Handbook on *Developing and Implementing* Early Childhood Special Education Programs and Services

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A partial list of other educational resources available from the Department appears on page 71. In addition, an illustrated *Educational Resources Catalog* describing publications, videos, and other instructional media available from the Department can be obtained without charge by writing to the address given above or by calling the Sales Office at (916) 445-1260.

Art and Photo Credits

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Notice

The guidance in *Handbook on Developing and Implementing Early Childhood Special Education Programs and Services* is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, the document is exemplary, and compliance with it is not mandatory. (See *Education Code* Section 33308.5.)

Prepared for publication
by CSEA members.

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A Message from the State Superintendent of Public Instruction

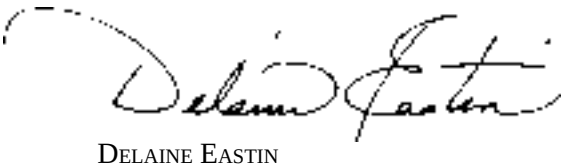
We now know that the first years of a child's life are crucial in determining that child's future success in school and beyond. The importance of these years is particularly true for children with special needs. This *Handbook on Developing and Implementing Early Childhood Special Education Programs and Services* has been designed to help educators build a seamless, integrated, comprehensive early childhood development system in special education.

This handbook is one in a series of resources on how to provide the best possible programs and services for young children with special needs. We have worked closely with local school districts and county offices of education to determine what information will be most useful for developing and maintaining quality early intervention programs.

We recognize that local programs and services have changed substantially as a result of changes in federal law, particularly the Individuals with Disabilities Education Act. All across California, families, agencies, and children's advocates are altering the way in which services are provided to children with special needs.

The emphasis is now on *natural environments,* such as the home and day care center, which has made a difference in how local educational agencies meet the needs of young children with disabilities. Services have become more family focused, with the emphasis on the family as the child's first and most important teacher.

I hope you find this information useful, and I thank you for your efforts on behalf of our youngest, most special children.



DELAINE EASTIN
State Superintendent of Public Instruction

Preface

The early years are the foundation for a child's healthy development and readiness for lifelong learning. For young children with disabilities, development and learning in the early years depend on the quality of early intervention services. This handbook provides information on the design and maintenance of quality programs, their statutory and regulatory requirements, and the resources available to local educational agencies to support those programs.

Background

Infant, toddler, and preschool special education programs and services have changed substantially in recent years. The implementation of Senate Bill 1085 in 1993 established the Early Start interagency program under the California Department of Education, in collaboration with the California Department of Developmental Services (DDS), the lead agency to administer and to implement Early Start. This program provides early intervention services that are individually designed for infants and toddlers from birth through two years of age and their families. Funding is provided under Part C of the Individuals with Disabilities Education Act (*United States Code, Title 20,* Section 1471 et seq.) to develop innovative ways of providing family-focused, coordinated services that are built on existing systems.

Preschool special education programs received a boost from the federal government with increased funds and expansion of eligibility categories for children with disabilities between the ages of three and five years under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (*United States Code, Title 20,* sections 1411, 1412, 1413, and 1419). And California state law, Chapter 311 (Assembly Bill 2666, Hannigan, Statutes of 1987), established program standards for all preschoolers with exceptional needs in California.

Principles of Early Childhood Special Education Service Delivery

The handbooks in the Early Childhood Special Education Series are based on the following principles:

- Early childhood special education programs must be child centered.

- The programs should be family focused.
- The programs should be culturally sensitive.
- Collaborative interagency coordination is the most efficient and effective way to provide services to families.
- The programs should provide multidisciplinary or transdisciplinary approaches to assessment of children and delivery of services.
- The programs should provide opportunities for staff development.
- Program evaluation is a necessary component of special education programs and services.

Purpose of the Handbook

With this publication the Special Education Division, California Department of Education, is providing staff in the field with a resource that presents ideas, concepts, and quality criteria for best practices for early childhood special education programs. New federal and state statutes and changes in regulations and funding mechanisms have affected the provision of services for young children with disabilities.

Each handbook in the Early Childhood Special Education series describes core concepts and preferred practices based on an in-depth review of current literature, statutes, and regulations. The handbooks are available on the Department's Web site *<http://www.cde.ca.gov>*.

We thank the parents and educators who contributed the ideas in this handbook to make it a valuable resource for administrators, teachers, and family members.

HENRY DER
Deputy Superintendent
Education Equity, Access, and Support Branch

ALICE D. PARKER
Assistant Superintendent of Public Instruction
Director, Special Education Division

Introduction

Meeting the needs of diverse children is what quality early education has always been about. Accepting and . . . celebrating and cherishing children's differences is the foundation of our work.

—Whit Hayslip and Lisbeth Vincent, "Opening Doors to Activities That Include ALL Children," *Child Care Information Exchange*

The future belongs to those who believe in the beauty of their dreams.

—Eleanor Roosevelt

Early childhood special education is burgeoning in California and across the nation. Services have increased with the passage of legislation providing early intervention and preschool programs for young children with disabilities. Providing high-quality programs for such children is one of the goals of the California Department of Education's Special Education Division, which has developed this handbook. The purpose of the handbook is to assist administrators and practitioners in the development and implementation of exemplary services and programs for children with disabilities from birth through five years of age.

High-quality programs reflect beliefs about how children learn, what they should learn, and the crucial role that family involvement plays in their education. Establishing and implementing programs for young children involve planning carefully, incorporating quality practices, ensuring that personnel are qualified and competent, and evaluating the programs continuously. The result must meet the needs of children, families, and communities as well as the intent of both state and federal laws and regulations.

Another characteristic of high-quality programs is that they are developmentally and individually appropriate. Curriculum and services are designed and implemented according to the needs of each child in the program. Consequently, the curriculum or the environment often needs to be modified to accommodate the unique needs of these children. For example, children with certain kinds of sensory disabilities may require a sequence or mode of learning that differs from that offered to others.

Culturally responsive programs should reflect the culture and the linguistic characteristics of the community. In such programs written materials should be made available in each family's primary language. In California a great number of languages other than English are spoken; for example, Chinese, Vietnamese, Korean, Russian, Farsi, and Japanese. The materials should not be limited to formal official notices required by the law but should include such items as daily announcements, flyers, and newsletters. Instructional staff members often speak the language of the families who are a part of the program. For families whose primary language is Spanish, staff members who speak Spanish should be available, and written notices should be translated into Spanish. For families that use braille as a primary means of reading, notices should be written in braille.

Interpreters and translators should also be well versed in written and oral language and in the social customs of the families in their community. Staff members who need interpreters to communicate with families should be trained to use those interpreters, and the unique role and skill of the interpreters should be understood and respected. Further, in communicating with families and children, staff members should understand and appreciate cultural diversity in their interactions and expectations.

The culture of children and families is readily apparent in programs in which the culture is woven into all activities and learning areas. Families share their cultural backgrounds as a part of the instructional program with toys, books, photos, and other materials that reflect the heritage and diversity of the class and the community. However, "cultural experiences are not limited to the artifacts or products of culture. . . . These products are what can be seen easily but they are not the culture itself, which is that set of underlying rules of custom or habit that yield or shape the visible products."[1] In fact "cultural competence is reflected by a self awareness of personal culture, values, beliefs, and behaviors; the knowledge of and respect for different cultures; and skills in interacting and responding to individuals from other cultures."[2]

Creating and maintaining culturally responsive programs require ongoing training. One resource, *Project CRAFT,* is a training program designed to assist staff members who are working with young children with disabilities and their families to develop skills in cultural competence.[3]

In California each community has unique characteristics that define how services are provided. There is no single right way to develop programs and services. Rather, there are integral parts that must be included and many roads to take before the destination is reached.

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[1]*Developmentally Appropriate Practice in Early Childhood Programs* (Revised edition). Edited by Sue Bredekamp and Carol Copple. Washington, D.C.: National Association for the Education of Young Children, 1997, pp. 41–42.

[2]Early Childhood Special Education Work Group of the California Early Intervention Personnel Advisory Committee, *Early Childhood Special Education Competencies*, 1994, p. 22.

[3]Deborah Chen, Linda Brekken, and Sam Chan, *Project CRAFT: Culturally Responsive and Family Focused Training.* Baltimore: Paul H. Brookes Publishing Co., 1997.

Part 1

Programs and Services for Infants

Mankind owes to the child the best it has to give.

—United Nations Convention on the Rights of the Child, 1989

Part 1 of this publication focuses on the coordination of special education programs and services for infants and the critical role of the service coordinator in providing support and helping families obtain needed assistance as required by Part C of the Individuals with Disabilities Education Act (IDEA, 1997).

Effective coordination is essential in providing services for children from birth to three years of age. The service coordinator for the local educational agency (LEA) should be trained and experienced in planning and providing service coordination and early childhood service delivery, working with families in a respectful relationship, and coordinating the assessment process.

Because the family is the focal point of the service coordination process, parents should be asked to work with the service coordinator to determine a level of involvement by the coordinator that is mutually satisfactory. The Early Start program in California has very clear expectations regarding the service coordinator's role in helping families gain access to child and family services. Assigned by the regional center or local educational agency to a family at the

beginning of the process, the service coordinator helps the family navigate the system.

The key to successful planning lies with the role that families play in formulating and implementing the individualized family service plan (IFSP). Parents must determine the extent and degree of their participation, and the service coordinator must maintain frequent contact with the infant, the family, and other key persons. The service coordinator, who may also be a service provider, is responsible for IFSP coordination. He or she must help families gain access to resources and support that strengthen the functioning of the families.

The components of service coordination and related activities found in the *Education Code*, the *California Code of Regulations*, and the *Code of Federal Regulations* include requirements for the program staff to:

- Begin to work with the family at the time of referral. Service coordination starts when the infant and family are referred for services. A service coordinator is responsible for coordinating the assessment process and ensuring that the IFSP occurs within the mandatory 45-day time limit.
- Facilitate timely evaluation and appropriate assessment, assist the IFSP team in determining eligibility and the need for early intervention services. A primary task of the service coordinator is to work with the family in assessing the infant and to facilitate the identification of the family's concerns, priorities, and resources. In addition to following specific diagnostic protocols, the assessment process includes but is not limited to interviewing the family and reviewing information contained in the infant's medical records, including information on the assessment of the infant's vision and hearing.
- Be concerned about the legal time constraints for completing evaluations and assessments and preparing for IFSP meetings.
- Have knowledge of the child's disability and expertise related to it.
- Arrange for the IFSP meeting and ensure that a written notice is sent to the family in the language of the parent's choice.
- Assist the family in obtaining needed family and child services.
- Ensure that the IFSP documents the specific outcomes and the selection of activities and services needed to achieve them. When planning early intervention services and documenting them on the IFSP form, the service coordinator must be flexible; reflect the concerns, priorities, and resources of the family; communicate effectively with parents; and deal with issues collaboratively.
- Identify priorities, explore service options, and provide access to appropriate services. For example, the service coordinator may help the family secure financial or service assistance through Supplemental Security Income, Medi-Cal, Adoption Assistance Services, or the Victim Witness program. The service coordinator may be instrumental in securing needed services for individuals or in identifying and documenting service gaps in the system.
- Ensure that the delivery of services is timely and that the IFSP is implemented.
- Participate as a legal member of the IFSP team.
- Be aware of service and funding resources. Resource development includes the referral, transfer, or other connection of the child and family to appropriate public services, such as California Children Services (CCS) and

Healthy Families. Service coordinators need to develop a thorough working knowledge of public- and private-sector resources available to the child and family. Service coordination requires doing whatever is necessary to help the family gain access to needed services.

- Monitor the child's progress in meeting outcomes on the IFSP. The objectives of monitoring are to ensure that the children and their families receive the services that are identified on the IFSP, that the services being provided are appropriate and timely and are administered by appropriately credentialed personnel, and that progress is documented. The service coordinator must, therefore, maintain ongoing face-to-face contact with the family and the service provider.
- Assist the family when additional reviews of the IFSP are being requested.
- Provide written notice in advance of meetings to the parent and staff members involved with the family.
- Be familiar with mediation, due process, and complaint procedures and help families file as requested.
- Provide parents written notice of all procedural safeguards and of the right to file a complaint or request for mediation or a due process hearing.
- Plan and implement the transition to preschool in a timely manner.
- Provide support to the family and be sensitive to the family's needs and situations.
- Ensure that families are fully informed of all options and reasons for using specific services.
- Coordinate with the family resource center or network.
- Encourage families to use parent-to-parent support.
- Promote the integration of families and children into the community.
- Evaluate family satisfaction regularly.

The service coordinator is assisted by a multidisciplinary or transdisciplinary team; that is, a group of professionals and family members who work together to assess, plan, and provide early education services to an infant and his or her family. Members of the team, including the parents, share responsibility for the evaluation, assessment, and implementation of an educational program. In cross-training, an integral component of the transdisciplinary approach, each team member integrates the perspectives and techniques of other disciplines into his or her area of expertise.

Options for Programs and Services

Programs for children from birth to three years of age should include support and instruction within natural environments, disability-specific instruction, and inclusion in community play groups and preschools, child care centers, or family child care homes. Those service options must be provided by LEAs to meet individual needs (see Table 1-1).

Federal law requires that services be provided in the natural environment, including the home and community settings in which children without disabilities participate unless justification exists to the contrary. Therefore, a child receiving services in a natural environment, such as child care, may be given instruction in speech and language, specialized instruction, or occupational therapy in a child care setting by a professional supplied by the Early Start program. *Note:* The staff members in the child care setting are not responsible for providing Early Start services.

Family-Centered Services

People who plan and implement programs must recognize that families are central to the growth and development of the child. All program planners should incorporate comments from the families served, recognizing their cultural and community values. The family and the child are the centerpiece around which service coordination and direct service revolve and on which the child and family outcomes depend. (More detailed information can be found in the *Handbook on Family Involvement in Early Childhood Special Education Programs.*)[4]

Staffing Patterns

Staffing patterns vary across LEAs according to the number and needs of children and families served. In some programs a team of professionals is assigned on a part-time or full-time basis to provide services for infants and toddlers from birth to three years of age. In rural programs in which only a small number of children are enrolled, professionals whose primary responsibility is to provide services to children older than three years of age may also provide infant services. Included among the professionals may be teachers of children with low-incidence disabilities (e.g., teachers of children who are visually impaired, hearing-impaired, or orthopedically disabled). Regional centers often contract with an LEA for direct services and provide service coordination for children and families.

Regardless of the size of the early intervention program, assigned staff members need information, training, and support in typical and atypical development to meet the unique needs of children in this age group. A national shortage exists of professionals trained to work with infants and toddlers from birth to three years of age, and the need for such training is widely recognized. Required personnel competencies have been published by the California Commission on Teacher Credentialing and recommended by the California Interagency Coordinating Council.[5]

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[4] *Handbook on Family Involvement in Early Childhood Special Education Programs.* Sacramento: California Department of Education, 1999.

[5] *Standards of Quality and Effectiveness for Education Specialist Credential Programs (Including University Internship Options) and Clinical Rehabilitative Services Credential Programs.* Sacramento: California Commission on Teacher Credentialing, 1996; *Recommended Personnel Competencies and Program Best Practices: Recommendations of the California Interagency Coordinating Council on Early Intervention Services.* Sacramento: California Department of Developmental Services, 1994.

