Connecticut Office of
Early Childhood

Supporting All Children Using the
Connecticut Early Learning and
Development Standards:

Meeting the Needs of Diverse Learners

CTELDS
Connecticut Early Learning
and Development Standards

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Note that throughout this document you may read sections that refer to "teachers" and "teaching". The term "teacher" is used to refer to any adult that supports a child's learning and development, and is inclusive of parents, certified teachers, specialists and care providers. The term "teaching" is used to refer to experiences and interactions that intentionally support children's learning and development.

OEC Inclusion Statement

The Office of Early Childhood (OEC) expects that all children and families have a sense of full belonging and are valued, respected and supported. OEC policies, funding and services address the needs of children and families to ensure the right conditions for every child to achieve their full potential. This occurs through full participation in everyday activities at home, school and in the community. The OEC, providers, communities and schools adopt and promote the culture, practices and relationships necessary to foster inclusion and meaningful access and participation for the benefit of ALL children. All children, with and without disabilities or differences, their families and their caregivers benefit from inclusive environments.

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Introduction

Connecticut's Early Learning and Development Standards (CT ELDS) include what young children from birth to age five should know and be able to do. They were developed to help families, communities and schools work together to support children's learning and development. This document is designed to help early care and education professionals to consider how they use the CT ELDS to support children with diverse needs.

It is important to recognize that every child is an individual with unique characteristics, temperament and developmental pathways. The CT ELDS provide the shared goals and common learning progressions as a general guide. However, adults responsible for creating children's learning opportunities must consider the unique interplay between the child and the environment in order to fully support their growth and development. Babies come into the world ready to learn, and children develop and grow over time when they experience supportive interactions and active engagement in enriching learning environments.

This document focuses on how to support young children by ensuring *access, participation and benefit*. Daily activities such as having a bath, being sung to, eating with family members and playing at a playground are learning experiences. When children **have full access** and **active participation in** these experiences they receive a **benefit**. When planning and implementing learning experiences based upon the Connecticut Early Learning and Development Standards (CT ELDS), early childhood professionals must consider *access, participation and benefit* for each and every child. Intentionally addressing barriers to full *access, participation and benefit* will result in **all** children's learning needs being met.

This document is a part of a series of documents related to using the CT ELDS to support young children. The focus of this document is to provide guidance to early care and education providers across sectors as they consider appropriate processes and practices that will ensure high expectations and full access, participation and benefit in early learning environments.

The learning progressions within the CT ELDS promote:

- Equity for all children through the setting of high, but appropriate, expectations.

- High-quality early learning experiences by providing clear goals and trajectories of learning.

- Provision of individual support based on each child's growth and development.

- Families' understanding of what their children are learning and how they can support them.

- Teachers' understanding of age-appropriate content and approaches to children's learning.

- Communication across sectors based upon these common goals for children.

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CT ELDS Guiding Principles

The CT ELDS document includes a set of comprehensive guiding principles which guided development of the standards and are crucial considerations for using the CT ELDS. Those guiding principles are grouped into four broad categories: Young Children, Families, Early Learning Environments and Communities. While all of the guiding principles are relevant, several are particularly important to consider when supporting diverse learners.

Young children are capable and competent.
All children are capable of achieving positive early learning and developmental outcomes. There should be high expectations for all young children, regardless of their background, experience, language or developmental status.

Young children are unique in their growth and development.
Each child will demonstrate knowledge, skills and abilities within a broad range at any point in time. All children within an age range should not be expected to gain a particular skill at the same time. Variation in the growth and development of skills and competencies applies to all young children regardless of age, ability, developmental status or special health care needs. Respect and support for individual differences in achieving learning outcomes should be a cornerstone of early learning.

Early learning environments provide opportunities for active exploration.
Young children construct their own understanding of the world around them through exploration and engagement with a variety of materials, experiences and interactions with both peers and adults. Every child should be provided the opportunity to actively explore, engage and interact by providing the supports necessary to ensure a child's full and active participation within an environment.

**Early learning environments provide meaningful inclusion of children with special needs.**
Participation in these inclusive settings may require individualized modifications, adaptations and/or support services designed to provide each child with opportunities to benefit from inclusion in an early learning environment.

Early learning environments provide opportunities for children to benefit from diversity.
Diversity (e.g., culture, ability, socioeconomic status, family constellation) provides opportunities for children to learn about the broader world.

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Access, Participation and Benefit

Early learning experiences include opportunities for children to learn and grow, including daily routines and planned activities. Children have individual differences, some of which may impact their ability to be involved in certain early learning experiences. Adults must intentionally provide supports that allow all children to approach or enter into the early learning experience (**ACCESS)** and to fully and meaningfully engage with the materials and people who are a part of the experience (**PARTICIPATION**). When this is done as a part of ongoing reflective process, children will **BENEFIT** from these experiences.
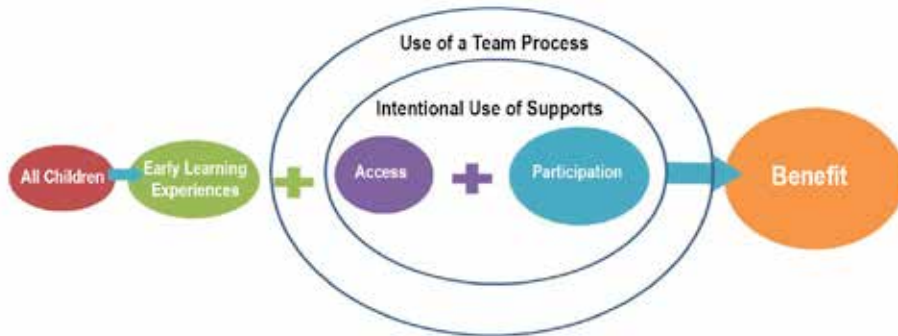
A quick look at what adults do to ensure *access, participation and benefit* for all.

