilities can succeed in the classroom. This is not a theory but a fact. Educators who value diversity and who want to enable students with disabilities to develop a positive self-identity can do so by ensuring that all students are engaged in a curriculum that meets their needs and that promotes academic and social success.

Build on students' strengths. Perhaps the most important thing educators can do is to focus on what a student does well. Students with disabilities are very aware of their differences and their failures. Special education has, historically, been a deficit-focused process. Yet all students have strengths, and by focusing on those strengths, teachers can enable students to learn what they do well and to capitalize on that knowledge.

Provide district support to build the capacity of personnel. One frequently mentioned limitation to supporting students with disabilities is the lack of training that many educators have had to work with this population. With adequate support and ongoing training, however, all educators can provide the needed support and appropriate instruction to students with disabilities.

Adolescents with disabilities are, first and foremost, adolescents. There has been too little focus on enabling this group to develop a healthy, positive identity—one that enables them to use the skills and knowledge they have

and to learn new skills and knowledge so that they can become contributing members of their communities and experience a more positive quality of life. Educators play a critical role in this process, since they can provide the instructional experiences and supports that make the difference.

NOTES

1. U.S. Census Bureau, *Survey of Income and Program Participation* (Washington, DC: U.S. Department of Commerce, Census Bureau, 2002).
2. Individuals with Disabilities Education Act (IDEA) Amendments of 1997, PL 105–17, 20 U.S.C. §§ 1400, Sec. 602 (3)(i).
3. U.S. Department of Education, *Twenty-Seventh Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2005* (Washington, DC: 2007).
4. This chapter is written from the perspective of an educator in the field of developmental disabilities. Had a person with a disability written the chapter, the focus might have been different, although it is likely that the same themes would appear. The discipline of disability studies provides excellent resources for perspectives from scholars with disabilities, and readers should review Simi Linton, *Claiming Disability: Knowledge and Identity* (New York University Press, 1998) for an excellent overview of these issues.
5. David Moshman, *Adolescent Psychological Development: Rationality, Morality, and Identity* (Mahwah, NJ: Lawrence Erlbaum Associates, 1999), 78.
6. Susan Harter, Nancy R. Whitesell, and Loretta J. Junkin, "Similarities and Differences in Domain-Specific and Global Self-Evaluations of Learning-Disabled, Behaviorally Disordered, and Normally Achieving Adolescents," *American Educational Research Journal* 35, no. 4 (1998): 653–680.
7. Andrea G. Zetlin and J. L. Turner, "Salient Domains in the Self-Conception of Adults with Mental Retardation," *Mental Retardation* 26, no. 4 (1988): 219–222.
8. Albert B. Bandura, *Self-Efficacy: The Exercise of Control* (New York: W. H. Freeman, 1997), 3.
9. Julian B. Rotter, "Generalized Expectancies for Internal versus External Control of Reinforcement," *Psychological Monographs* 80, no. 1 (1966): 1–28.
10. Michael L. Wehmeyer, "Self-Determination and Mental Retardation: Assembling the Puzzle Pieces," in Harvey N. Switzky (ed.), *Personality and Motivational Differences in Persons with Mental Retardation* (Mahwah, NJ: Lawrence Erlbaum Associates, 2001), 147–198.
11. Sharon Field, James E. Martin, Robert J. Miller, Michael J. Ward, and Michael L. Wehmeyer, *A Practical Guide for Teaching Self-Determination* (Reston, VA: Council for Exceptional Children, 1998); Michael L. Wehmeyer, Martin Agran, and Carolyn Hughes, *Teaching Self-Determination to Youth with Disabilities: Basic Skills for Successful Transition* (Baltimore: Brookes, 1998).
12. Michael L. Wehmeyer and Michelle Schwartz, "Self-Determination and Positive Adult Outcomes: A Follow-Up Study of Youth with Mental Retardation or Learning Disabilities," *Exceptional Children* 63, no. 2 (1997): 245–255.

13. Harilyn Rousso and Michael L. Wehmeyer, *Double Jeopardy: Addressing Gender Equity in Special Education* (Albany: State University of New York Press, 2001).
14. Wehmeyer and Schwartz, "Self-Determination."
15. Daniel J. Losen and Gary Orfield, *Racial Inequity in Special Education* (Cambridge, MA: Harvard Education Press, 2002).
16. U.S. Census Bureau, *Statistical Abstract of the United States: 2006* (Washington, DC: author).
17. Gail McGregor and R. Timm Vogelsberg, *Inclusive Schooling Practices: Synthesis of the Literature That Informs Best Practices about Inclusive Schooling* (Baltimore: Brookes, 1998).
18. Cynthia Warger and Jane Burnette, "Five Strategies to Reduce Overrepresentation of Culturally and Linguistically Diverse Students in Special Education," ERIC Clearinghouse on Disabilities and Gifted Education Digest #E596 (Arlington, VA: Council for Exceptional Children, 2000). While Warner and Burnette focus specifically on the needs of culturally and linguistically diverse students, their ideas certainly warrant consideration for the education of all students with disabilities.