Table 1-1. Services Provided to Infants and Toddlers Birth to Three Years of Age

Related services, IDEA Part B, provided by local educational agencies within the "funded capacity" designation of Part C (34 *CFR* § 300.13; *EC* § 56426.3 as it read on April 1, 1986) along with specialized instruction

Audiology	Occupational therapy consultation	Social work services in schools
Counseling services	Parent counseling and training	Speech pathology
Early identification	Physical therapy consultation	Transportation
Medical services (for diagnosis or evaluation)	Psychological services	

Early intervention services, IDEA Part C, provided by local educational agencies to infants and toddlers who have solely low-incidence disabilities (34 *CFR* § 303.12)

Assistive technology	Nursing services	Service coordination
Audiology	Nutrition services	Social work services
Family training, counseling, and home visits	Occupational therapy	Special instruction
Health services	Other family support	Speech-language pathology
Medical services only for diagnosis or evaluation	Physical therapy	Transportation
	Psychological services	Vision services
	Respite care	

Services and supports under the Lanterman Act (*Welfare and Institutions Code* 4512[b]), provided to infants and toddlers by regional centers in addition to the early intervention services in accord with 34 *CFR* § 303.12 noted above

Adaptive equipment and supplies	Education	Respite
Advocacy assistance	Emergency and crisis intervention	Short-term out-of-home care
Assessment	Evaluation	Social skills training
Assistance in locating a home	Facilitating circles of support	Special living arrangements
Behavior training and behavior modification programs	Follow-along services	Specialized medical and dental care
Camping	Habilitation	Speech therapy
Child care	Homemaker services	Supported and sheltered employment
Community integration service	Infant stimulation programs	Supported living arrangements
Community support	Information and referral services	Technical and financial assistance
Counseling of persons and their families	Mental health services	Training
Daily living skills training	Occupational therapy	Training for parents
Day care	Paid neighbors	Transportation services
Diagnosis	Paid roommates	Travel training
Domiciliary care	Personal care	Treatment
	Physical therapy	Vouchers
	Protective and other social and sociolegal services	
	Recreation	

Services should be delivered as much as possible within a multidisciplinary or transdisciplinary system. Professionals should have opportunities to work together as they provide early intervention services because such communication is a critical component in ensuring quality services. Although providing those opportunities can be a challenging task when the program is very small, difficulties can be overcome. Methods can be developed to increase coordinated services when administrative support and a commitment to quality are present. One option is to assign a single staff member to consult with the other professionals about providing the instruction needed to meet all developmental needs. That person becomes the primary contact with the child and the family and works with them to address identified outcomes on the IFSP. Sharing instructional strategies and specialized materials with the primary home visitor can minimize stress on the infant and the family. Designated instructional services that may be required should be coordinated through the assigned staff member so that the plan for the infant and the family is seamless.

Models of Service Delivery for Children Up to Three Years of Age

Services to children from birth to three years of age and their families may be provided in a variety of settings and service models. All services should be listed on each child's IFSP and coordinated by the designated service coordinator. Depending on the size and scope of services provided by the LEA, group services that include participation from many disciplines may be provided for several children. At times the LEA may provide a single type of direct service, such as specialized instruction. Contracts can be used to provide other services as required.

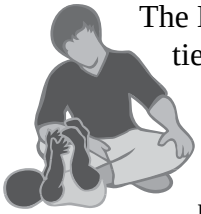
Some LEAs serve one or two children with solely low-incidence disabilities each year. The specialized staff members who provide services to those children and their families may also work with older children. Some LEAs may serve children with a wide range of disabilities and work closely with other agencies and service providers, such as a regional center or California Children Services. Such collaboration helps provide a continuum of services. Increasingly, LEAs

are working with Early Head Start and Healthy Families America Home Visiting programs to ensure that a broad array of family services are made available in natural environments.

All early intervention programs have common characteristics. Services must be based on supporting the parent-child relationship and promoting the healthy growth and development of each child. As first teachers, parents must be provided the information needed to foster their children's growth and development. They need opportunities to interact with others who share common concerns. All early intervention must be made available at no charge to children and their families through the LEA of residence or a regional center, other LEAs or special education local plan areas (SELPAs), other community agencies (e.g., Easter Seals, California Children Services), or partners (Early Head Start) or contracted services.

The Sonoma County Office of Education serves a small number of infants and toddlers with solely low-incidence disabilities. It contracts with the local Easter Seals program to serve children with orthopedic impairments. Easter Seals is also a service provider contracting with a regional center. In some instances children originally diagnosed as having only a solely low-incidence condition are later found to have a condition that meets eligibility for services in a regional center. Because both agencies contract with the same service provider, the contractor and the service coordinator may change. But the child and family are able to retain continuity of services.

Natural Environments



The Individuals with Disabilities Education Act of 1997 mandates that early intervention services occur within a variety of places. *Natural environments* are defined as locations where children of the same age who do not have disabilities participate. For infants natural environments are based on a relationship with parents or caregivers that occurs in a variety of places. Examples of natural environments where the relationships occur include the following:

- Home
- Public and private child care
- Restaurant
- Child development program
- Play groups
- Community-sponsored activities
- Parks and recreation centers, library
- Adult education and parent participation program
- Gymnastic-type classes
- Teen parenting program
- Early Head Start program
- Parent cooperatives

Many programs experience difficulty in finding opportunities for infants and toddlers to participate in natural environments in community settings. However, the Sacramento County Office of Education Infant Development Program, for example, has been able to develop inclusive opportunities in various areas of the county. Through advertisements in local newspapers, the infant program staff members, in partnership with personnel in a parks and recreation program, invite children with and without disabilities and their families to participate. In exploring inclusive options the county office has

developed a multiagency-based approach that has resulted in collaboration with such sites as community centers, churches, community colleges, Early Head Start, and city park and recreation facilities. The mission statement of the Infant Development Program reflects a commitment "to strengthen and guide the education of children and to provide a link between families and their community."

Although parent education is not required to be provided in a natural environment, a program in Southern California has expanded its services at a former elementary school campus to provide child care and parenting programs. In Thousand Oaks, California, Horizon Hills School is the hub of developmental services for young children and their families. Infants and preschoolers, with and without disabilities, and their families participate in a variety of activities, including Mommy and Me classes, parenting classes, play groups, and preschool options.

In response to the need for training inclusion support consultants in community settings, California State University, Los Angeles, has developed Project Support, which is federally funded. Its goal is to train early intervention professionals to provide effective support for the child's inclusion in natural environments. The desired result is that children with disabilities will have more opportunities to participate in high-quality programs throughout the community. Designed for early childhood special educators, Project Support focuses on the development of collaborative consultation skills through a series of training phases:

- Phase I provides intensive training during a four-day period, including instruction in effective inclusion strategies and specific strategies for assisting children with low-incidence and multiple disabilities and developing skills in collaborative consultation.
- Phase II offers trainees opportunities to observe experienced inclusion facilitators working on-site and to discuss specific case studies.
- Phase III provides individualized supervision and follow-up with each trainee at his or her inclusive site.

The selection criteria for trainees are advanced education (a master's degree or early childhood special education credential), work experience involving toddlers or preschoolers with disabilities and their families, and knowledge of and experience in typical early child development.

Frequency and Intensity of Services for Infants

The frequency and intensity of services should be determined by what the IFSP team deems necessary for the individual child to achieve the stated outcomes. Provision of services is guided by the family's identification of concerns, priorities, and resources; consideration of the child's age and disability; and an assessment of strengths and needs. Program staff may create a menu of options that allows for flexibility to meet the individual circumstances and needs of the child and the family.

The frequency and intensity of services may change according to the needs of the child or the family. For a child who is very ill or has recently been diagnosed as having a medical condition requiring attention, the role of the early intervention service provider may be primarily supportive or may serve as a reference source for the family while it attempts to resolve the child's medical issues. When the child is medically stable, the family may be ready for more direct services or may wish to inquire about additional services, such as occupational

or physical therapy or parent education classes.

For families working during the day, flexible schedules and weekend home visits may be the only means by which service providers and parents can meet. Administrators should, therefore, allow flexible scheduling for staff members.

Home Visits

For very young children schedules and visits to the home by service providers should be based on the temperament of the child and the activities of the family. Young children are happier when their routines are predictable. For some families the service may focus on helping family members develop predictable routines to support the child's growth and well-being and should be flexible enough to allow for necessary changes in daily life. In other cases service providers may focus on supporting parents in balancing family life and the many medical appointments scheduled for the child.

For many children and families, all services are provided in the home. For others, home visits are only one component of the plan. An advantage of home visits is that the home is often the most comfortable place for the parents and other family members. Further, very young children learn best and are most able to generalize learning in comfortable, familiar, safe, supportive natural environments. (See the "Principles Governing Delivery of Family-Centered, Home-Based Services" that follow.)

Successful home visiting is based on several relationships: service provider with parents, child with parents, and service provider with child and with extended family (grandparents, siblings, and cousins). Positive relationships develop as a result of interactions based on respect. Janet Gonzalez-Mena emphasizes the importance of interactions that are "respectful, responsive, and reciprocal."[6] The goal of that relationship is a partnership that continues to develop from the initial contact. Because home visiting is a skill, the service provider must appreciate the need for training to become successful.

Carol Klass emphasizes the importance of developing effective communication and interpersonal skills in establishing a solid foundation with children and

[6]Janet Gonzalez-Mena and Dianne Widmeyer Eyer, *Infants, Toddlers, and Caregivers* (Fourth edition). Mountain View, Calif.: Mayfield Publishing Company, 1997, p. 9.

Principles Governing Delivery of Family-Centered Home-Based Services

Receiving services in the home can be a welcome option for families if the families want this option and if the services are delivered in a family-centered way. Some key principles governing delivery of family-centered, home-based services are as follows:

- *Respect the family's values.* Each family has its own values. Service providers must be able to honor those values, especially when the family's values differ from the service provider's values.
- *Recognize that you are a guest.* Service providers are guests in the family's life and home. They must not try to impose changes that the family has not requested.
- *Trust the family.* The family is the expert about its child. Service providers must trust the family's judgment and observations.
- *Work together.* At the request of the family, service providers must collaborate with the family in planning, delivering, and evaluating services.
- *Be flexible.* Service providers must be flexible in focusing on services. A family has its own priorities. To provide services effectively providers must start with the family's agenda.
- *Relate to the family as people.* Service providers must not regard family members as clients or patients. Interviewing and asking formal questions must be avoided. Rather, a conversational approach should be tried to get to know each other and to share information.
- *Look at the whole picture.* A child with special needs is a member of a family. A child's needs must be considered only in the context of the child's entire family.
- *Recognize the parents as the decision makers.* Service providers must trust the family's ability to determine its own service needs.
- *Be creative.* Service providers must keep the family's daily routines in mind when work is being planned. For example, providers must consult with the family to find ways to accomplish therapeutic activities during the normal rhythms of the day, such as during times for feeding, playing, or bathing.

Source: Larry Edelman, *Delivering Family-Centered, Home-Based Services.* Baltimore: Kennedy Krieger Institute, 1991, p. 22. Adapted with permission.

families. Home visits, she contends, can cement or destroy a relationship. Because the home is the natural environment for infants, professionals must recognize what it means to be invited into that special private environment. The skilled home visitor is able to bond with the child and the family and to share the knowledge and skills that will enhance the home visiting process. Dr. Klass also discusses the importance of establishing social networks and informal as well as formal support systems. Recognizing the value of supports within the family and in the community, the home visitor should gain a thorough knowledge of local resources

to assist families in finding the services they need.[7]

The successful home visitor shares the philosophy of the program with the family and works to meet the scheduling needs of both the child and the family. Striving to make services accessible, the sensitive home visitor may wish to visit on Saturdays or in the evening. Working families need to be assured of the flexibility of the service provider in scheduling home visits. The home visitor must always remember that early intervention is a service, not a place. For some infants home visits may take place at a family day care facility or at the home of the grandparents.

Successful home visiting requires much training, practice, and ongoing support. Because many special educators and therapists have not previously received training in home visiting, LEAs must ensure that home visitors acquire appropriate skills and that systems of support and reflective supervision are provided.

Comments on home visiting by an experienced practitioner are provided by Jackie Popp, associate executive director, United Cerebral Palsy Association of Orange County:

> Ana is an experienced home visit teacher who is fluent in Spanish. She has worked with Spanish-speaking families in their homes for over ten years. We talked about what runs through her mind as she is driving to a home visit. She mentioned: "What will I find when I arrive? What will the parents' concerns and feelings be? Is the baby healthy? Will the baby have a lively or quiet day?" These factors frequently identify focus areas for the visit. Ana talked about involving the family members in the child-focused activities so that they understand the developmental or therapeutic rationale . . . and feel motivated to replicate them between visits. . . . When asked what are important traits for a successful teacher to have, she said: "Be flexible, be sensitive to the parent and child's needs, and be a good listener and communicator."

A typical home visit for specialized instruction and parent education and support may include the following, as adapted from "The Art of Home Visiting":[8]

- Greeting family members and "catching up"
- Talking or playing with siblings
- Sharing information about recent or upcoming medical appointments or other appointments
- Sharing information on development and reviewing any changes
- Evaluating suggested activities
- Discussing and modeling activities
- Listening to parental concerns and offering emotional support
- Sharing problem-solving strategies, adaptations, and modifications to the environment
- Teaching how to use assistive technology
- Locating community resources
- Scheduling the next home visit

In addition, some time during home visits may be devoted to out-of-home activities, such as going to medical appointments, visiting preschool programs, or locating community resources.[9]

Because planning for a home visit is critical, the home visitor should prepare in several ways. Prior visits, conversations with the family (and possibly with other

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[7]Carol S. Klass, *Home Visiting: Promoting Healthy Parent and Child Development.* Baltimore: Paul H. Brookes Publishing Co., 1996.

[8]Gail Calvello, "The Art of Home Visiting," in *Parents and Visually Impaired Infants.* PAVII Project. Louisville, Ky.: American Printing House for the Blind, 1990, p. 5.

[9]Ibid.

Children of all ages learn through their own experiences, trial and error, repetition, and imitation. Adults can guide and encourage children's learning by ensuring that the environment is emotionally appropriate; invites play, active exploration, and movement by children; and supports a broad array of experiences.

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service providers), and IFSP outcomes should be reviewed to develop a plan and to arrange materials and activities for the child and, often, for the child's siblings. Written materials for the family's use may also be provided. A written summary containing information on activities and suggestions and the date and time for the next appointment should be left with the family. NCR paper should be used so that consistent written documentation can be provided to all parties involved. The home visitor must be sensitive to the needs of the child and the family and must remain flexible, recognizing that circumstances may require that plans be altered significantly.

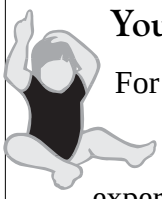
LEAs should have policies and practices in place to help ensure the safety of staff members when they are making home visits. For example, staff members should call in when they arrive at a home, visit early in the day, travel in pairs in high-risk areas, and observe all necessary precautions.

Community Settings

Community programs provide young children and their families with opportunities to participate in a variety of activities and settings. For young children ready to participate in a group setting, the activities provided and the chance to interact with and learn from other young children have many advantages. Team members have opportunities to work with children in small groups or as individuals and to employ the services of consultants from various disciplines in support of the multidisciplinary team. For parents opportunities may become available to interact with one another, thereby providing a setting for group support, education, and networking. Community settings provide needed space and access to a broad range of materials and equipment, enabling a child to explore new objects and materials. (See the section on "Natural Environments" for further examples of community settings.)

Because the activities within the group setting and the characteristics of quality programming are directly related to the curriculum and the environment, they should provide (1) a balance of individual and group play; (2) a mixture of quiet and lively activities; (3) opportunities for active exploration; (4) opportunities for social interaction; (5) support for the acquisition of skills in all developmental areas; and (6) support for the unique learning needs of *all* children.

The Curriculum for Very Young Children



For very young children the embedded curriculum develops from everyday life and experiences. It is focused on devel-

oping and strengthening *relationships* between the child and important adults in the child's life, creating positive *interaction* between the child and the environment, and helping the child to master developmental milestones. Curriculum planning should consider the individual needs of the child, the parents and other primary caregivers, teachers, and the environments in which a child and the family interact.