Full Access is accomplished by removing physical barriers and offering multiple modes for engagement. The result is every child is involved in the daily routines and activities that promote learning and development.

Meaningful participation is ensured by using a range of approaches and supports to promote full engagement in play and learning activities and provide a sense of belonging for every child.

The intentional use of supports involves collaboration and communication among key stakeholders including families, educators and specialists, in order to ensure that the needs and priorities of children and their families are addressed.

Benefit is ensured when there is ongoing communication about family goals and priorities. In addition, it is important to monitor children's access, participation, sense of belonging and developmental and learning outcomes.

In order to accomplish *access, participation and benefit* for all children, early care and education professionals and/or programs need to examine their current practices and make sure they have a process in place that allows them to consider all children's needs. The next section describes several important steps that will make inclusive practices a reality. Further discussion about what adults can do to ensure *access, participation and benefit* follow.

"The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports."

From the joint position statement on Inclusion of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), 2009

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Setting the Stage

In order to effectively support diverse learners, individuals and programs for young children must consider how their philosophy aligns with the basic principles of inclusive practices. Consider the following basics of inclusion when examining your individual or program philosophy.

> *Having an inclusive philosophy is the first step to ensuring access, participation and benefit.*

What are the benefits of inclusion?

Inclusion can benefit children both with and without disabilities, particularly in the area of social development. For many children with disabilities, inclusive settings can positively impact their levels of engagement, social acceptance, and friendships (Odom, S. L., Buysee, V., & Soukakou, E., 2011). Typically, developing children in inclusive settings have been shown to engage in classroom activities, develop friendships, increase their understanding and attitude about disabilities, and make similar developmental gains in regular and inclusive preschools (Odom, S. L., Buysee, V., & Soukakou, E., 2011). Children with and without disabilities can be effectively educated in inclusive programs. Individualized embedded instruction has been successfully implemented in inclusive settings to teach a variety of skills to children with and without disabilities. Families of children with and without disabilities in inclusive settings generally have positive views of inclusion and consider it to be beneficial for children both with and without disabilities.

Inclusive preschool programs are not more expensive than separate instruction and studies comparing inclusive and regular classrooms in the same agency show lower costs associated with more inclusive models on both an annual and per hour basis (Odom, 2001). Additionally, the quality of preschool programs including children with disabilities has been found to be as good as or better than the quality of preschool programs without children with disabilities (Kasari, Freeman, Bauminger, & Alkin, 1999).

Based upon research findings, recommended practices and principles guiding the field of early childhood special education, the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) concur that children with disabilities do not need to be "ready" to be included; rather programs need to be "ready" to support all children (DEC/NAEYC. 2009).

Once we realize that inclusion has the potential to enrich everyone's quality of life, it becomes alarming to see it denied to any person.

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Inclusion is built on the idea that all people are equal and should be respected and valued. When inclusive practices are in place, children and adults with differing abilities can fully and meaningfully participate in **all** types of community activities.

Inclusion is a natural part of community-building and it should not be obvious that it is happening. Here are some examples of inclusion:

• Friends look at a book together.

• Children help each other find books at the library.

• Children play together at a community playground.

• People participate in religious services together.

• Families swim together at the beach.

• Families participate in activities at a farmer's market.

• Families listen to a concert at a park.

• Children work together to observe the behavior of worms they found in a rain storm.

Whether you are developing a new philosophy or examining an existing one, and no matter what types of care or services you provide to children or families, the following considerations may be helpful.

• What is the adult/professional's role with children and families?

• What is the child's role as a learner?

• What is the family's role?

• What is our approach to diversity in learning styles, culture, language, family composition and special needs (including health, physical, behavioral and learning needs)?

• What guides our interactions or activities (a curricular approach or process for working with families)?

• What is our relationship with other agencies or resources in the community?

"Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families. A program philosophy on inclusion should be used to shape practices aimed at ensuring that infants and young children with disabilities and their families are full members of the early childhood community and that children have multiple opportunities to learn, develop, and form positive relationships."

From the NAEYC and DEC joint position statement on Early Childhood Inclusion (NAEYC and DEC, 2009)

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Developing a Process to Support Inclusive Practices

Once an underlying philosophy that supports inclusive practices is in place, the next step is to develop a process to plan the supports necessary to ensure *access, participation and benefit.* In a cycle of intentional teaching, planning and implementing early learning experiences are part of an ongoing process that considers the individual children involved. All adults who support young children engage in this process, even if they are not "teachers." They plan early learning experiences, considering specific goals, children's interests and how they will engage families. They then observe and assess how children are doing and how successful their initial plans were. Intentionally planning the supports to ensure *access, participation and benefit* is a natural fit with this cycle!
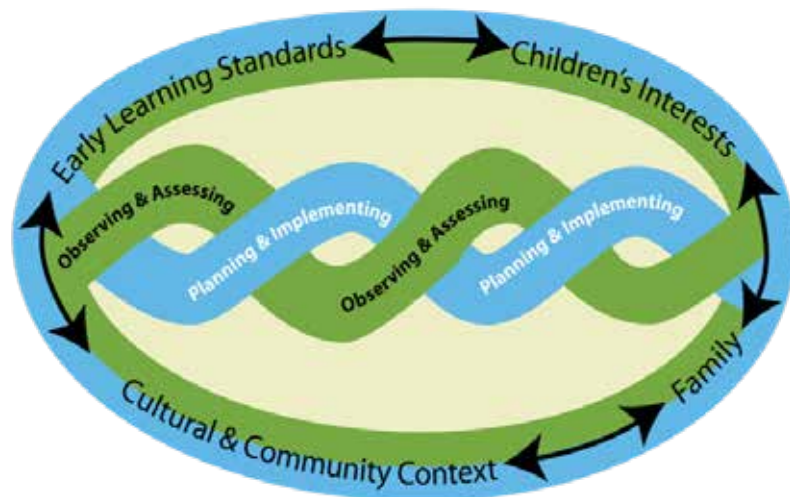
Throughout this document, the focus is on the inclusive practices that will ensure that all children are active participants in early learning environments and the processes that will ensure that children with diverse needs have *access, participation and benefit*. More information about curriculum and planning for early care and education settings can be found in the document *Supporting All Children Using the CT ELDS: Building Strong Curriculum*.

Planning for Access and Participation

By including a few extra considerations in their current planning process, early childhood professionals can ensure that young children with diverse needs have access, participation and benefit in daily routines and typical early learning experiences. On the following page, is a chart with questions that will help those working with young children to plan. Because early childhood professionals may have different roles, this chart includes separate columns for those who plan for groups of children and those who consider the needs of an individual child or family.

	Planning for a group of children (e.g., preschool teacher, play group leader, music class teacher)	Planning specific supports for an individual child or family (e.g., Birth-to-Three provider, special education teacher, speech and language therapist)
Access	• Are there any factors that might prevent someone from taking part such as physical arrangement, learning style, communication, etc.? • Are there any modifications to the environment that will address these barriers?	• Is there a way to provide these supports in a natural environment? • Are there any barriers that exist that can be addressed to ensure access to a learning experience in a natural environment?
Participation	• Does the plan allow for every child to participate fully? • Are there any adjustments or supports that will result in more meaningful participation?	• Is the support provided in a way that supports full participation in a daily routine of typical early learning experience?
Benefit	• Will any planned modifications or adaptations allow the children to make progress on the same learning goals as the other children? • Are there any additional learning or therapeutic goals that should be addressed during this experience? • How will I observe and document learning? • How will I document the success of the adaptations and/or modifications?	• Is the child benefitting from the supports in a way that will allow them to use their new or emerging skills in daily routines and natural environments? • Are there additional learning goals outside of the child's area of need that can be addressed to support their ongoing growth and development?

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Accomodation: An accommodation is an adjustment that allows a child to gain access, participation and benefit in the same experiences and with the same general goals as other children.

Modification: A modification is a major change to the experience or goal based upon a child's needs and decided upon by a team. The child's experience will be significantly different from that of his or her peers.

Adaptation: An accommodation or modification, which changes the nature of an experience for the benefit of a child based upon their unique needs.

The Importance of a Team Approach

The process of ensuring *access, participation and benefit* involves a team of people. Early childhood professionals (administration, teaching staff, specialists and family services) must be committed to working in partnership to achieve the best possible outcomes for children and their families. When children have diverse learning needs, the importance, and sometimes the size, of the team grows. Families are always an integral part of the decision-making team for their child. For some children, the team may involve a special education teacher, a speech and language therapist, a social worker, a mental health provider or other care providers. The ongoing process must involve regular communication among team members. Formalizing the communication process is an important step to ensuring *access, participation and benefit*. This *may* involve daily notes home, weekly phone calls with a specialist or monthly meetings. This team process can happen in many ways, but it is important that it is ongoing and agreed upon by all team members.

The Division of Early Childhood (2014, p.14) recommends the following practices to support teaming and collaboration:

• Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

• Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge and information to build team capacity and jointly solve problems, plan and implement interventions.

• Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

• Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

• Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

DEC Recommended Practices, April 2014, p. 14

For children with identified disabilities, there are additional considerations for working together as a team. When creating a plan to meet individual needs, working as a team is critical to supporting the achievement of long-term goals that have been identified on the child's Individual Family Service Plan (IFSP) or Individual Education Program (IEP). An important component of planning is to identify any accommodations or modifications that are necessary for a child to achieve access, participation and benefit. Reaching out to the child's early childhood special educators as a source of information ensures that the accommodations or modifictions that support the child will be consistent across the places the child is learning and growing. Developing accommodations or modifications for a child with special needs is a continuous process that involves each individual child's collaborative team. The first step is to assess the child's abilities and the environment where the child will be spending time. Through authentic assessment, using natural environments and routines to assess a child's true ability with input from all essential members of the collaborative team, goals and objectives for learning can be identified. Once the goals and objectives are identified and expectations for the child's participation in that environment are established, the team selects or creates accommodations or modifications that address those needs. Once implemented, their effectiveness should be assessed on an ongoing basis and revised, as needed.

In the next section we will discuss the types of intentional supports that can be provided to ensure access, participation and benefit. Throughout the remainder of the document, we will primarily use the term *adaptation*, which encompasses both accommodations and modifications.

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Intentionally Supporting All Children

This discussion will outline how support may be provided across the following intentionally planned components of quality early learning environments: the Connecticut Early Learning and Development Standards; Environment, Material and Scheduling; Ongoing Assessment; Supportive Interactions; Engaging Families; and Learning Experiences. These components correspond to the six areas discussed in the document *Supporting All Children Using the CT ELDS: Building Strong Curriculum,* but are also applicable to early learning environments that do not have a specific curriculum.

Connecticut Early Learning and Development Standards (CT ELDS)

The CT ELDS are the foundation of intentionally planning early learning experiences. They are designed to be appropriate for all children; however, the unique learning needs of children must be considered when using the CT ELDS. Examples of how the use of the CT ELDS may vary based upon children's individual needs are:

• Deciding upon a particular strand or learning progression of focus based upon a child's individual needs

• Individualizing the developmental level of focus for a particular child resulting in individualized strategies, learning experiences, etc.