For children from birth to three years of age, the curriculum will build on everyday routines in the child's life, such as exchanging hellos and good-byes, diapering, toilet training, eating meals, sleeping, and dressing. Activities may also involve toys and manipulatives, art, dramatic play, reading (stories and books), sensory experiences, music, movement, and outdoor play.

No single curriculum will meet all the needs of every child and family in a program. Strategies that cover a range of learning styles, sensory modalities, and disabilities should be provided to meet the learning characteristics and temperament of each child. Some curriculum sources for use with infants and preschoolers can be found under "Selected References" at the back of this publication.

Questions that should be posed to guide curriculum development and ongoing program evaluation are as follows. They apply to *all* children from birth through five years of age.

- Is the curriculum developmentally appropriate according to the ages and individual needs and interests of the children in the group?
- Is the curriculum linked to assessment? Is the assessment meaningful and valid?
- Is the curriculum flexible, allowing for modifications for individual needs?
- Does the curriculum support the cultural and linguistic values of the families in the group?
- Is information presented in a variety of sensory modalities? Can the presentation be modified to accommodate children with sensory impairments?
- Does the curriculum take into consideration the unique learning needs of children with low-incidence disabilities?
- Is the curriculum responsive to a variety of learning styles and temperaments?
- Is there a balance between child-directed and adult-directed activities?

- Does the curriculum present a range of challenges and support exploration?
- Does the curriculum incorporate experience with real objects relevant to the child's experiences?
- Does the curriculum take into consideration all developmental areas?
- Does a continuum exist in the curriculum for the infant, the toddler, and the preschool child?
- Does the curriculum encompass the transitions between the infant, toddler, and preschool programs?
- Can the curriculum be adapted to support assistive technology or specialized materials that individual children may need?
- Does the curriculum support learning and generalization in a variety of settings?
- Does the curriculum promote language-rich environments, including preliteracy activities?
- Does the curriculum include activities, roles, and responsibilities that are shared with parents, caregivers, and other family members?

Because young children do not learn at the same rate, they may differ in the amount of time they need to achieve typical developmental milestones. For example, one infant may begin to walk as early as nine months of age—another, not until sixteen months of age. The curriculum must take into account variability in growth and development by providing opportunities for practice and for the development of new skills. Meeting the individual needs of young children requires careful, continuing observation.

Teachers must understand how a child learns and organizes information, particularly when they work with infants with disabilities or with conditions that may lead to disabilities. Teachers may choose to modify the curriculum, the environment, or instructional practices. Further, teachers should assist a child's learning through different modalities. Just as adults may be visual, auditory, kinesthetic, or tactile learners, young children will demonstrate preferences and strengths in modalities. When a child who has a disability cannot use a modality, such as vision, hearing, or touch, modifications and accommodations must be considered thoughtfully.

Some children may need more time to practice or to complete a task. An infant who has difficulty in feeding may need to be fed smaller quantities more frequently, with reduced stimulation, to receive an adequate amount of nutrition. A child with a visual impairment needs many opportunities to touch and to interact with his or her environment. Modifications may also include (1) presenting information and activities at an earlier or later stage of development than is suggested in the curriculum materials; and (2) breaking down a task or activity into smaller sequences or steps. Accommodations in instructional strategies may include how and where information is presented, such as positioning for a child with an orthopedic disability or placing materials in the visual field of a child with a visual impairment.

Frequently, the role of the special educator includes consulting with family members and other care providers to modify activities or the environment, thereby allowing the child to participate successfully in daily events. Knowing how, what, and when to modify; when to request assistance or guidance from specialists and other team members; and when to add more challenges depends on observation, assessment, and interaction with the child, the family, and the team.

Thoughtful caregivers recognize that the learning environment includes both people and relationships between people and that attention to the way in which environments are set up and used is an important contribution to the quality of a learning experience.

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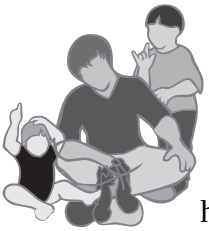
Learning Environments



Learning environments include the places where the child is typically located and the adults and other children with whom he or she interacts. In a discussion of environments for young children, consideration must be given to the inherent differences between very young children and preschoolers.

For very young children the first environment is the home, where the child feels safe and secure. At home there is trust, the child is free to explore, and the adults in the child's environment are nurturing and responsive to the child's needs. Those qualities are inherent when services occur in the home. Early intervention service providers may support a family in the home by suggesting accommodations or modifications to assist in the child's development. For example, a child who is hearing-impaired will need direct access to linguistic contact and cognitive information (e.g., with people who sign) and involvement with peers who have similar communication needs. Visual and acoustic considerations are also important. For a child who is visually impaired, the environment should be consistent, free of clutter, and well defined. Lighting should be appropriate to the child's visual condition.

Very young children with low-incidence disabilities may need adaptations not only in the places where they spend time but also in their relationships with adults. For example, an orthopedic disability that hinders an infant's ability to cuddle with a caregiver will necessitate specific positioning for the child. That same orthopedic disability in a toddler may inhibit his or her ability to separate from the caregiver, potentially interfering with the child's developing sense of self and independence. For children who have a visual impairment, which interferes with the eye contact so central to the bonding of parent and child, accommodation can be made through touch. Although a hearing impairment may limit turn-taking in conversations between child and family members, opportunities for sharing can be provided through facial expressions and gestures. Whether at home or in the community, space can be modified for visual, auditory, and physical access and comfort.

For infants in community settings outside the home, the physical environment continues to be a part of the early childhood curriculum. The expertise of all team members should be employed in developing an accessible physical space and determining the range and variety of materials available to young children through play and exploration. A well-designed early childhood environment

supports a child's self-initiation, exploration, and need for growing autonomy, and it is instrumental in supporting positive adult-child interactions and minimizing behavioral concerns in the classroom. Children should have easy access to materials and equipment, and the space should be sensitive to the needs of very young children and the adults participating in the program. Early childhood special educators can help modify the environment at home as well as in the community. General guidelines for modifying the environment include:

- Absence of hazardous conditions
- Purposeful room arrangement that considers the needs of all children
- Appropriately sized furniture accessible to all
- Varied textures and surfaces
- Furniture and materials easily cleaned (daily)
- Natural lighting (as much as possible)
- Comfortable environment for children and adults
- Large spaces for motor activities and small spaces to cuddle and feel secure

The checklist that starts on the next page itemizes environmental considerations for infants *and* preschoolers.

For young children the outdoor environment offers unlimited opportunities. Unfortunately, however, it is often overlooked in the planning stage. Outdoor spaces can become extensions of the classroom setting and provide excellent areas for learning activities. They are particularly inviting for young explorers who *need to move,* given that motor skills are an integral component of learning for very young children.

When outdoor spaces are being designed, care should be taken to:

- Provide adequate space and equipment, such as ride-on toys and wagons for riding and pulling one another. Equipment should accommodate children with various levels of ability.
- Bring a water source to the area and designate space for art activities, sand trays, and water play.
- Assess the area for shade and create artificial shading of a portion of the area if needed.
- Provide a grassy area whenever possible.
  - Note that height and terrain changes are enticing and promote motor skills.
  - Be sure to use nontoxic plants and a variety of textures and scents.
- Use items discovered in the outside areas and gathered on walking field trips as the foundation for curriculum activities, such as additions to the science areas, objects for the art center, props in the dramatic play area, or examples for stories read to the children. Outside activities performed on a variety of walking surfaces provide opportunities to use adaptive devices, such as crutches and walkers. Walking also provides opportunities to promote visual and auditory awareness (looking and listening skills).
- Assess climbing and swinging structures for accessibility and safety and purchase modified equipment as necessary and feasible (indoors and outdoors).

Checklist of Environmental Considerations for Infants and Preschoolers

Health	Yes	No
• Frequent cleaning, including daily washing and sanitizing of all toys and surfaces, because young children mouth items regularly	☐	☐
• Separate area provided for diaper changing, with storage for supplies and water source within arm's reach	☐	☐
• Daily cleansing and sanitizing of feeding and eating areas performed with a bleach/water solution (1:10 ratio)	☐	☐
• Universal precautions observed by all adults	☐	☐
• Food brought from children's homes stored separately from other foods	☐	☐

Safety	Yes	No
• Lights included in fire-alarm systems	☐	☐
• No sharp or jagged corners on surfaces or equipment	☐	☐
• Furniture, equipment, and materials kept in good repair	☐	☐
• Toys and objects large enough to prevent swallowing	☐	☐
• Furniture and equipment stable and secure enough to prevent falling over, especially if used to pull to a standing position	☐	☐
• Cleaning supplies stored out of children's reach and separate from other materials	☐	☐
• Pathways and traffic floor patterns clearly defined and free of obstacles	☐	☐
• Electrical outlets covered and storage cabinets equipped with child-proof fasteners as appropriate	☐	☐

Mobility	Yes	No
• Practice of gross motor skills occurring within designated open spaces	☐	☐
• Landmarks and cues to location and use of areas provided by furniture	☐	☐
• Indoor and outdoor spaces provided for active play	☐	☐
• A variety of surfaces and heights provided to assist in crawling, cruising, and climbing	☐	☐
• Clearly defined areas provided for active and nonambulatory children	☐	☐
• Children's areas within the environment made accessible for *all* children	☐	☐

Environment	Yes	No
• Room arrangement and contents warm and inviting, including soft furniture, a variety of textures and surfaces, and natural lighting	☐	☐
• Furniture, wall coverings, and equipment visually interesting yet not overstimulating, complementing each other	☐	☐
• Toys and learning areas inviting and interesting in a variety of sensory modalities	☐	☐
• Furniture size appropriate for children under three years of age	☐	☐
• Materials durable and easy for small hands to hold	☐	☐
• Each area of the room accessible to students with low-incidence disabilities, including:		
— All areas visually accessible for communication purposes for children with hearing impairments	☐	☐
— All areas accessible for children using wheelchairs and walkers	☐	☐
— All areas designed with appropriate lighting and contrasting tactile interest for children with visual impairments	☐	☐
— Consultation by orientation and mobility specialists with early childhood programs. With their expertise staff members can design environments that will help children develop safe, independent travel skills, such as trailing.	☐	☐
• Toys, books, pictures, and written materials reflecting the culture and language of the families in the program, including materials in braille and large print	☐	☐
• Ambulatory peers aware of the mobility needs of their nonambulatory peers	☐	☐
• Plants and pets an inviting addition for children	☐	☐
• Environment welcoming to parents (e.g., adult-sized chairs, parent information center, area for parent-to-parent networking)	☐	☐
• Parents provided access to information about daily routine and activities	☐	☐
• Learning areas labeled with descriptions for parents and volunteers	☐	☐
• Lighting adequate and window coverings in place where needed; differential lighting levels used; window coverings with a measure of site security, buffering of sound, and aesthetic appeal	☐	☐
• Materials, activities, and environment sensitive to the individual child's levels of stimulation and best sensory modalities	☐	☐

Quiet Areas	Yes	No
• Areas that include cushions, a rocking chair, and quilts for quiet activities	☐	☐
• Literacy area provided where young children have access to developmentally appropriate books; adequate lighting and comfortable seating for children with a variety of motor needs; adult seating also available	☐	☐

Clearly Defined Learning Areas	Yes	No
• Materials and furniture supporting the curriculum	☐	☐
• Early literacy supported through an environment that includes the children's native languages and a variety of reading materials, such as braille books, large-print books, and recorded stories	☐	☐
• Group size in learning areas controlled by seating and materials	☐	☐
• Items placed within easy reach of children or stored out of sight	☐	☐
• Items labeled by picture, printed words, and braille	☐	☐
• Environment free of clutter	☐	☐
• Wall decorations reflecting the curriculum in each area and at children's eye level	☐	☐
• Mirrors placed at children's eye level	☐	☐
• Dramatic play area containing size-appropriate furniture and props reflecting the cultures and norms of the families in the program, including real objects, such as pots and pans and empty food containers	☐	☐
• A minimum of three similar items in manipulative areas to promote parallel play, with enough items and space in manipulative areas to allow all children in the area to work side by side	☐	☐
• Areas clearly defined and separated by furnishings, shelving, mats, and cubbies	☐	☐
• Storage containers placed within or near areas of use in the classroom; for example, in the art area: easels; a water source close by for cleanup; a cabinet or shelf to neatly store paints, brushes, paper, and other supplies; and hooks for paint aprons or smocks	☐	☐
• Noisy, active areas separate from quiet areas	☐	☐

Transportation Services for Infants and Their Parents, Guardians, or Caregivers

Transportation is an early intervention service that must be provided if it is needed for the child to gain access to other services.

Because the transportation needs of families often require creative responses to unique circumstances, service providers may:

1. *Provide bus transportation for the child and parent, guardian, or caregiver.* Providing bus transportation can be effective. The LEA policy may be modified to permit parents

and siblings to ride with the child—a reasonable provision that should be negotiated with the transportation manager.

2. *Pay the parent or an authorized adult reimbursement for mileage in lieu of bus transportation*. Most school business offices require (1) proof of automobile insurance before authorizing this arrangement; and (2) a signed contract with the driver and submission of a record of miles driven before issuing reimbursement.
3. *Provide taxi service and pay the fare for the child and parent, guardian, or caregiver.* The LEA may contract with a cab company to provide regularly scheduled services. Or arrangements may be made by the family, who must submit a billing and receipt for reimbursement to be made.
4. *Pay for public transportation.* Bus tickets or tokens are provided, or the parent is reimbursed for the fare when attending a program with the child. The parent may be requested to submit a record of days of attendance before being reimbursed or receiving tokens.
5. *Have early intervention staff members provide transportation in a county or school district car that is appropriately insured.*
6. *Coordinate car pooling.*

The program administrator should explore the feasibility of transportation options with the LEA business and operations departments.

Family Involvement in Early Intervention

As noted in *DEC Recommended Practices*, "The definition of family participation . . . is as follows: families are equal members in, can join together with staff and can take part in all aspects of the early intervention system, including all aspects of their child's care and all levels of decision making."[10] The services should be flexible enough to respond to the changing needs of children and families. Staff members should explore changes, deal with concerns as they arise, and continue to promote family involvement that respects individual needs and enhances the growth and development of the child.

Family involvement takes on a variety of forms reflected in the services. A range of options exists for the participation of family members. Siblings can provide a wealth of support and positive challenges for the infant and toddler. An in-depth discussion of the importance of family involvement and the variety of ways in which families may be involved can be found in the *Handbook on Family Involvement in Early Childhood Special Education Programs.*[11]

Examples of activities that staff may suggest and support to encourage the family's involvement in a program are listed in Table 1-2.

Parents may attend parent education classes hosted by another agency or activities occurring as a part of early intervention. A monthly or weekly parent group provides a format for support and

[10]*DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families.* Reston, Va.: Division for Early Childhood, Council for Exceptional Children, 1993, p. 19.

[11]*Handbook on Family Involvement in Early Childhood Special Education Programs.* Sacramento: California Department of Education, 1999.

Table 1-2. Family Involvement Activities

School- or Center-Based Activities

- Parent support groups
- Parent-professional training
- Sign language classes
- Parent advisory committees
- Involvement in community activities, such as:
  - —Parent-toddler gym
  - —Mommy and Me swimming
  - —Parent-tot music time
  - —Parent-toddler creative playtime
- Playgroups
- Parents' Night Out—an opportunity for parent education, such as presentations or demonstrations of various stimulating homemade toys or therapy approaches, with on-site child care provided by staff

Social Activities

- Family picnics and potlucks
- "Second cup of coffee"—drop-in or scheduled coffee hour
- Mom's Night Out
- Dad's Night Out
- Quarterly family gatherings
- Play day in the park

Celebrations and Special Events

- Annual reunion—evening or weekend
- Holiday celebrations
- Volunteer appreciation
- Beginning and end-of-year picnics

Community Events

- Week of the Young Child
- Information fairs
- Special Olympics
- Team presentations to medical community
- Ability awareness days
- Multicultural events
- Stand for Children Day

Source: *Handbook on Family Involvement in Early Childhood Special Education Programs.* Sacramento: California Department of Education, 1999, p. 14.

an opportunity for parent education on a variety of topics identified by participants. Special activities in response to requests from parents may also take place.