• Breaking down the learning progressions into smaller steps or objectives to support individual children's growth and development

• Including additional goals and objectives based upon team decisions (e.g., IFSP or IEP goals)

• Providing continued, embedded supports around a particular strand or learning progression in order to help a child make progress in area of need

• Modifying the anticipated behaviors based upon a child's differences (e.g., a child responding in Spanish instead of English, crawling instead of walking to get across the room or using a picture communication system instead of verbal language)

The Essential Dispositions are an integral component of the CT ELDS and it is critical to consider how these dispositions are fostered in children who are diverse learners. Addressing these dispositions may seem challenging when children need additional support; however, all children must be provided with early learning experiences that foster these critical attributes. Below are some considerations for fostering the essential dispositions for children with diverse learning needs.

Early learning experiences will support children to:

Be creative: It is important to allow children with different learning needs to contribute ideas and to act and express themselves in unique and individual ways.

Be inquisitive: It is important to allow children with different learning needs to explore and investigate the world around them. This may require finding individualized modes of exploration for children with physical challenges or sensory differences (e.g., allowing a child with visual impairments to explore and manipulate sounds).

Be flexible: It is important to support children with different learning needs to vary their responses and adjust to different environments and situations. Flexibility should be fostered in a manner that is comfortable for the individual child's needs.

Be critical thinkers: Children with differing learning needs should be allowed the opportunity to problem-solve, to express preferences and to engage in activities that promote higher-order thinking.

Be purposeful and reflective: It is important for all children to participate in planning and in reflecting upon the results of their actions. Purposefully planning experiences where children with differing learning needs are actively engaged and have the opportunity to learn from mistakes is important.

Be social learners: Social interactions form the basis for children's learning and children with differing learning needs should be provided with the opportunity to learn in a social context to the fullest extent possible. Providing additional supports in an inclusive, natural environment and planning social experiences are important ways to promote this disposition.

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Environment, Materials and Scheduling

The environment, materials and schedule are all things that can be adjusted to promote access, participation and benefit. An adaptation may be quite simple, as when a group activity is intentionally scheduled for a time that fits with a medically fragile child's best time of day, so that they can fully participate. Other adaptations may require more flexibility on the part of the teacher, such as when a child who has trouble attending during a group circle time is allowed to sit near the teacher and play with a squishy ball to help them to stay with the group. The adaptations may require assistive technology as an additional material or environmental support. Below are some examples of adjustments to the environment, materials and scheduling. There is a specific section on assistive technology included.

▢ Environment

The environment is an important aspect of any early childhood setting. Changes in lighting, noise level, visual and auditory input, physical arrangement of the room or equipment and accessibility of materials are important considerations to meet the needs of all children. The physical environment can often be changed in ways that will promote a child's participation, engagement and learning. The environment must be designed to meet the individual needs of the child, encourage the child to make choices, use materials independently and be actively involved. The use of an environmental rating scale could be beneficial when planning to meet the needs of all children. Below are examples of environment adaptations.

If a child….	You might consider….
Has difficulty putting toys and equipment away	Using pictures or symbols on shelves and containers or making clean up into a matching game
Has difficulty maneuvering around the environment	Moving the furniture to allow for wider pathways
Has a tendency to run through the environment	Moving the furniture to limit large open space and provide times for running and moving quickly regularly
Does not participate in learning centers during free choice time in a preschool setting	Creating a picture schedule of the various learning centers so the child can refer to the schedule. Having an adult join the child and support them in participating in the activities in that center

▢ Materials Modifications

The materials involved in daily routines or in group learning experiences can often be modified in simple ways that will ensure that a child can participate as independently as possible. Materials can be physically adapted by increasing: stability (Dycem™ or Velcro™ on or under materials), ease of handling (adding handles, making materials larger), accessibility (developing a hand splint to hold materials, attaching an elastic cord or string to objects so they can be easily moved or retrieved), visual clarity or distinctiveness (adding contrast or specialized lighting), or size. Below are some examples of materials modifications.

If a child….	You might consider….
Has difficulty standing at an art easel	Lowering the easel, giving the child a chair or using a table easel
Cannot reach the pedals of a tricycle with her feet	Securely attaching wooden blocks on to the pedals
Cannot reach the ground sitting in a regular child-size chair	Providing a stool under the table so that the child can rest his or her feet on it and stabilize his or her body. This stability helps children more easily use their fine motor skills
Encounters difficulty using two hands to act on materials	Stabilizing the materials using tape, Velcro™, Dycem™ or other non-skid backing (such as bath mat appliques) and clamps
Has difficulty with a skill required by a toy or material	Modifying what the child has to do to accomplish the goal. For example, glue small pieces of sponge or foam to each page in a book so the pages are slightly separated making it easier to turn the pages
Does not engage in art activities because gluing and pasting are too difficult or uncomfortable	Using contact paper or other sticky paper as the backing for collages so the child only has to put things on the paper
Has a hard time grasping eating utensils, tooth-brushes, markers or paint brushes	Adding a piece of foam around the shaft of the tool to make it easier to hold
Has difficulty cutting on a line	Broadening the line with a thick marker or go over the line with glue. Allow the glue to dry so the raised surface will allow the child to get extra sensory feedback when the scissors rub against the dry glue

Scheduling Modifications

If a child….	You might consider….
Has difficulty making transitions	Modifying the schedule to minimize transitions and providing the child with a picture or symbol representing the next activity in the routine. The child could take the picture or symbol card with him to the next activity
Has trouble following through with requests or tasks at a particular time of the day	Making sure they engage in high- interest activities at that time. Schedule more challenging activities or routines for another time of day
Is extremely active and has difficulty attending during classroom activities	Adjusting the classroom schedule to include multiple opportunities for gross motor play throughout the day

(U.S Department of Health and Human Services, 2003)

Assistive Technology

The legal definition of an assistive technology device is: "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."

Assistive technology (AT) opens the door to learning for many children with disabilities and other special needs. For a child with significant developmental challenges, the use of technology may be the only avenue to express ideas, play with a toy or demonstrate understanding. For other children, simple assistive technology tools can also be helpful, such as using a picture communication system. Assistive technology can be low–tech or high-tech. Examples of high-tech devices are voice synthesizers, braille readers, switch activated toys, computers and iPads. However, low-tech tools are equally valuable. Examples of low-tech tools are: special handles on utensils and paintbrushes, pillows and bolsters, and spoons and forks with short handles and picture communication systems.

Assistive devices and services can be of great value in providing infants and young children with disabilities opportunities to learn and interact with their environment in ways that might not otherwise be possible. Assistive technology can help a child to:

• Participate more actively in family, school and community activities

• Play successfully with toys and other children

• Communicate his or her needs and ideas

• Make choices

• Move independently

• Participate in age-appropriate activities

In most cases, specialists are involved in the choice of the appropriate assistive technology device. However, some low-tech devices, such as visual schedules or a simple picture communication system, may be put in place by anyone working with a young child. Families should be included in setting goals and other decisions related to the use of assistive technology.

The most common types of AT devices used by infants and toddlers are switches and augmentative communication devices. There are many types of switches that can be used in different ways. Switches can be used with battery-operated toys to give infants opportunities to play with them. For example, a switch could be attached directly to a stuffed pig so that every time an infant touches the toy, it wiggles and snorts. Switches can also be used to turn many things off and on. Toddlers can learn to press a switch to turn on a computer or to use cause and effect (interactive) software and toys. Children who have severe disabilities can also use switches. For example, a switch could be placed next to an infant's head so that every time she moved her head to the left a musical mobile hanging overhead would play.

Augmentative communication devices allow children who cannot speak or who cannot yet speak to communicate with the world around them. These devices can be as simple as pointing to a photo on a picture board or they can be more complicated — for instance, pressing message buttons on a device that activate pre-recorded messages such as, "I'm hungry."

Many of the skills learned in life begin in infancy; assistive technology can help infants and toddlers with disabilities learn many of these crucial skills. Assistive technology can help children learn the same things that non-disabled children learn at the same age, in a different way. Because most of what an

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infant or toddler learns is through interacting with their primary caregivers, communication skills are especially important.

Below are some examples of assistive technology devices:

Access and Environmental Controls	Electronic controls such as switches, special keyboards or mice and remote controls as well as things that help people get around the community, such as ramps, automatic door openers and Braille signs are devices that allow increased control of the environment or that open up access to items in the environment
Aids to Daily Living	Adapted utensils, plates and cups, non-skid surfaces, and specially designed toilet seats and shower stalls are special tools for daily activities, like brushing teeth, dressing or eating
Assistive Listening	Hearing aids, amplifiers, captions on TV, and typing telephones are supports that help a child who is deaf or has a hearing loss
Augmentative/Alternative Communication	Picture boards, voice output communication devices, communication software and computers are supports that allow a child who cannot speak, or whose speech is not understood by others, to communicate.
Computer-Based Instruction	Software to help a child with learning difficulties in reading, writing, math and other subject areas
Mobility	Wheelchairs, walkers and adapted bicycles are equipment that allow a child with a physical or visual disability to move independently and safely through the community
Positioning	Adjustable chairs, tables, standers, wedges and straps or any support that helps a child with a physical disability remain in a good position without becoming tired so that they can fully participate in daily routines and learning activities
Visual Aids	Large-print books, audio books, magnifiers, talking computer software and Braillers are supports that give children with visual difficulties access to information

Learning Experiences

Young children engage in learning experiences throughout their day. They learn during daily routines at home and in the community, as well as in early care and education settings. Daily routines may involve activities or skills that are difficult for a particular child. The activities used in early childhood classrooms are generally designed to meet the needs of all children. However, if a child is not able to access or participate in a particular learning experience, the activity can often be adapted to accommodate a child's individual learning needs. Such adjustments allow children to use their current skills while promoting the acquisition of new skills. This can make the difference between a child merely being present and being actively involved. These adjustments may involve simplifying a complicated task by breaking it into smaller parts, reducing the number of steps or providing the child with additional time. In a group setting, adjusting the number of children in a group might support a child's full participation. Sometimes children may need an adjustment in the type of response that is involved in an activity. Adapting the way they demonstrate their understanding by using a response already in their repertoire can allow for full and meaningful participation (e.g., pointing or looking at an object instead of speaking). As a last choice, an alternative activity might be offered; however, it is important to consider an activity that can be done with other children and does not seclude a child from active and meaningful participation.