> In response to parental requests, each November before the holidays, the early intervention staff arranges a parent meeting in a toy store. The parents meet at the store before it is opened to the public. Staff members work with parents to find toys that meet the developmental needs of their children. The meeting is well attended. The merchant welcomes the opportunity to have the program use its facility in this manner.

Respite Services

Respite refers to short-term care, given in the home or out of the home, that temporarily relieves families of providing specialized care for a child with a disability. It is intended to provide care that is over and above the normal child care needs of the family.

All families must be informed that respite care is an early intervention service. Families of infants with solely low-incidence disabilities who do not qualify for regional center services are eligible for respite services through the LEA on the basis of need. The provision of respite services is an IFSP decision and is based on the resources and needs of the particular family.

The LEA should identify internal procedures for providing respite and share that information with staff members and families (see Table 1-3). If respite services are to be provided, they must be listed on the child's IFSP. The service coordinator or other assigned LEA staff member is responsible for assisting the family in obtaining respite services. "Each eligible infant or toddler and family shall be provided a service coordinator who will be responsible for facilitating the implementation of the individualized family service plan and for coordinating with other agencies and persons providing services to the family" (*14 Government Code* Section 95018). LEAs may build an assessment tool or survey to help the IFSP

Table 1-3. Suggested Models for LEAs to Provide Respite

Model	*Comments*
1. The LEA writes an expenditure contract with one or more agencies that provide respite, such as the Easter Seals Society or a home health agency. The contract is flexible, calling for services as needed for up to a maximum number of hours per month or six-month period. Regional centers use this contracting method. LEAs may contract with the same providers that regional centers use.	Model 1 allows the LEA to use already-established agencies that employ workers who have training and expertise in caring for children with disabilities. The agency hires, pays, trains, supports, and insures the respite worker. The responsibility for monitoring and evaluating the service rests with the LEA. The contract may be flexible and respond to the family's need. A family may ask for a particular respite worker to be hired by the agency so that a person familiar to the family cares for their child. A contract may be written to outline a detailed description of services. Model 1 is applicable to in-home and out-of-home respite.
2. LEA hires staff members for extra hours to provide respite services.	Model 2 allows the child to be cared for by LEA staff who may be familiar to the child and family. The LEA should consider the impact on personnel procedures and budgetary expenditures (new job descriptions, rate of pay, benefit costs, union considerations, recruitment, training, and supervision of staff). Each LEA should contact its insurance carrier or risk manager to explore whether the existing insurance policy will cover the respite worker. Model 2 is applicable for in-home respite.
3. The LEA employs its own respite workers.	Model 3 allows the LEA to hire and train its own respite workers. Consistent workers will be available for families. The LEA is responsible for hiring, training, supporting, and insuring the employee. Model 3 is applicable for in-home respite.
4. The LEA hires contractors to provide respite through an individual contract or through an undesignated contract for services (various people to provide respite at an established hourly rate). The provider invoices the LEA after the service is provided.	Model 4 is an established process that some LEAs use to hire interpreters. The contract should include language stating that the contractor is responsible for his or her own liability insurance. The LEA needs to develop a system for hiring and supervising the respite contractors. Model 4 is applicable for in-home respite.
5. The family hires a respite worker and submits a monthly invoice to the LEA for reimbursement. This method is used by regional centers to hire family members to provide respite.	Model 5 allows the family to choose its preferred respite worker. The family is responsible for filing and paying taxes, hiring, and training. The family must have enough financial resources to pay and be reimbursed. It should investigate the liability issues involved in this model, which is applicable for in-home respite.

team determine the need and amount of respite for each child but may not unilaterally change the amount of respite determined necessary without convening an IFSP meeting.

Considerations

Initiating respite services involves several considerations, including who will provide care, whether the caregiver is appropriately trained, and what steps are in place to monitor the provision and quality of respite services.

The following considerations should be taken into account when planning respite services:

1. Respite is a form of family support for children who have solely low-incidence disabilities and are not eligible for services from the regional center. Children qualify for respite services from the LEA only until their third birthday. After that time the LEA is not required to provide respite. The service coordinator and other service providers should explain this situation to families so that the families are not surprised by a sudden loss of respite services. A sample statement to be given to the families is as follows:

   > Respite is a service the LEA provides to you when your child is under three. We will assist you in finding other resources for respite when your child turns three years of age. These resources may be agencies, family members, or friends. During the transition period we will discuss possible respite resources and support.

2. Respite is an important component of transition planning. All potential sources of respite for the family should be considered (e.g., child care, family members, friends).
3. Respite and family-support services are listed as optional early intervention services in the federal regulations for Part C of IDEA. California offers respite to all eligible children from birth to three years of age who need the service. Children of any age who receive services from the regional center and who do not have solely low-incidence disabilities may receive respite from the regional center. When respite needs are being examined, family supports that are already in place should be considered. If the family has someone already providing respite (e.g., a family member or a child care provider), the respite provider may need training in feeding or dealing with appropriate toys and activities. Respite may be provided through the home-visiting component of the program.
4. Options for funding or for providing respite services need to be available. For example, offering reimbursement only may deny the service to families without the ability to pay for respite care in advance.
5. The LEA should be concerned with the training of the respite providers. School personnel should ensure that respite providers have been appropriately trained to provide specific services to meet the needs of each child. The minimal training requirement is instruction related to emergency medical procedures and the needs of the child with low-incidence disabilities. Child care centers and homes licensed in California must have staff trained in child care, health, and safety. Training in pediatric CPR, pediatric first aid, and prevention of infectious diseases and injuries is mandated for licensing.

6. Children with specialized health care needs may require a respite worker with training in nursing. The LEA, in cooperation with the school nurse and the child's physician, is responsible for making an assessment to determine whether the family needs the support of a licensed vocational nurse or a registered nurse.

   Respite is an early intervention service that may be covered by Medi-Cal; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); or private insurance. It is the LEA's responsibility to investigate the sources of payment. The purpose of respite is to restore or improve family functioning.

   Respite is not intended to supply long-term or regular nursing care but only to relieve parents of very short-term care for their disabled child. Respite is not available for other members of the family or for siblings.

7. The LEA is responsible for the evaluation of the effectiveness and quality of respite and may not delegate that responsibility through interagency agreements or contracts.
8. The responsibility of the LEA to provide respite does not preclude hiring the child's relatives. Families have often expressed the desire to have respite services provided by a familiar person.
9. Respite providers may need to apply to become regional center vendors or to find employment with a private agency.
10. In developing an internal system for providing respite, the LEA should:
    - Determine the need for respite and design an instrument or checklist used by the program.
    - Develop internal procedures, such as writing the contracts before the service is provided, making interagency agreements, arranging payment.
    - Schedule respite for families, identifying who hires the respite worker or contracts with an agency and who monitors the respite hours used.
    - Monitor the respite to evaluate the quality of the service.

Sample Process for Provision of Respite

LEAs can develop local policies and procedures that help families to understand the respite process and to access community resources. A sample process would typically identify the following steps:

1. Establish procedures for providing respite services.
2. Develop a one-page description of respite services to give to families. The one-page description should be provided at the initial contact; during the assessment as the family's concerns, priorities, and resources are identified; or throughout the child's and family's participation in the program. Respite is an ongoing consideration as services are being planned for eligible children under the age of three and their families.
3. Identify respite resources being used by the family, including neighbors, siblings, extended family members, church members, and friends.
4. Provide support to respite providers by making home visits; teaching feeding and positioning techniques; giving respite providers suggestions about activities, toys, and materials; and assisting the family in acquiring specialized equipment.

5. Identify the level of need through assessment and include the service in the IFSP, including initiation, frequency, intensity, duration, location, and method. If all items are not in place when the IFSP meeting is held, identify a time frame within which they will be in place and add an initiation date as soon as possible.

6. Evaluate the effectiveness of the respite. At a minimum, the evaluation must occur at the six-month IFSP review. If a modification or revision of respite services is needed, a periodic review of the IFSP can document the new service needs.

Part 2

Programs and Services for Preschool Children

If we are to achieve a richer culture . . . we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place.

—Margaret Mead

LEAs provide many options in special education for children three through five years of age. They must ensure (1) that the services and support needed to help the children develop are available; and (2) that opportunities are offered to the children to participate in age-appropriate activities in the least-restrictive educational setting.

Services for the individual child are determined by an individualized education program (IEP) team, which includes the parents, those who have assessed the child, an LEA administrator or designee who is knowledgeable about services available in the school district or special education local plan area, a special education teacher, a regular education teacher, and others involved in the child's life (e.g., a Sunday school teacher, a favorite neighbor).

Factors to consider when appropriate support services are being planned include the child's developmental level and specific disability. The child may need sign language, or braille readiness skills,

or access to specialized materials and credentialed personnel.[12] The scope of specialized instruction varies according to the needs of the child and may also vary over time.

Placement is *not* determined by the disability of the child.

The three principles that guide IEP teams in determining placement for a preschool child are (1) the child's strengths and needs; (2) the least restrictive environment in which the child's educational needs can be met; and (3) family desires and priorities. Families should be informed about all available options and should be given opportunities to observe programs. Such a strategy helps to ensure that the placement determined by the IEP team will be well informed.

Settings where services are provided include the following:

- Inclusive community settings where, for example, speech and language services and resource specialist support are provided
- The child's regular environment, including the home
- Special sites where preschool programs for children with disabilities and those without disabilities are located near one another, enabling the sharing of resources and programs
- Special education preschool programs in which children without disabilities attend and participate in all or parts of the programs
- Public school settings that provide age-appropriate environments, materials, and services

The following designated instruction and services may be provided in a variety of settings:

- Assistive technology
- Audiology
- Counseling
- Health services
- Occupational therapy
- Orientation and mobility
- Parent counseling and training
- Physical therapy
- Psychological services
- Social work services
- Speech-language pathology services
- Transition
- Transportation
- Vision services

Program Design

Preschool programs should be based on *developmentally appropriate practices.* What do such practices look like? As noted in the CONNECTIONS Project's adaptation of a position statement issued by the National Association for the Education of Young Children,[13] developmentally appropriate practice acknowledges the following principles:

- The focus is on the "whole-child"—domains are closely related.
- Development occurs in a relatively orderly sequence, with later abilities building on those already acquired and moving toward greater complexity, organization, and internalization.
- Rates of development vary from child to child.

[12]*Early Focus: Working with Young Blind and Visually Impaired Children and Their Families.* Edited by Rona L. Pogrund, Diane L. Fazzi, and Jessica S. Lampert. New York: American Foundation for the Blind, 1992, p.120.

[13]Ann Carr and Anne Kuschner. *CONNECTIONS Project: Learning Communities for All Children.* Rohnert Park, Calif.: Sonoma State University, 1997, p. 1-1, adapted from "Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8," position statement, National Association for the Education of Young Children, Washington, D.C., 1996.

- A child's rate of development in different areas may not be consistent.
- Development occurs within a social and cultural context.
- Young children are active learners, drawing on direct experiences to construct their own understandings of the world around them.
- Play is an important vehicle for children's development.
- Children learn (by repeating) newly acquired skills and by experiencing challenges just beyond the level of their present mastery.
- Children demonstrate different modes of knowing and learning.
- Children develop and learn best in the context of a community in which they are safe and valued.

Adaptations must be made for children with disabilities. Community strengths and needs should be incorporated when services are being designed. Existing programs that may be used or enhanced should be sought. Gaps that can be filled by altering an existing service or providing a new type of program should be identified.

Administration and staff should gather comments from parents and agencies in the community whenever a new form of service is being planned. If persons with different perspectives are invited to participate in the planning process, potential problems will more likely be identified and resolved before implementation.

Effects on Families and the Community

The impact that services have on families and the community should be recognized. Understanding and being sensitive to family values and beliefs help program providers establish services that are viewed positively by families and others and are, therefore, more effective. Even the title of a program can affect the community's perception of children negatively or positively.

An early childhood program can communicate its belief in the potential of young children with disabilities for learning and development simply through the power of its name. The First Steps Infant and Preschool Programs, operated by the Yolo County Office of Education, evokes images of children reaching an important developmental milestone—a hope of all teachers and families.

In contrast, consider the experience of one parent:

> I visited a school site where a classroom was proudly pointed out to me as the classroom that my child would attend if we lived in that area. It was called the *Limited Learners* Classroom. Limited learners: These children will only go so far and no further. I was, unfortunately, speechless. Imagine the impact that this limiting language might have on the lives of these children if their parents believe it!

Staff Training and Support

Early childhood special education programs and services must be provided by staff members who have credentials specific to the unique needs of young children with disabilities. Further, *Education Code* Section 56441.6 requires that services be provided by a transdisciplinary team of professionals who work with preschool-aged children and their families. In addition, because preschool programs are not found in every school, ongoing administrative support, collegial interaction, and training for staff members must be planned carefully.

Classroom staff members need opportunities to communicate regularly. Often, communication does occur informally as staff members catch moments throughout the program day to discuss issues. However, depending on such events as the only mode of communication leads to sporadic and incomplete information by all parties. Regular meeting and planning time should be scheduled as a part of the work week to give staff members opportunities to train one another and share relevant information about the children they serve.

Even in large LEAs with many early childhood special education services, preschool staff members can easily become isolated unless a commitment exists to linking with other professionals for information and networking. When only one or two professionals serve this age group, the situation is exacerbated. In addition, SELPAs struggle to find enough appropriately credentialed personnel for children with low-incidence disabilities.

Some school districts have developed creative plans to meet staff development needs. For example, a program may base its staff development plan on the findings of a program evaluation. Or a school district, having encouraged its teachers to develop individual staff development plans, may incorporate and individualize its training program according to those plans.

Regionalization can also provide solutions. In a regionalization project SELPAs work with other public and private agencies in one geographic area to "improve the coordination, provision, and quality of specialized . . . services."[14] A region may encompass a local geographic area or provide statewide coverage, particularly in the case of parent and professional training. Regionalization may deal with program needs in specialized assessment, curriculum, and instruction and provide a full range of options and specialized personnel development. The regionalization approach outlined in *Program Guidelines for Students Who Are Visually Impaired* may be followed in working with low-incidence populations when services and personnel are limited.[15] Gaining access to or creating local and regional staff development opportunities on a regular basis helps programs meet that challenge.

A positive aspect of multidisciplinary and transdisciplinary training and regular

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[14]*Program Guidelines for Students Who Are Visually Impaired* (Revised edition). Sacramento: California Department of Education, 1997, p. 39.

[15]Ibid.

communication is that all service providers work collaboratively to share the information needed to work with the whole child rather than concentrate on isolated skills or areas of development. Young children learn best and are most able to generalize learning when it is incorporated throughout their lives. Similarly, skills learned in isolation frequently remain isolated. A variety of needs should be dealt with and incorporated into the daily routines and activities of the child. For example, adapted physical education services are more effective when delivered according to a teacher training and ongoing consultation model of service delivery. Child expectations and modifications can be incorporated into the ongoing instruction, and activities that use large motor skills can be embedded throughout each day rather than concentrated in an isolated session one or two times per week.

When the staff represents various disciplines (occupational or physical therapy, early childhood education, early childhood special education, and other designated instructional services), teams must become knowledgeable about the dynamics of team membership and the skills needed to develop and maintain positive relationships within the team. In building a team, the members must agree on achievable goals, clarify roles and responsibilities, develop supportive relationships, encourage active participation employing the abilities and knowledge of all members, and monitor progress and effectiveness.