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Below are some examples of modifying the activity:

If a child….	You might consider….
Is easily distracted when playing with manipulative toys, such as puzzles or beads	Handing the pieces to the child one by one and gradually increasing the number of pieces the child has at one time
Is overwhelmed by activities such as cooking, craft projects and table games, and is rarely successful	Breaking down the activity into its parts, describing the steps in clear terms, such as, "First we do (x) then we do (y)." Showing pictures of the steps may make it even clearer
Has difficulty understanding stories	Using objects or flannel board pieces to represent characters or objects in the story so he/she can make connections between the physical objects
Has trouble walking to a destination, dawdling, complaining and sometimes stopping and dropping to the floor	Creating natural destinations along the way that the child can see (the tree or light post ahead or a picture you have posted along a hallway). Encouraging the child to go to the next spot and describing the achievement can create a sense of accomplishment
Has difficulty with routines or projects that have multiple steps	Having the child finish the last two or three steps instead of completing the entire routine or project
Has difficulty playing near peers	Planning cooperative small group activities with engaging and highly motivating materials so that the child is close to peers while engaging in fun activities such as creating murals and building cooperative block structures
Has no play partners	Building friendships by seating the same peer next to the child regularly during planned activities such as small group or circle time

Supportive Interactions

For young children, interactions with caregivers form the basis of learning and development across domains. These interactions, and therefore children's learning and development, occur during daily routines. Playful interactions are also an effective vehicle for learning and development. As children grow older, they may also be engaged in relationships in more formal learning settings, such as an infant and toddler classroom or a preschool, where more attention is paid to the learning experience. However, the importance of relationships and the role of the adults in their learning does not diminish. No matter the setting, relationships are critical to learning and development. Supportive interactions should be intentionally planned.

Individual differences in children affect how they access and participate in relationships, routines, learning opportunities and play. It is important to consider how supportive interactions are individualized. One way that supportive interactions may be individualized is by considering how a child learns best and tailoring interactions accordingly. Some children respond best to visual cues and feedback from adults, including smiles or other facial expressions. Other children may respond better to verbal cues and feedback, such as when an adult tells them, "You painted the entire paper blue!" Still other children may respond to physical cues, such as a gentle hand on their arm as a reminder that they need to wait for their turn. Understanding a child's personal preferences and their ability to tolerate and process sensory information is important to ensure that interactions support them to successfully access and participate in learning experiences.

The timing of support or assistance provided is also important. A child's need for assistance may range from periodic spot checks to close continuous supervision. The amount and timing of assistance may vary from day-to-day or even by activity, depending on the complexity of the learning experience. Assistance could be provided by adults and/or peers depending on the activity.

It is necessary to consider the level of assistance provided. Children should have opportunities to experience supportive interactions while being encouraged to be as independent as possible. The following chart outlines a continuum of supports for children's learning, ranging from nondirective to directive (CSDE, 2011; Bredekamp & Rosengrant, 1995). The level of support provided should be intentionally planned based upon the child's needs, current skills levels and learning style with a goal of decreasing the level of support over time.

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NONDIRECTIVE — **MEDIATING** — **DIRECTIVE**

Acknowledge	Model	Facilitate	Support	Scaffold	Co-construct	Demonstrate	Direct
Teachers attend to children by placing themselves at an activity and demonstrating interest. They focus attention on children's behaviors. They provide encouragement, listen, and watch carefully and thoughtfully.	Teachers display for children a skill or desirable way of behaving in the classroom, through actions only or with cues, prompts or comments as necessary.	Teachers offer short-term assistance to help a child achieve the next level of functioning.	Teachers provide a fixed form of assistance to help a child achieve the next level of functioning.	Teachers set up challenges or assist children to work "on the edge" of their current competence.	Teachers learn or work collaboratively with children on a problem or task, such as building a model or block structure.	Teachers actively display a behavior or engage in an activity while children observe the outcome.	Teachers provide specific directions and/or physical help to direct children's behavior.

Ongoing Assessment

A part of being intentional involves planning for the ways in which children's learning and development will be observed and documented. When planning for the ongoing or formative assessment process that takes place as a part of a learning experience, it is important to consider children's individual learning styles, needs and ability to respond. Observations may involve a child demonstrating their understanding in an alternative manner (e.g., pointing in response to a question instead of verbally responding) or may involve a child using an adaptive behavior to achieve a modified goal (e.g., using a wheelchair or walker to get across a room instead of walking). For some children, it is important to work with other professionals who are a part of the child's team to determine if there are additional goals for learning or development or to determine intermediate steps or goals to document progress. Good assessment practices are the same for all children and should always be considered when planning for ongoing assessment.

Indicators of Effectiveness in the Assessment of Young Children

- Ethical principles guide assessment practices.
- Assessment instruments are used for their intended purposes.
- Assessments are appropriate for ages and other characteristics of children being assessed.
- Assessment instruments are in compliance with professional criteria for quality.
- What is assessed is developmentally and educationally significant.
- Assessment evidence is used to understand and improve learning.
- Assessment evidence is gathered from genuine, naturally occurring settings and situations that reflect children's actual performance.
- Assessments use multiple sources of evidence gathered over time.
- Screening is always linked to follow-up.
- Use of individually administered, norm-referenced tests is limited.
- Staff and families are knowledgeable about assessment.

(NAEYC & NAECS-SDE, 2009)

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"From the earliest moments when infants experience the warmth and closeness of being held while being fed, the interplay of relationships and development begins. Over time, and with repetition, the relationship evolves through ongoing interactions between the child and his caregiver. The relationships formed with significant primary caregivers become the core context for the child's development—the "nurture" part of the nature/nurture balance that ultimately defines whom the child is to become." (Zero to Three, 2010).

Family Engagement

Families are the first and most important people in children's lives. In order to meet children's needs, families must be fully engaged in their child's care and education. Family engagement involves building strong relationships with families and supporting family well-being, strong parent-child relationships and the ongoing learning and development of both parents and children.

Early care and education programs should use a family-centered, strength-based approach when engaging families. The word "partnership" is often used when describing family engagement. In partnerships, all participants share the responsibilities, power and decision making and enjoy mutual trust and

respect. But not all partnerships look the same. Successful partnerships vary as much as the people and groups that create them. Partnerships work best when they recognize, acknowledge and accommodate differences among families, communities and cultures.

In *Supporting All Children Using the CT ELDS*, family engagement is discussed at length. All of the same principles for family engagement apply when working with families of children who have learning needs that differ from the other children in their care setting.

The principles, developed by NAEYC as a part of their Engaging Diverse Learning Project, include:

1. Programs invite families to participate in decision-making and goal-setting for their child

2. Teachers and programs engage families in two-way communication

3. Programs and teachers engage families in ways that are truly reciprocal

4. Programs provide learning activities for the home and in the community

5. Programs invite families to participate in program-level decisions and wider advocacy efforts

6. Programs implement a comprehensive program-level system to spport family engagement (NAEYC, n.d.)

When working with families whose children have health needs, disabilities, behavioral challenges or for whom a concern has arisen, applying these guidelines may take extra consideration. Programs may find that subtle adjustments to the actions they usually engage in to meet these principles will improve family engagement for a particular family. For example, making sure that a care provider familiar with the needs of a child with a disability is available to assist during a family event may facilitate family participation. When a family or child is experiencing a challenging time, communicating more frequently and making sure to share positive observations can help to build a sense of partnership and common goals.

When engaging families of children with diverse learning needs, ongoing

two-way communication is critical. Family engagement efforts should never begin with an interaction around a problem. Programs need to lay a foundation for family engagement based on the guidelines, building from their earliest interactions with families. Family engagement works best when families have been involved in ongoing conversations and those conversations have made them feel like true partners in their child's experience right from the start. A strong emphasis on partnering with families will create an environment that will allow for a productive and positive conversation if concerns about a child's development or behavior emerge.

Sometimes it is necessary to open a dialogue with a family about concerns related to their child's development. It is helpful to remember that all families will respond to this conversation in different ways. Some will be relieved and thankful for the support, especially if they share the concerns. Other families may seem less receptive. Some families may challenge what has been observed and may seem unwilling to discuss the concerns. The ways in which families respond may be influenced by many factors, including their child's age, the severity of the delay or disability and the family's cultural views about disability (Muscott, H.S., 2002). Regardless of the reason, when a family responds to a discussion about their child's development, it is important to remain non-judgmental and to keep lines of communication open. This will ensure that there is always a next step toward the mutual goal of supporting the child's growth and development. Listen to families, understand their point of view and be patient (Ray, Pewitt-Kinder, & George, 2009, p. 22). Viewing this interaction as a process and not a single meeting will help families feel supported as they adjust to the information and consider what it means for their child and family.

Providers can build a foundation for such conversations by using family engagement strategies as a part of the program's core practices. In addition, using information from a screening tool or other assessment can provide an objective starting point for sharing information about a child's development. If screening and ongoing assessment is a part of ongoing practice, then parents will expect conversations about the results. It is also important to approach the conversation as an opportunity to gain more information. If you are discussing a possible referral for further evaluation or outside services, focusing the conversation on the potential extra support for the child instead of the identification of a disability will support the sense of an ongoing partnership. Lastly, if the result of the conversation is not an agreement to move forward with a referral, finding agreed upon next steps can help keep the door open to future conversations.

The Michigan Department of Education has created a resource that offers these strategies in their "Collaborating for Success", Parent Engagement Toolkit."

Strategies to address communication barriers:

- Use positive culturally sensitive communication.
- Use direct contact.
- Use parent ambassadors.
- Use translation services when possible.
- Employ culturally linguistically diverse staff.

Strategies for literacy challenges or bilingual families:

- Use direct, personal contact.
- Use social media.

Strategies to address logistical barriers:

- Have flexible meeting times.
- Offer transportation and child care.
- Hold meetings in alternate locations.

The National Center on Parent, Family and Community Engagement offers these strategies for sharing child assessment information with families in their "Ongoing Child Assessment and Family Engagement: New Opportunities to Engage Families in Children's Learning and Development", 2011

- Start with parents' perspectives.
- Identify and build on strengths.
- Be positive and specific.
- Be descriptive and share interpretations.
- Focus on the parent-child relationship.
- Support parental competence.
- Open up to parents' emotions.

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Examples

Supporting Emily

Emily participates in an early childhood program that welcomes all children and families and works to meet their varying needs. The adults in this program have a process in place to address individual access and participation needs so that each child is able to benefit from the learning experiences provided.

Emily is energetic, enthusiastic and eager to engage with peers and adults. She is described by her teachers as very motivated to learn. She likes music, playing with peers and being read to. Her favorite snack is animal crackers. She uses single words, signs and a few 2-3 word combinations to communicate her wants and needs. She initiates social interactions with her peers by calling their name and gesturing and labeling objects in her environment. She moves around the classroom by crawling or with the assistance of a walker. Emily is able to hold crayons, markers and other writing utensils in her fist and make scribbles on paper. She paints using downward strokes only. She can pick up and hold large objects and toys with large pieces.

Emily's teachers spent time intentionally observing her as she participated throughout the day. They paid specific attention to situations in which she needed support to access and participate in learning experiences and daily routines. They considered the goals for the learning experiences, her individual needs and how her needs impacted her ability to access and participate in the learning experience. As a result, they were able to make some decisions about adaptations that support her needs. Because of Emily's need for support in the areas of communication and fine and gross motor development, they worked closely with the teachers and therapists from Emily's school district to determine appropriate adjustments for the classroom. They also learned more about using the equipment designed to allow Emily to fully access and participate in the learning experiences.

It is free play in Emily's classroom. Emily and her classmate, Chloe, are playing a game involving interconnected gears. This game was intentionally planned to support Emily along the same learning progressions that other children are working on during free play time including cause and effect, choosing and planning, play/friendship and language for interaction. In addition, Emily's individual needs are being met by also intentionally addressing her individual goals around fine motor skills.