The CONNECTIONS Project also recognizes the importance of teaming as an integral component of successful, inclusive classrooms. One of the goals established during the first training year is to

> develop well defined teams within each inclusive classroom setting which:
>
> - Include families, early childhood and early childhood special education staff, and administrators as team members
> - Build trust within teams and across systems
> - Participate in regularly scheduled meetings
> - Develop a clear purpose and outcomes for team meetings
> - Support a reflective team disposition
> - Implement effective communication and problem solving strategies.[16]

Models of Service Delivery for Preschool Children

The Individuals with Disabilities Education Act (1997) strengthened the concepts of providing the least-restrictive environment and educating children in the general education setting in "age-appropriate activities." The activities may take place in any setting that is typical for children of the same age without disabilities and that is the least-restrictive environment. The least restrictive environment should be considered first. Some examples of possible settings are the home, community and private preschools, family care and child care, Head Start, and State Preschool and play groups. (Descriptions of the programs can be found in Part 3 of this publication, "Other Services and Support.")

Service delivery models used in California are as follows:

- Co-enrolled programs within the same classroom environment and co-located activities
- Special education services and designated instruction and services provided

[16]Ann Carr and Anne Kuschner. *CONNECTIONS Project: Learning Communities for All Children.* Rohnert Park, Calif.: Sonoma State University, 1997, p. 48.

to children enrolled in publicly funded programs, such as State Preschool, Head Start, or General Child Care

- Dual enrollment in a special education and early education or child care program
- Special education and designated instruction and services provided to children enrolled in private preschools and child care settings
- Reverse mainstreaming in a special day class that children without disabilities attend by invitation
- Special education and designated instruction and services provided to children in their homes
- Special day class

Inclusive programs provide many benefits. Parents of children with disabilities cite increased involvement in their children's program; peer modeling; a higher-level curriculum; and improvement in language use, social skills, and overall development. Learning tolerance and accepting individual differences benefit preschoolers who are typically developing, and the belief that "all children belong" is supported by the friendships that children develop.

Components of successful inclusive programs are as follows:

1. *Positive attitude of staff members and parents.* Administrators, early education and special education staff members, and families believe in the benefits of inclusion and have made a commitment to overcome barriers that may arise.
2. *Collaboration.* Collaboration exists between families and agencies that operate programs and services, including frequent communication, joint commitment to the program, and current signed interagency agreements. Staff members and families share a similar vision for inclusion.
3. *Parental involvement.* Parents are involved in planning and implementing the inclusion program for their children.
4. *Joint planning.* Time is set aside regularly for special education and early childhood staff members and parents of children with special needs to meet, plan the program, and discuss issues that may arise. The administration supports planning time as a part of the job assignment of staff members.
5. *Fiscal support for the model.* Administrators identify, gain access to, and allocate the fiscal and human resources needed to support the model.

6. *Staffing and support.* The Individuals with Disabilities Education Act mandates that staff members and other supports—such as equipment, training, and ongoing communication—be in place. Liaison services are needed between the school and parents of children with disabilities to ensure procedural safeguards.
7. *Staff training.* Program staff members have the knowledge, training, and appropriate credentials issued by the Commission on Teacher Credentialing that are needed to teach a child with a disability; to develop appropriate interventions; to promote positive early childhood experiences; and to enhance parent/professional collaboration.

Examples of models of service delivery for preschools being used in various communities throughout California are presented in this section and may be viewed as possible options among a range of services available for children. Some of the programs listed are visitation sites that can be used for staff development training through the Supporting Early Education Delivery Systems (SEEDS) Project.

Children with Low-Incidence Disabilities

Young children who are deaf and visually impaired are enrolled in all settings, from specialized to inclusive. In an inclusive setting the children receive instruction and support from itinerant teachers of the visually impaired and deaf and hard of hearing, orientation and mobility specialists, and other service providers as needed. Children who are deaf and visually impaired are also served by California Deaf-Blind Services, a federally mandated project serving students from birth to twenty-two years of age.

In Southern California young children with visual impairments may be served by private preschools for the visually impaired, such as the Blind Children's Center. Or they may participate in community preschools, with support provided by the Braille Institute and LEA teachers of the visually impaired. In Northern and Central California, services for visually impaired children may be provided by the Blind Babies Foundation. In Northern California preschoolers with hearing impairments may attend a day program at the California School for the Deaf in Fremont. Access to peers who do not have a hearing impairment is typically provided through participation in activities with a neighboring community preschool.

Collaboration with Head Start

Most preschoolers are served in inclusive preschool settings. In Sacramento County the Head Start program, funded through the Sacramento Employment and Training Agency, a grantee, needed facility space for classrooms. The Sacramento County Office of Education negotiated with Head Start and provided classrooms that formerly housed the preschool special day classes. In turn, Head Start agreed to enroll in each class four children with a wide range of disabilities. Teachers formerly classified as special day class teachers are now known as itinerant inclusion specialists, and their students are placed in a variety of Head Start programs. Special education aides employed by the county office are assigned to assist identified children. Transportation, a related service, is provided for children unable to gain access to that service from Head Start. Other designated instructional services are provided as identified and documented in each child's individualized education program. Addi-

tional collaborative options are State Preschool, preschool programs at community colleges, and other private and community programs.

Inclusive Private Preschools

Preschoolers with disabilities are served in integrated settings whenever possible. The Santa Barbara County Office of Education hires early childhood special education teachers to provide itinerant support services to the children enrolled in community programs and support to the early childhood staff. In addition, special education aides are placed in classes with the children. Two years ago a lack of preschool options existed in one area of the county. When a private child care program was offered for sale, the county office purchased the facility and now operates it as a profit-making program. A number of spaces within the center are allocated to children with disabilities, who are enrolled regardless of family income. The administration, staff members, and parents are very supportive and are committed to meeting the developmental needs of all children.

Collaboration with Child Development

The Los Angeles Unified School District has large community child development centers providing state-funded child care programs that are fully licensed. Preschool special education services are provided to eligible children at the sites in spaces that become available during a portion of the day. Many of the children are included within other child care center programs. The special education staff members, working as a part of an educational team for all children, have developed a staff training program called Project Relationship. It provides ongoing support, training, and technical assistance individualized for each child, building the capacity of staff members and promoting the inclusion of all children.[17]

Preschool Intervention Program

In Shasta County a service delivery model for preschool intervention programs is the Resource Education in Early Childhood (REECH) program. A resource specialist teacher, instructional assistants, speech therapists, psychologists, and nurses provide transdisciplinary instructional services and support to children with individualized education programs (IEPs) who are enrolled in privately and publicly funded preschools and child care programs throughout the county. Instructional assistants work under the direction of the resource specialist teacher and speech therapists to implement activities related to goals and objectives identified on each child's IEP. The psychologist instructs parents and assists with behavior intervention plans when requested, and the nurse provides follow-up health services to children, including developing specialized health care protocols and making referrals to medical personnel.

Preschool Inclusion Program with Head Start

Preschoolers with disabilities are included in Head Start classes at the Duncan Holbert Preschool in Santa Cruz County. In this program Head Start is allowed to use two classrooms at the Duncan Holbert Preschool in exchange for collaborating with the program for preschoolers with significant disabilities.

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[17]Marie Poulsen and Carol Cole, *Project Relationship: Creating and Sustaining a Nurturing Community*. Los Angeles: Los Angeles Unified School District, Division of Special Education, Infant, and Preschool Programs, 1996.

The district provides staff members (teacher, instructional assistants, community liaison, site administrator), who work collaboratively with Head Start and participate in joint staff training.

Home-Based Services

Most programs and services for preschool-aged children take place in a school or in the community. However, for some children the most appropriate setting is the home. *Education Code* Section 56441.4(c) states that services may be provided in "the child's regular environment that may include the home."

Home-based services may be selected as an option for children too medically fragile to participate in a group setting. If so, the request for the services by the parents and the attending physician should be documented.

Because the home-based component of the preschool program has many benefits, it should be available as an additional component for all children who receive special education services. Home visits give parents and professionals opportunities to discuss the child's program and services in a location the family finds comfortable. In addition, service providers are able to work with families on accommodations the child may need and on activities at home that support the goals of the child's individualized education program.

Factors about home visits that should be considered are as follows:

1. Home visits may be made to keep the parents informed of their child's progress, have meetings convenient for parents who do not have reliable transportation, or deliver an instructional component of the child's program.
2. Visits may be scheduled daily, weekly, monthly, or quarterly.
3. The timing of home visits should accommodate hours of availability for parents who are working or attending school.

(See also the "Home Visits" section in Part 1, which discusses home-based services for infants.)

Each year the Shasta County Office of Education's preschool special day classes begin two days later than do other programs. During those first two days, teachers schedule home visits with parents of children enrolled in their classes. The purpose of the visits is to meet the child and family; provide information and answer questions regarding the program, such as scheduling, the school calendar, transportation schedules, and opportunities for parent participation; and review the services and goals on the IEP to ensure that they are still valid. If a need exists to change the IEP, teachers work with the family to schedule a meeting. The visits establish or reconfirm the link between the home and the school program and create a greater comfort level for the child and his or her parents.

Frequency and Intensity of Services for Preschool Children

The frequency and intensity of services are based on assessed need and are agreed to by the individualized education program team. No law or regulation exists as to the type of service to be provided and its frequency. Speech therapy, for example, may be provided weekly or up to five days per week in

Achieving success for all children depends, among other essentials, on providing a challenging, interesting, developmentally appropriate curriculum.

—Sue Bredekamp and Carol Copple
Developmentally Appropriate Practice in Early Childhood Programs

individual or small-group sessions. Children may attend a preschool class one to five days per week, and the hours of operation may run from one hour to a full day as determined necessary for the child. Factors to consider when determining frequency and intensity include (1) the child's temperament; (2) the child's attention span; (3) medical conditions that may affect the child's stamina and fatigue; (4) the child's developmental or chronological age; (5) family considerations; and (6) the severity of the disability. All settings and providers must be considered when determining how to provide services to meet the child's needs.

Importance of the Preschool Curriculum

The curriculum guides preschool staff members through "the processes of planning, implementing, and evaluating a developmentally appropriate program."[18] The teacher understands the individual needs of the children in the program and offers a variety of activities that support the developmental range within the program, often using the same materials according to each child's ability. Based on a general developmental framework, the curriculum embeds individual goals and objectives in the activities that take place throughout the day. Goals and objectives are developed and modified through initial and ongoing assessment that takes place during various program activities. Many published preschool curricula are available that can be used or modified for young children with disabilities. The teacher must grasp the underlying concepts that each child needs to learn and understand how children will demonstrate that they have mastered those concepts.

Parents are active partners in their child's education. They should be given information on the sequence of what will be taught and assisted in understanding the steps that must be mastered to achieve a goal. One way in which program providers can benefit from this partnership is to ask parents to articulate their child's strengths so that staff members can understand the child's interests and motivation. Another benefit of parents' involvement in the learning process is that the concepts and skills introduced in one environment are more naturally generalized in other settings throughout the child's day. The achievement of small advances along the way to the goal should be acknowledged and celebrated with the families. Helping parents savor those successes maintains a positive focus and strengthens the relationship between parents and professionals.

Most programs select their curriculum from a wide variety of resources, including published curriculum or materi-

[18]Amy Laura Dombro, Laura J. Colker, and Diane Trister Dodge, *The Creative Curriculum for Infants and Toddlers.* Washington, D.C.: Teaching Strategies, Inc., 1997, p. 6.

als developed locally by teachers or other staff members. Although any of those sources can provide an excellent curriculum, the curriculum should fit the philosophy and meet the program standards already developed. In considering the curriculum for preschoolers, early childhood special educators must deal with many of the same general guidelines developed for infants. Please refer to Part 1 of this document for those guidelines.

The CONNECTIONS Project is designed to instruct and support early childhood education staff members and early childhood special education instructors in implementing developmentally appropriate practices that will enable *all* children to succeed. The project is guided by developmentally appropriate inclusive practice. The principles of such a practice are embedded in all areas of this curriculum and include the following:

- The child as constructor of knowledge
- Instruction through a child's strengths and interests
- Balance between whole-group and small-group instruction and time for children to pursue their own interests
- Access to materials by children
- Instruction in academic skills and responsibilities within the context of the classroom community
- Exploration of concepts in depth
- Ongoing embedded assessment that informs teaching
- Natural application of skills and concepts in meaningful contexts
- Embedded goals and objectives in everyday classroom routines and the environment
- Development of collaborative responsibilities among early childhood staff members, special education staff members, and families[19]

No single curriculum package will meet every need of all the children in a program. A variety of approaches, materials, and resources should be incorporated to support a range of learning styles and employ multiple sensory modalities in meeting the learning characteristics of each child.

Modifications for Individual Needs

Most curricula can be adapted to meet a range of abilities and needs. Accommodations for children with disabilities may

[19]Ann Carr and Anne Kuschner, *CONNECTIONS Project: Learning Communities for All Children.* Rohnert Park, Calif.: Sonoma State University, 1997, p. 1-61

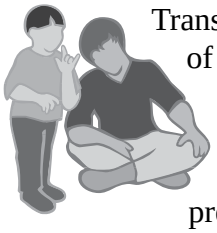
involve (1) modifying the presentation of the materials, the materials themselves, or the environment; (2) using different instructional approaches; (3) calling for additional practice; (4) allowing more time; or (5) dividing tasks into smaller segments.

Modification may also involve activities and materials designed for a developmental level earlier than that stated in the curriculum. An analysis of the activity enables the specialist to determine the steps and skills necessary to the child's success. Frequently, the role of the special educator includes training early childhood teachers, care providers, and parents to modify the existing curriculum or the environment in the classroom to allow for positive participation in daily activities. Ongoing assessment and interaction with the child and family provide staff with information needed to determine whether (1) progress is satisfactory; (2) modifications need to be made; or (3) the child is ready to move on to more challenging activities.

Specific examples of modifications frequently used for preschool-aged children are as follows:

- An enhanced communication system involving the use of sign language or a system of pictures or symbols
- Simplified or shortened directions
- Additional adult assistance
- Adaptation of utensils for feeding
- Use of modified tools, such as easy-grip scissors
- Adaptive toys that may be activated by a variety of switches
- Physical assistance for a child to motor through a task (e.g., "hand-over-hand" for the child with a visual impairment)
- Adaptation of seating furniture, such as a floor sitter for group time or a modified chair at table activities
- Placement of the child in a location accessible to the activity taking place
- Environmental modifications; for example, easy access; uncluttered traffic patterns; cues to differentiate activity areas; predictability; ramps; enhanced sound quality; and contrasts in color, size, and texture
- Increased number of models and cues
- Development of a picture symbol system for sequencing events
- Provision of additional cues before making the transition between activities

Transitions



Transitions are an integral part of a preschool curriculum. Although changing activities during the day is often upsetting for preschool-aged children, thoughtfully planned transitions as a part of the daily routine enhance the likelihood of an increased number of constructive activities and may minimize disruptive behaviors. Diane Trister Dodge offers several suggestions that teachers can use to help ensure smooth transitions between activities. She recommends that teachers should:

- Give children notice before cleanup time: "You have time for one more puzzle" or "There is just enough time to finish that painting but not to start a new one."
- Treat cleanup time as an experience that is valuable in and of itself and allow enough time so that children will not feel rushed.
- Involve children in preparing for lunch or snacks and cleaning up after meals and art activities. Doing so will make smooth transitions and will teach responsibility.

- Provide clear directions and ensure that expectations are age-appropriate. When routines are consistent, children will know what to do on their own.
- Be respectful and flexible when children are deeply involved in special projects or activities.[20]

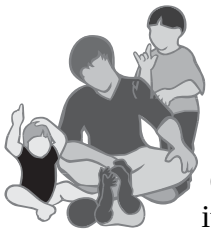
Note: Children with disabilities may need extra time and modifications during transitions. They may also need visual or auditory cues that are consistent.

Transportation Services for Preschool Children

Transportation is a related service for a child who needs it to receive instruction in special education. Ways in which an LEA may provide transportation are to:

- *Bus children to and from community programs.* Busing is the most common form of transportation. Young children may need car seats, booster seats, or seat belts. And children on the bus may experience difficulty in being separated from their parents.
- *Facilitate carpools among families.*
- *Contract with a neighboring LEA to provide bus transportation (e.g., a county office of education).* An agreement with a neighboring LEA is frequently made when a child must use a wheelchair and the LEA lacks the equipment needed to transport the child safely.
- *Gain access to the transportation service provided by the program that the child attends (e.g., Head Start).* Such an inclusive approach is recommended if a child is able to use the existing transportation service.
- *Pay the parent mileage in lieu of payment for bus transportation*. When mileage is allowed, most LEAs require proof of automobile insurance, a contract, and monthly mileage forms submitted by the parent. Such an approach allows daily contact between the instructional staff and the parent and is beneficial when the program location does not have regularly scheduled bus transportation or the ride would be too long for the child.
- *Use a taxi service or public transportation.* The LEA may do so by contracting with the company or agency providing the service or by reimbursing the family. These options may be the only ways in which the child can receive a group service if the LEA is unable to provide bus transportation.

Family Involvement in the Preschool Years



Family involvement in preschool supports the family-centered approach of early childhood special education. A family knows its child best and is able to share information about the child. Because it supports the child's learning, family involvement enhances a child's success in school. Although family involvement takes many forms, it is based on a partnership between home and school. Service providers should supply options for family involvement and encourage parents to be involved in ways comfortable for them. Their involvement will assist their child's development and progress.

The CONNECTIONS Project has identified key components for creating a

[20]Diane Trister Dodge and Laura J. Colker, *The Creative Curriculum for Early Childhood* (Third edition). Washington, D.C.: Teaching Strategies, Inc., 1996, pp. 38–39.

preschool environment that families will find inviting. The successful program must (1) provide opportunities for participation and a welcoming atmosphere; (2) include families in all aspects of the program; and (3) anticipate concerns and make appropriate adaptations. Information on the curriculum and the physical environment of the classroom should be shared with families, and their comments should be invited. Educational content should be discussed as well as what efforts will be made to ensure that the instruction will be flexible and creative.

Examples of activities that staff members may suggest and support to encourage parents' involvement in the child's program are presented in Table 2-1.

Table 2-1. Ideas for Parent Involvement Activities in Preschool

Introduce the Concept of Parent Involvement in Classroom Orientations	*Teachers may:* • Solicit parents' help. Let the parents know they are needed. • Explain the daily schedule. • Discuss the curriculum and the parents' role in supporting curriculum objectives. • Distribute and review guidelines for parent participation in the classroom. • Present opportunities for parent participation in the classroom, such as: —**Helper:** Helps with tasks in the classroom or at home —**Participant:** Works with the child and models appropriate behavior while children are singing, working on art projects, or eating snacks. —**Observer:** Watches the child in the classroom; has notepads or clipboard available to jot down questions, comments, and observations • Allow all families an opportunity to meet one another. • Inform families of opportunities for communication with the school: telephone, daily journal that travels with the child, conferences with the teacher, home visits.
Maintain Daily Teacher–Parent Contact (essential, especially for nonverbal children)	*Teachers may:* • Ask parents to communicate with teachers about activities at home. • Communicate at least one interesting thing the child said or did (more than "we had a good day"). • Use journals or notes about what the child did.

Source: *Handbook on Family Involvement in Early Childhood Special Education Programs.* Sacramento: California Department of Education, 1999, pp. 20–21.

Encourage Parent Participation in the Classroom	*Teachers may:* • Create a welcoming atmosphere by having special "parent" aprons and name tags and introducing the parent to the class. • Have something always ready for parents to do. Include both regular volunteers and last-minute drop-ins. Keep an index card file of suggestions or post a "wish list" on a wall, with ideas, such as the following: —Help individual children. —Prepare materials for projects. —Help with transitions from one activity to the next. —Lead a small-group activity. —Participate with the students in activities.
Encourage Parent Participation Outside the Classroom	*Parents may:* • Coordinate a fund-raiser for a special piece of equipment or a special field trip. • Prepare materials for a special project. • Coordinate field trips. • Coordinate classroom parties. • Put together a class directory. • Coordinate special events, such as enrichment programs.
Encourage Parent Involvement at Home with the Child	*Parents may:* • Participate in homework activities. • Follow through on instructions from the teacher. • Consistently provide information and feedback in a daily journal.
Suggest Other Ideas for Parent Participation	*Parents may:* • Serve as chaperones on field trips to community events, festivals, and the like. • Help at special events, programs, children's art exhibits, and music demonstrations at school. • Go on student-led tours of the classroom and view student work during Open House. • Tell students on Career Day what parents typically do at their jobs. • Observe the child in the classroom on Parent Observation Day (at the beginning or end of a semester). Discuss the child's progress with the teacher. • Join the School Site Council. • Join the PTA. • Attend Parent Education Nights.

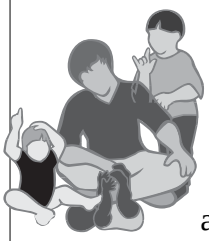
Part 3
Other Services and Support

People acting together as a group can accomplish things which no individual acting alone could ever hope to bring about.

—Franklin D. Roosevelt

Young children with disabilities and their families often need services and support from a variety of disciplines and agencies. Local educational agencies need to be familiar with community services so that the children and their families can be referred and supported appropriately. A brief description of resources common in most communities follows.

Regional Centers



Twenty-one regional centers throughout California serve developmentally disabled persons of all ages, children from birth to three years of age who are at risk of developmental disabilities and other eligible children from birth through adulthood. The centers act as fixed points of referral to appropriate community resources in health, welfare, and education. Assessment and case management are provided, including information and referral, coordination with other services, purchase of services when generic services are unavailable, client advocacy, and development and monitoring of individualized family service plans (IFSPs) for children from birth to three

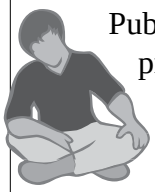
years of age or individualized program plans (IPPs) for children more than three years of age. Purchased services may include early intervention services (for children from birth to three years of age), in-home and out-of-home respite care, assessments to determine eligibility, genetic counseling, family counseling, behavioral intervention, out-of-home placement, parent training, special equipment, speech therapy, transportation, and medical and dental services.

California Children Services

California Children Services (CCS) provides therapy for children who are experiencing medical conditions eligible for those services and who are under twenty-one years of age. CCS also provides medical services for children whose families meet residential requirements and income guidelines or whose estimated out-of-pocket medical expenses exceed 20 percent of their adjusted gross income. The program covers many serious medical conditions that can be resolved, improved, or stabilized. Information regarding eligible conditions can be obtained from CCS. The services provided include the following:

- *Diagnostic evaluations* for children with suspected eligible conditions
- *Treatment*, including physician services, hospital and surgical care, physical and occupational therapy, laboratory tests, X-rays, access to appliances and equipment, and other necessary services
- *Medical case management*, including referral to specialists and treatment centers; authorization of medically necessary services; and follow-up with public health and school nurses, social workers, and personnel in other agencies
- *Medical therapy* for children with cerebral palsy and other neuromuscular conditions provided by occupational and physical therapists
- *Diagnostic evaluations and hearing aids* for children who are hearing impaired. Some children are also provided speech and language therapy for a time while they adjust to new hearing aids or are recovering from surgery for a cleft palate.

Public Health Services



Public health nursing services provide in-home health and parenting education when other resources are unavailable. Services include but are not limited to the following:

- Training in managing a child's health needs, nutrition, and use of specialized equipment
- Training and assistance in gaining access to and using other appropriate community resources
- Evaluating and screening a child's health and development
- Monitoring a child's health status and growth

The Child Health and Disability Prevention (CHDP) program is a free health-screening program for children from low-income to moderate-income families. CHDP providers give comprehensive examinations, including checkups for growth and development, screenings for vision and hearing, laboratory tests, immunizations, complete physicals, and examinations of teeth and gums. Referral information for follow-up treatment is provided when needed, and some of the costs for the treatment are covered by CHDP or CCS. A list of CHDP providers is maintained by county departments of public health.

Early and periodic screening, diagnosis, and treatment (EPSDT) services are the

child health component of the federal Medicaid program. In California medically necessary diagnostic and treatment services are made available to *Medi-Cal-eligible beneficiaries under twenty-one years of age*, even though the services are not covered under Medi-Cal for other beneficiaries.

Screening services must include the compiling of a comprehensive health and developmental history, including an assessment of the person's physical and mental health. Other services include the following:

- Dental services, including restoration of teeth and maintenance of dental health
- Hearing services, including provision of hearing aids and batteries
- Vision services, including provision of eyewear
- Other necessary health care diagnostic services and treatment covered by Medicaid to correct or improve illnesses or conditions identified in the screening
- Assistance with transportation and scheduling for appointments

Note: Some health-related services identified in a child's IFSP may be paid for with EPSDT funds.

Mental Health Services

The county mental health department should provide a comprehensive program—including screening, evaluation, and treatment services—for children from birth to eighteen years of age who are experiencing severe emotional disturbances and their families. Treatment services may include individual or group counseling, family counseling, psychiatric services, and parenting assistance. Case-management services include referral, advocacy, and coordination with other community resources and services. Eligibility is based on the priority of need and on an identified severe emotional disturbance presenting symptoms of such urgency medically that they are interfering with the proper functioning of the family. Access is provided through the county mental health agency.

Head Start Programs

Head Start programs exist in many communities. These federally funded programs are designed to serve families living at or below the federal poverty level. They are operated by a variety of agencies, including private agencies (e.g., community action programs), county governments (e.g., board of supervisors), or school districts (including county offices of education and LEAs).

Head Start programs serve specific geographic areas. Although they operate under specific federally regulated performance standards, they also have a great deal of autonomy as to enrollment priorities. All Head Start programs are, however, required to make at least 10 percent of their enrollment opportunities available to children with disabilities. Some programs open their doors to children with disabilities whose families have incomes above the federal poverty guidelines; others restrict their enrollment to children whose families meet the poverty guidelines and the enrollment priorities adopted by the programs.

Head Start programs provide child development services and a range of comprehensive services, including medical, dental, and nutritional services; mental health services; and parent education and support. Preschool programs can be provided for children from three to five years of age through center-based or home-visiting programs. In some areas there are also Migrant Head Start pro-

grams for children of seasonal workers. Increasingly, Head Start programs are working with other child care providers to offer full-day child care and year-round services. Although four-year-olds are given priority, three-year-olds are also served in some areas.

Early Head Start programs are expanding quickly but are not available in all communities. They serve pregnant women, children from birth to age three, and their families. Many Early Head Start programs also serve specifically targeted populations, such as teenage parents. All the programs have available to them the full array of Head Start services. Early Head Start programs are mandated to operate under the provisions of Part C of the Individuals with Disabilities Education Act (IDEA) and to collaborate in the development and implementation of IFSPs for infants and toddlers with disabilities and their families.

Child Development Programs

Programs funded through the Child Development Division, California Department of Education, are described as follows:

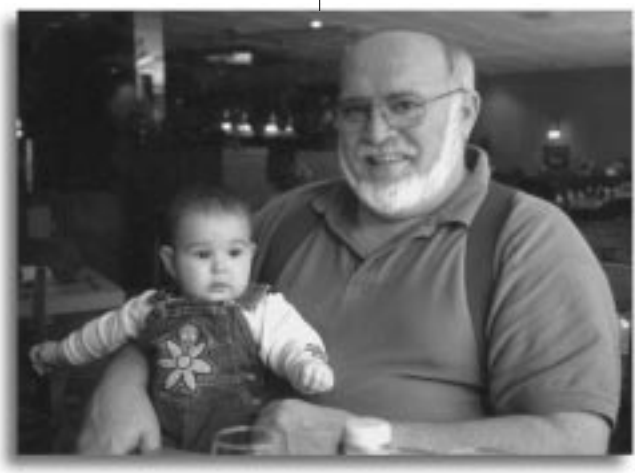
California State Preschool Programs

California State Preschool programs provide an enriched environment at an early age to benefit children's intellectual, physical, emotional, and social development. Designed for children three to five years of age whose families meet income eligibility requirements, the programs operate during a part of each day for 175 days per year. Because parent participation is a recommended component, they focus on both children and parents.

Children are enrolled in the programs according to need, which is defined as "at risk of abuse or neglect," and according to income eligibility. Families with the lowest per-capita income are served first. Additional priorities may be established by local operators to include children with special needs. Transportation may be provided by the LEA if it is required by the child's IEP.

General Child Care (Child Development Program)

General Child Care services are provided by center-based programs or family child care networks. The programs are administered by school districts, county offices of education, other public agencies, and private nonprofit agencies. Center-based programs are operated full time, 248 days per year. Family child care networks usually provide services not only during regular work hours but also in the evenings and on weekends. Both types of programs provide an enriched developmental program and a safe environment. Children from birth to fourteen years of age may be

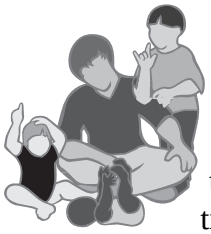


enrolled in General Child Care according to their families' income eligibility and the children's needs. If the parents are living in the home, they must be employed, be enrolled in job training or a school, or be unable to provide care for their child. Need is defined here as "at risk of abuse or neglect." Children from families with the lowest per-capita income are served first. Additional priorities may be established by local operators to include children with special needs. Parents may be required to pay a portion of the cost of child care according to family size and gross income. Transportation is not provided.

California School Age Families Education (Cal-SAFE) Program

The Cal-SAFE Program—a comprehensive, community-linked, school-based program for pregnant students, students who are parents, and their children—began in July 2000. The program is designed to increase the availability of support services that are necessary to assist enrolled students in improving their academic achievement and parenting skills and to provide them with a quality child care and development program for their children. Administered by the Learning Support and Partnerships Division, California Department of Education, the Cal-SAFE Program replaces the Pregnant Minors Program (PMP); the School Age Parenting and Infant Development (SAPID) program; and the Pregnant and Lactating Students (PALS) program.

California Child Care Resource and Referral Network



Every California county has at least one child care resource and referral network, which may be operated by the county office of education, a school district, or a private nonprofit entity. Activities of the network may include:

1. Supporting families in the most important roles of nurturing their children and balancing demands of family and work
2. Compiling, analyzing, and sharing information with parents, child care providers, and communities
3. Supporting persons and programs that care for children
4. Building connections in communities and states to create appropriate policies on family and children issues and to generate additional resources for child care

Services provided by the child care resource and referral network include linking families with child care providers. Many also operate a book and toy lending library open to the public.

Alternative Payment Program

The Alternative Payment Program pays for the full or partial cost of child care services for families with demonstrated need and eligibility. Parents may select from different types of care, including licensed centers or preschools and licensed family child care homes. License-exempt care may also be selected if the provider has been registered through the Trustline (a fingerprint or child-abuse index check provided through the local resource and referral agency) or if the care is provided by a grandparent, an aunt, or an uncle for children from a single family only. The parents may be required to pay a portion of the cost of child care according to family size, gross monthly income, and hours per week of care.

Other Preschool Options

Other options for child care for preschool children include co-op preschools, parent participation preschool classes, community college child care schools, and private preschools. Some or all may not be available in certain areas of the state.

Co-op Preschools

Parent cooperative preschools formed in many areas of the state can provide an enrichment program for children at a reasonable cost. Sometimes they are established in cooperation with a community college. Because parent involvement is emphasized, parents are usually required to work in the classroom or provide assistance in other ways to support the successful operation of the program.

Parent Participation Preschool Classes

Parent participation classes may be conducted by the adult education program operated by many school districts. These classes allow parents or caregivers to participate with their child in a developmentally appropriate preschool program. A variety of other classes may be offered throughout the week in addition to the parenting classes. Parent participation is more frequent when younger children are involved. As they approach kindergarten age, children are given more opportunities to meet in larger groups without their parents. A minimal participation fee is usually charged.

Child Care Laboratory Preschools

Many community colleges and state colleges and universities offer training in early childhood education. A part of the program consists of on-site training in a child care laboratory preschool. One or more classrooms enrolling the children of college students or community members may be operated. In addition, many community colleges operate child care programs. Funding for those programs and facilities is allocated by the Child Development Division, California Department of Education. Generally, a fee is charged, although a variable-rate payment schedule based on income may also be offered. (Families may also obtain funding for child care through the Alternative Payment program.)

Private Preschools

Some communities have private preschools that are usually owned and operated by individuals, churches, or private companies, including those sponsored by employers for the families of their employees. The philosophy and training of the owners are reflected in the preschool's policies and procedures, which may follow established curricula, such as those sponsored by High Scope or Montessori. Any public or private preschool may participate in an accreditation program offered by the National Association for the Education of Young Children. Some private preschools may be affiliated with programs that provide assistance or scholarships to children with special needs. Information about such matters can be obtained through the local resource and referral agency.

Family Child Care Homes

A large number of family child care homes licensed by the California Department of Social Services can be found in California, many of which offer an established preschool curriculum that serves the children for a part of the day. The providers may serve a mix of children ranging from infancy to school age. The number of children who may attend the home and the number and training requirements of adults are governed by the child care license. Providers set their own rates for child care services. A list of providers can be obtained through the local resource and referral agency.

Conclusion

It is good to have an end to journey towards, but it is the journey that matters in the end.

—Ursula K. le Guinn

Lisbeth B. Schorr, social analyst, has studied programs throughout the country for children and families to determine how to sustain or expand successful programs. In her book *Common Purpose,* she lists seven attributes of highly effective programs that can be employed in any child care program:

1. Successful programs are comprehensive, flexible, responsive, and persevering. . . .
2. Successful programs see children in the context of their families. . . .
3. Successful programs deal with families as parts of neighborhoods and communities. . . .
4. Successful programs have a long-term, preventive orientation, a clear mission, and continue to evolve over time. . . .
5. Successful programs are well managed by competent and committed individuals with clearly identifiable skills. . . .
6. Staffs of successful programs are trained and supported to provide high-quality, responsive services. . . .
7. Successful programs operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect. . . .[22]

[22]Lisbeth B. Schorr, *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America.* New York: Doubleday, 1997, pp. 5–12.

California is defined by the diversity of the people and communities within the state. To be effective, special education programs and services for children from birth through five years of age and their families must acknowledge and celebrate a wide variety of individual differences. Within the framework of federal and state law, room exists for creativity in how programs and services are delivered. Examining existing services and gathering comments from families and community agencies provide local educational agencies the information they need to enhance and develop quality programs and services responsive to the needs of children and their families in their community.

The series of handbooks on early childhood special education was developed to assist local educational agencies on their journey toward excellence in delivering early childhood programs and services. This particular handbook was written to support administrators and specialists as they create, implement, and provide direct services to children and families. No specific formula for providing these services exists. As families and children vary, so do the programs and individuals who support them; however, successful programs share "common purpose" and common threads. *The Handbook on Developing and Implementing Early Childhood Special Education Programs and Services* offers a framework and guiding principles, but it is the practitioner's task to weave the common threads throughout his or her programs, knowing that the journey will take twists and turns while the goal remains constant.

Appendix A
Pertinent Legal Citations

The following sections of the *Code of Federal Regulations* pertain to this handbook. These sections can be found in Part 303—Early Intervention Program for Infants and Toddlers with Disabilities, Authority 20 *USC,* 1431–1445, unless otherwise noted:

Section 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

The purpose of this part is to provide financial assistance to States to—

(a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;

(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

Section 303.12 Early intervention services.

(a) General. As used in this part, *early intervention services* means services that—

(1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;

(2) Are selected in collaboration with the parents;

(3) Are provided—

(i) Under public supervision;

(ii) By *qualified* personnel, as defined in Section 303.21, including the types of personnel listed in paragraph (e) of this section;

(iii) In conformity with an individualized family service plan; and

(iv) At no cost, unless, subject to Section 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and

(4) Meet the standards of the State, including the requirements of this part.

(b) *Natural environments.* To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

(c) *General role of service providers.* To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

(1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

(2) Training parents and others regarding the provision of those services; and

(3) Participating in the multidisciplinary team's assessment of a child and the child's

family, and in the development of integrated goals and outcomes for the individualized family service plan.

(d) *Types of services; definitions.* Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

(1) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—

(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

(vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) *Audiology* includes—

(i) Identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

(v) Provision of services for prevention of hearing loss; and

(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

(4) *Health services* (See Section 303.13).

(5) *Medical services only for diagnostic or evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

(6) *Nursing services* includes—

(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

(ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) *Nutrition services* includes—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and

(iii) Making referrals to appropriate community resources to carry out nutrition goals.

(8) *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—

(i) Identification, assessment, and intervention;

(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(10) *Psychological* services includes—

(i) Administering psychological and developmental tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

(iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Section 303.23.

(12) *Social work services* includes—

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) Preparing a social or emotional developmental assessment of the child within the family context;

(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(13) *Special instruction* includes—

(i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development.

(14) *Speech-language pathology* includes—

(i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

(15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

(16) *Vision services* means—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

(E) *Qualified personnel.* Early intervention services must be provided by qualified personnel, including—

(1) Audiologists;

(2) Family therapists;

(3) Nurses;

(4) Nutritionists;

(5) Occupational therapists;

(6) Orientation and mobility specialists;

(7) Pediatricians and other physicians;

(8) Physical therapists;

(9) Psychologists;

(10) Social workers;

(11) Special educators; and

(12) Speech and language pathologists.

Section 303.16 Infants and toddlers with disabilities.

(a) As used in this part, *infants and toddlers with disabilities* means individuals from birth through age two who need early intervention services because they—

(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

(i) Cognitive development.

(ii) Physical development, including vision and hearing.

(iii) Communication development.

(iv) Social or emotional development.

(v) Adaptive development; or

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

Section 303.17 Multidisciplinary.

As used in this part, multidisciplinary means the involvement of two or more disciplines or

professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Section 303.322 and development of the IFSP in Section 303.342.

Section 303.23 Service coordination (case management).

(a) *General.* (1) As used in this part, except in Section 303.12(d)(11), *service coordination* means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) *Specific service coordination activities.* Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers,

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) *Employment and assignment of service coordinators.*

(1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) *Qualifications of service coordinators.* Service coordinators must be persons who, consistent with Section 303.344(g), have demonstrated knowledge and understanding about—

(1) Infants and toddlers who are eligible under this part;

(2) Part C of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

The following sections of the *United States Code*, Title I—Amendment to the Individuals with Disabilities Education Act pertain to preschool:

Section 1401. Definitions.

(3) Child with a disability.—

(A) In general.—The term "child with a disability" means a child—

(i) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as "emotional disturbance"), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and

(ii) who, by reason thereof, needs special education and related services.

Section 1412. State eligibility.

(a) In general.—A State is eligible for assistance under this part for a fiscal year if the State demonstrates to the satisfaction of the Secretary that the State has in effect policies and procedures to ensure that it meets each of the following conditions:

(5) Least restrictive environment.—

(A) In general.—To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Section 1414. Evaluations, eligibility determinations, individualized education programs, and educational placements.

(d) Individualized education programs.—

(1) Definitions.—As used in this title:

(A) Individualized education program.—The term "individualized education program" or "IEP" means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes—

(i) a statement of the child's present levels of educational performance, including—

(I) how the child's disability affects the child's involvement and progress in the general curriculum; or

(II) for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;

(ii) a statement of measurable annual goals, including benchmarks or short-term objectives, related to—

(I) meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and

(II) meeting each of the child's other educational needs that result from the child's disability;

(iii) a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child—

(I) to advance appropriately toward attaining the annual goals;

(II) to be involved and progress in the general curriculum in accordance with clause (i) and to participate in extracurricular and other nonacademic activities; and

(III) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this paragraph;

(iv) an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in clause (iii).

Appendix B
Resources for Technical Assistance

Excellent resources are available to assist staff in improving the quality of programs. Many of these resources are projects funded through California state agencies. Other resources, such as professional organizations and research journals, provide a rich source of written materials or consultant services to assist programs. Some are identified in this appendix. The descriptions are taken from information provided by the project or organization.

CalSTAT

The California Services for Technical Assistance and Training (CalSTAT) program is offered by the California Institute on Human Services at Sonoma State University and is also a special project of the Special Education Division, California Department of Education. In addition to regularly scheduled trainings, CalSTAT provides professionals and families with customized technical assistance, leadership and system change support, and Internet resources. To contact CalSTAT, telephone (707) 206-0533 or visit the Web site <*http://www.sonoma.edu/cihs/calstat/calstat.html*>.

CONNECTIONS: Learning Communities for All Children

The CONNECTIONS Project is an innovative and individualized in-service training model that is designed for staff members of early childhood special education and early childhood programs. In response to current and emerging needs of professionals, children, and families, CONNECTIONS combines research and information on quality practices from early childhood education and early childhood special education. The approach to supporting administrators, educators, and family members incorporates a model of interagency and cross-discipline training combined with on-site follow-up and technical assistance. For information contact the California Institute on Human Services (CIHS), Sonoma State University, by telephoning (707) 664-2416.

Diagnostic Centers

Diagnostic Centers of the California Department of Education provide high-quality, individualized diagnostic services to special education students, their families, and school districts. The telephone numbers of the centers, which are located in Southern, Central, and Northern California, are as follows:

- Los Angeles: (323) 222-8090
- Fresno: (559) 445-5982
- Fremont: (510) 794-2500

Expert interdisciplinary teams of diagnostic professionals, including educa-

tion specialists, speech/language specialists, transition specialists, school psychologists, clinical psychologists, pediatricians, and motor skill specialists, address the unique needs of children enrolled in special education programs throughout California. Referrals for an assessment of an eligible student must be made by the child's school district or county office of education.

School district special education administrators, SELPA directors, and county office special education administrators may request technical assistance and professional staff development services. Diagnostic services are provided at no charge.

NAEYC

The National Association for the Education of Young Children offers many curriculum resources, including information on the Reggio Emelia model and the project approach. NAEYC is located in Washington, D.C., and has state and local affiliates. The NAEYC catalog is available on the Internet at <http://www.naeyc.org>.

NECTAS

NECTAS stands for the National Early Childhood Technical Assistance System in Chapel Hill, North Carolina. Documents on assessment and evaluation may be viewed on the NECTAS Web site *<http://www.nectas.unc.edu>*. To order documents, telephone (919) 962-2001.

Project EXCEPTIONAL

The goal of this project is to train staff to include young children with disabilities (from birth to five years of age) in community child care settings. During the past few years, an extensive trainer-of-trainers model has been used to disseminate this information throughout the state. Project EXCEPTIONAL trainings are now conducted through the community college system. Information regarding training opportunities can be obtained by contacting the early childhood education department of the local community college. *Project EXCEPTIONAL: A Guide for Training and Recruiting Child Care Providers to Serve Young Children with Disabilities*, a two-volume training manual, is available for purchase (see "Selected References").

Project Support

Initiated in 1997, Project Support was a three-year project funded by the U.S. Office of Education and Rehabilitation. Project participants developed a model and materials for training early childhood special educators to effectively support young toddlers and preschoolers in inclusive group settings. Project Support participants also developed a handbook that serves as a guide and resource for inclusion support providers as well as for the early childhood educator. The handbook recommends methods and activities to support inclusive practices, offers basic information about disabilities, and contains training handouts and referral resources. For more information about Project Support, telephone (323)-343-4400.

Region IX, Quality Improvement for Disabilities Services, Head Start

Located at the California Institute of Human Services, Sonoma State University, Quality Improvement for Disabilities Services supports Head Start programs throughout Region IX by providing quality services to children with disabilities and their families. Consultants provide technical assistance in developing state and local interagency agreements,

developing and implementing disabilities service plans, and visiting Head Start grantees on site on request. In addition, the project provides training on requested topics and develops and disseminates resource materials. The office address is CIHS, Sonoma State University, 1801 E. Cotati Ave., Rohnert Park, CA 94928; telephone (707) 664-2416; e-mail *<cihsweb@sonoma.edu>*.

Special Education Early Childhood Administrators Project

The Special Education Early Childhood Administrators Project (SEECAP) is a project of the California Department of Education, Special Education Division, and the HOPE Infant and Family Support Program, San Diego County Office of Education. The project sponsors symposia annually for experienced and emerging leaders and administrators in the field of early childhood special education. Sessions are held in the northern and southern areas of the state. The symposia cover a wide range of topics, including forums on current issues in the field, funding, updates on laws and regulations, and exemplary program models. Attendees receive a variety of written material and resources that support each session. Additional information may be obtained by telephoning (760) 736-6310.

Supporting Early Education Delivery Systems Project

The Supporting Early Education Delivery Systems (SEEDS) Project is funded through the California Department of Education, Special Education Division, and is coordinated by the Sacramento County Office of Education. Its mission is to provide technical assistance to early childhood special education programs through a network of consultants and visitation sites. The SEEDS Project is designed for administrators, staff, and families involved in early childhood special education programs in local educational agencies. The priorities for technical assistance have been established in cooperation with the California Department of Education.

Support activities include individual consultation on site or by telephone, small- and large-group training, program assessment and recommendations, referral to other resources or programs, help in arranging trips to visitation sites, identification of print or audiovisual materials, or help in providing or arranging for speakers as a part of a conference or workshop. Areas of technical assistance include but are not limited to natural and least-restrictive environments; assessment and evaluation; collaboration with families; curriculum, IFSP, and IEP development and implementation; interagency collaboration; development of educational programs pertinent to specific disabilities; referral and intake; and information on service delivery models, staffing models, systems change, and transitions to other programs. For more information or to request technical assistance, telephone (916) 228-2379.

WestEd/California Early Intervention Technical Assistance Network

The WestEd/California Early Intervention Technical Assistance Network (WestEd/CEITAN) is contracted through the California Department of Developmental Services (DDS) to ensure a comprehensive system of personnel development. Each year DDS hosts Early Start statewide institutes titled "Building Blocks for Early Start: Supporting the Professional Development of Persons Who Serve Infants and Toddlers with Special Needs

and Their Families." These institutes are organized into five seminar groups as follows: Core I: Supporting the Development of Infants and Toddlers with Special Needs; Core II: Meeting the Needs of Children with Specific Developmental Characteristics; Core III: Putting It All Together; Core IV: Celebrating and Supporting Service Coordinators; and Core IV Advanced: Advanced Training for Service Coordinators. Flyers regarding these training opportunities are widely disseminated to SELPAs.

In addition, WestEd/CEITAN gives scholarships and training grants to providers of early intervention direct services for personnel development: scholarships to attend conferences or other trainings; scholarships for college course work; grants for local training events; and start-up grants to establish Early Start personnel development programs or innovative systems change. For information regarding WestEd/CEITAN activities, telephone (916) 492-9999.

Appendix C
Examples of Community-Based Environments

The section titled "Learning Environments" in Part 1 of this publication provides guidelines for designing program environments, including suggestions on safety and health, light and color, traffic patterns, and materials. Appendix C presents examples of community-based classrooms that were developed collaboratively by staff members of SEEDS visitation sites. The examples are not meant to be definitive but provide a framework for individual program design. Additional information about designing environments for young children is available in *Infant/Toddler Caregiving: A Guide to Setting Up Environments* (see "Selected References").

Community environments for preschool children are shown. Vinyl and carpeted areas are designated to enhance quiet play and "soft" spaces. Floor coverings selected should be easy to clean in areas where messy activities (such as eating and art) may take place. Furnishings may be placed in a classroom for a period of time and then removed. The environment may, at different times, include such items as a sand/water play table; small, indoor tents for quiet spaces; large pillows; and beanbag chairs. These items can be easily moved to another area in the classroom. The dramatic play area is especially flexible, with materials for a "store," "beauty shop," and "doctor's office" provided as needed.

It is extremely important that staff observe and respond to the ways that young children use the learning environment and function within it. The arrangement of space and materials needs to be looked at critically on occasion and changed as needed. Because young children frequently convey nonverbal messages in their behavior and interactions, the adults who teach and care for the children must be alert to those messages so that they can deal with them responsibly.

Figure C-1
Community Setting 1

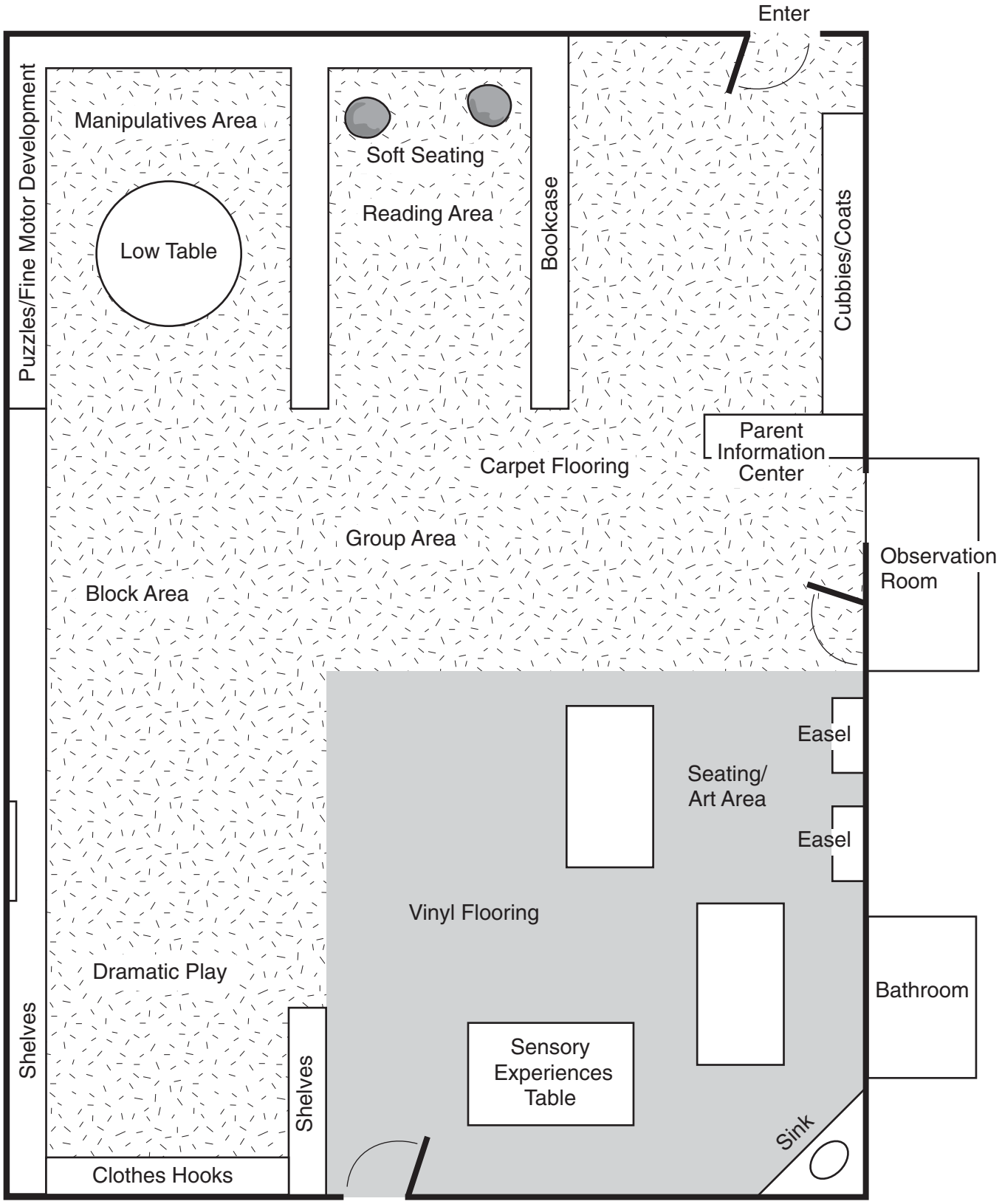
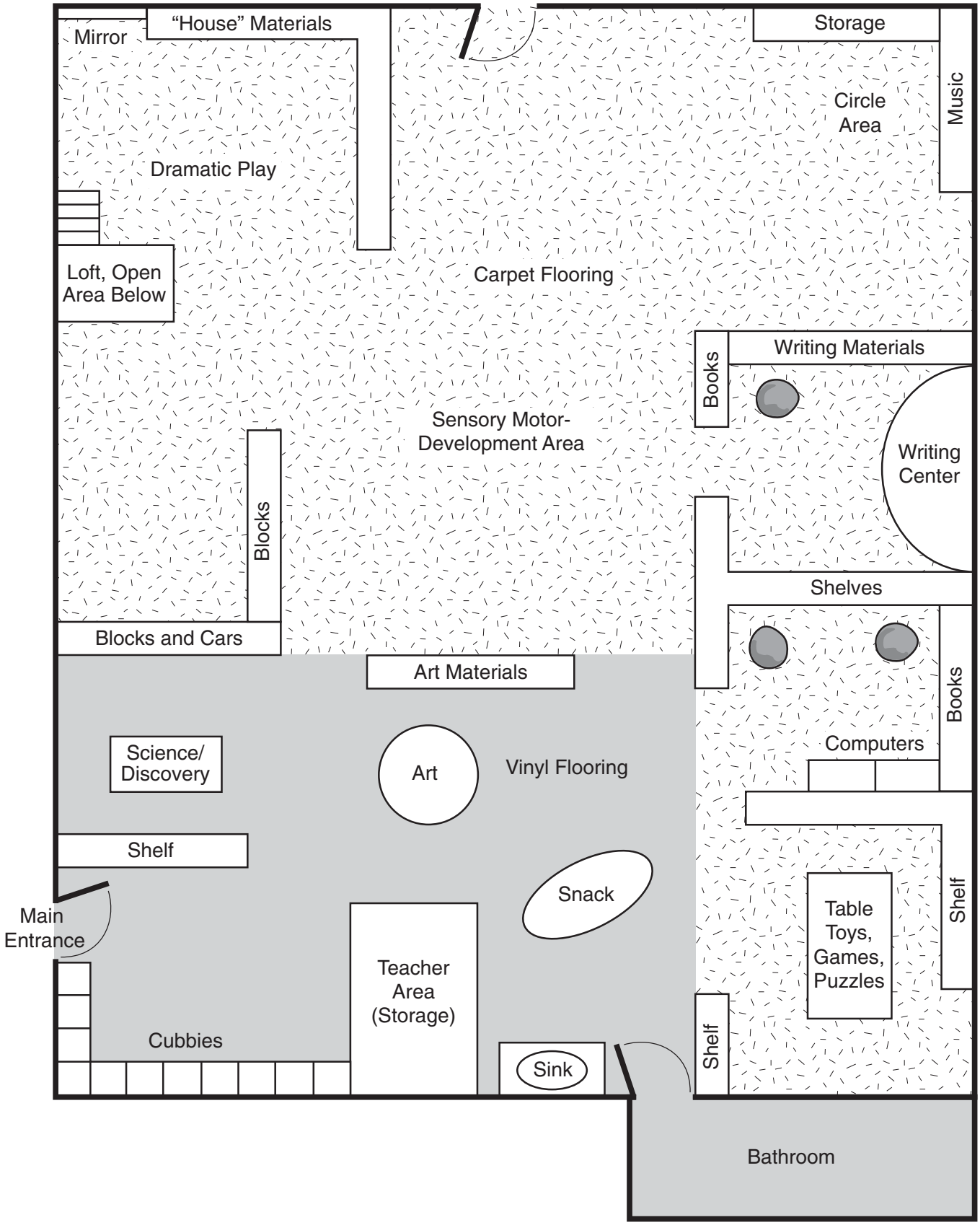


Figure C-2
Community Setting 2



Glossary

adapted physical education (APE). A related service for individuals who are unable to participate in the general physical education program.

advocate. Someone who takes action to help someone else (e.g., an educational advocate); to take action on someone's behalf.

appropriate. Able to meet a need; suitable or fitting.

assessment. A collection of information about a child that may include health and medical history and social, psychological, and educational evaluations to determine the child's eligibility and emotional needs; a process using observation, testing, and test analysis to determine an individual's strengths and weaknesses in planning for his or her educational services. A screening is not an assessment.

assessment team. A group of persons drawn from different areas of expertise to observe and test a child to find out his or her strengths and weaknesses.

at risk. Describes children who have or may have developmental problems that might affect later learning.

atypical development. Any aspect of a child's physical or psychological makeup different from what is generally accepted as typical in early childhood.

cerebral palsy. A condition caused by injury to certain parts of the brain; usually resulting in paralysis and uncontrollable muscle movement in particular parts of the body.

child find. A series of public awareness efforts designed to alert the community at large about the availability of and rationale for early childhood intervention programs and services.

cognitive. Describes the process used in learning, remembering, reasoning, understanding, and using judgment.

counseling. Advice or help provided by a qualified person (often, psychological counseling); developmental: having to do with the steps or stages in growth and development before the age of eighteen.

cumulative file. Describes the permanent file of a child's educational records. It is started when a child receives any educational services and is updated at least annually (also referred to as the cum file). *Note:* Parents have legal rights to the file.

developmental delay. Describes children unable to perform the skills that other children of the same age are able to perform.

developmental history. The developmental progress of a child (from birth to eighteen years of age) in such skills as sitting, walking, or talking.

developmental tests. Standardized tests measuring a child's development in comparison with the development of other children of the same age. Locally developed measurements may be nonstandardized.

designated instruction and services (DIS). Services identified on the child's IEP and considered necessary for the child to benefit educationally from his or her instructional program; also called related services.

due process (procedure). Action protecting a person's rights; in special education, action taken to protect the educational rights of students with special needs.

early childhood specialist. Someone who specializes in early childhood development, usually having a credential, master's degree, or doctoral degree in an area related to early childhood education or development.

early intervention policies. See *policy/policies.*

early intervention services or programs. Programs or services designed to identify and treat a developmental problem as early as possible. A specific list of these services and programs is available in the *California Code of Regulations, Title 17,* the early childhood regulation for the Early Intervention Services Act.

eligible. Able to qualify because of diagnosis, evaluation, or a team decision.

evaluation. A way of collecting information about a student's learning needs, strengths, and interests. The evaluation is part of the process of determining initial and continuing eligibility. (See PL 99-457, Regulations Section 300.322.)

free, appropriate public education (often referred to as FAPE). One of the key requirements of Public Law 94-142 (now 105-17), which requires that an education program be provided for all school-aged children (regardless of special need or disability) without cost to families. The exact requirements of *appropriate* are not defined, but other references within the law imply the most typical setting available.

identification. The process of locating and identifying children needing special services.

individualized education program (IEP). A written education program that begins at age three for a child with special needs; it is developed by a team of professionals (e.g., teachers, therapists) and the child's parents. It is reviewed and updated yearly and describes how the child is doing, what the child's learning needs are, and what services the child will need. For children from birth to three years of age, the IFSP is used.

individualized family service plan (IFSP). A written document stating a family's resources, concerns, and priorities related to enhancing the development of a child (birth to three years of age). It includes specific statements about outcomes, criteria, and timelines regarding progress; provisions for case management; and specific services and dates for initiation, duration, frequency, providers, location, and reevaluation of service. The IFSP shall be reviewed every six months (or more frequently if service needs change). An annual meeting shall be held to document the infant's or toddler's progress.

Individuals with Disabilities Education Act (IDEA). A federal law that renamed the Education for Handicapped Children's Act to "put people first."

lead agency. Agency (office) with a state or territory in charge of overseeing and coordinating early childhood programs and services.

least restrictive environment (LRE). An educational setting or program providing a student with special needs the chance to work and learn to the best of his or her ability. It also provides the student with as much contact as possible with children without special needs while meeting all of the child's learning needs and physical requirements. LRE is a requirement under IDEA.

multidisciplinary assessment. An evaluation of a child's strengths and weaknesses from a variety of professional viewpoints in which a number of different sources of information are used and the child's parents are involved. Typically, the child's present levels of physical, cognitive, speech and language, social and emotional development, and self-help skills are assessed.

multidisciplinary team. A group of professionals who work independently of each other in a kind of *parallel* format. Although each discipline is viewed as important, the professional takes responsibility only for his or her own area of clinical expertise.

natural environment. Any setting where typically developing children of a similar chronological age are found. It is where the child would be if he or she did not have a disability. Included, for example, are neighborhoods, child care, preschool, parks, birthday parties, informal gatherings of family and friends.

occupational therapy. A therapy or treatment provided by an occupational therapist that helps an individual's developmental or physical skills and aids in daily living. It focuses on fine motor skills, such as the use

of the hands and fingers and coordination of movement, and on self-help skills, such as dressing and eating with a fork and spoon.

orientation and mobility specialist. A therapist who teaches persons with visual impairments awareness of their position in the environment and of significant objects in the environment (orientation) as well as how to move about safely and efficiently (mobility) by using their remaining senses (including any useful vision).

parent training and information programs. Programs that provide to parents of children with special needs information on acquiring services, working with schools and educators to ensure the most effective educational placement for their child, understanding the methods of testing and evaluating a child with special needs, and making informed decisions about their child's special needs.

physical therapy. Treatment of (physical) disabilities provided by a trained physical therapist that includes the use of massage, exercise, and other techniques to help the patient improve the large and gross motor skills and the use of bones, muscles, joints, and nerves.

placement. The classroom, program, or location selected for a student with special needs.

play-based assessment. A form of assessment that involves observation of a child at play and provides understanding of a child's development.

policy/policies. Ideas and plans related to early intervention and special education programs; the plans that a state or local school system has for providing services for and educating its students with special needs.

psychosocial (development). The psychological development of a person in relation to his or her social environment.

public agency. An agency, office, or organization supported by public funds and serving the community at large.

Public Law 94-142 (Education for All Handicapped Children Act). A federal law passed in 1975 requiring that public schools provide a "free, appropriate public education" (FAPE) to children three to twenty-one years of age (exact ages depending on each state's mandate) regardless of handicapping condition; now amended and renamed IDEA: Individuals with Disabilities Education Act, Public Law 105-17.

Public Law 99-457. A federal law amending the Education for All Handicapped Children Act of 1986. It expanded services for children from birth to six years of age.

regional center. A private, nonprofit organization operated to serve identified children and adults with developmental disabilities through contract with the State Department of Developmental Services.

services/service delivery. The therapies, instruction, or treatment given to a child with special needs.

special day class (SDC). Refers in public education to a special education classroom for children who will receive the majority of their instruction in that classroom.

special education local plan area (SELPA). The agency responsible for special education services within a geographic area.

special education programs/services. Programs, services, or specially designed instruction (offered at no cost to families) for children more than three years of age with special needs who are found eligible for such services. Included are special learning methods or materials in the regular classroom and special classes and programs if needed.

speech/language therapy. A planned program to improve and correct speech or language or communication problems in persons thought to be unable to improve without such help.

transdisciplinary team. A group of professionals who cross discipline borders, acquire knowledge from the other professionals on the team, and incorporate skills from the other disciplines into their own practice.

transition. A time in a person's life when he or she moves from one educational program to another.

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