This learning experience allows Emily to take turns, communicate what she wants Chloe to do, control parts of the game and have fun. The game has been connected to a big button switch so that Emily can stop and start the gears in the game. She also uses a stander so that she can see Chloe and push the switch. All of the children in the classroom have been taught a few simple signs for words, such as more, stop and play. This game provides the opportunity for both girls to practice their signs. Chloe places the gear pieces on the game board and Emily activates them with the switch and chooses the next gear piece.

The table below is a summary of the access and participation strategies and the learning progressions from the CT ELDS that are being intentionally addressed during this learning experience.

Emily		
Access: Providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development	**Participation**: Using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child	**Benefit**: The progress toward accomplishing developmental and learning outcomes that result from being able to access and participate in early learning experiences
• Stander • Large switch • Box to elevate switch	• Peer supports • Response prompting • Encouragement • Corrective feedback • Smiles, laughter from peer • Sense of belonging	**Domain**: Social and Emotional Development; **Strand E**: Develop social relationships; **Learning Progression**: Play/Friendship **Domain**: Physical Development and Health; **Strand B**: Development of fine motor skills; **Learning Progression**: Small Muscle Movement and Coordination **Domain**: Cognition; **Strand B**: Use logic and reasoning; **Learning Progression**: Cause and Effect **Domain**: Cognition; **Strand C**: Support children to strengthen executive function; **Learning Progression**: Choosing and Planning **Domain**: Language and Literacy; **Strand C**: Use language for social interaction; **Learning Progression**: Language for Interaction

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Supporting Alejandro

Alejandro is 10 months old. He lives at home with his mother, father and three sisters. He is the youngest child in their family. Alejandro receives services through one of Connecticut's Part C early intervention programs. The early interventionists worked with Alejandro's family to develop an Individual Family Service Plan based on their concerns and priorities. Music is an important part of life in Alejandro's family and one of their concerns was about ensuring that he would be able to participate in their regular musical activities. Both Alejandro's parents are employed by the city's symphony and all of his siblings began taking music lessons at a young age. Throughout the day, Alejandro's family incorporates music into what they do. Play time is filled with musical toys or activities, such as banging on pots and pans. The family frequently plays music together as a social activity. When Alejandro's siblings were his age, they were given simple instruments, such as maracas, drums or tambourines, to play along. The family also attends concerts in their community and socializes with friends who share an interest in music. Alejandro's ability to access and participate in these routines and activities is extremely important to his family. Alejandro's developmental delays in the areas of gross and fine motor make it difficult for him to move along to the music and to play musical toys and instruments. He also has difficulty engaging with people and things in his environment, as he does not show curiosity and initiative by exploring his environment, including the musical instruments valued by the family. Alejandro has demonstrated an interest in cars and balls during play time. He also enjoys meal time and bath time routines.

The early interventionist worked with Alejandro's parents to set goals and outcomes related to their concerns and priorities. They used information from the assessments and talked about how supporting Alejandro's progress along certain learning progressions in the CT ELDS would increase his ability to participate in the family's musical activities.

Information from the CT ELDS provided an opportunity for discussion with the family about the many areas of development involved in their family musical activities. The professionals and Alejandro's parents developed strategies that would allow Alejandro to access and participate in musical activities. In turn, they were able to consider how these activities might provide an opportunity to work on specific goals the family had for Alejandro. The table on the following page is a summary of the access and participation strategies and the learning progressions from the CT ELDS that were identified by Alejandro's family.

Alejandro		
Access: Providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development	**Participation**: Using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child	**Benefit**: The progress toward accomplishing developmental and learning outcomes that result from being able to access and participate in early learning experiences
• Provide musical instruments with a variety of handle sizes • Sing • Play music throughout the day • Hold Alejandro and sing while rocking • Place instruments and musical toys within his reach • Hand Alejandro a variety of instruments and toys • Provide a variety of seating supports • Place the toys and instruments Alejandro demonstrates an interest in slightly out of reach	• Respond to Alejandro's various behaviors in different ways • Interpret Alejandro's behavior as communication • Use of everyday activities as the place for teaching the behavior • Provide reinforcement, continuing the enjoyable part of the routine, smiles and verbal response • Use verbal cues to tell the Alejandro about the activity • Adapt instruments and toys • Present Alejandro instruments or tools he can use to make music during bath time • Provide Alejandro with toys that combine his interest in cars and balls and music	**Domain**: Creative Arts; **Strand A**: Engage in and enjoy the arts; **Learning Progression**: Music **Domain**: Cognition; **Strand A**: Effective approaches to learning; **Learning Progression**: Engagement with Environment, People and Objects

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Supporting Mariah

Mariah attends a family childcare provider that welcomes all children and families and works to meet their varying needs. Georgia, the family daycare provider spends time talking and planning with families about their individual children's needs. She works with all families to make sure that there is an opportunity for each child to participate fully and benefit from the learning experiences she provides.

Mariah is three and a half years old. Mariah has been in this family child care program with Georgia for about three months. Before starting in Georgia's care, she attended two other family child day care programs and was asked to leave both of those programs because these providers did not feel they could meet Mariah's needs. They both indicated that her behavior was a safety concern for both Mariah and the other children, but neither provider had engaged in a process of problem-solving with Mariah's family. Because of these events, Georgia has focused her interactions with Mariah and her parents on building trusting relationships. She understands that being asked to leave two programs makes Mariah and her parents less likely to trust her to meet their family's needs and view her as a source of support. She knows that having a strong relationship with Mariah will increase the chances that Mariah will respond to her use of strategies and that her parents will be more open to discussing the challenges and suggestions for change that may come out of the problem solving process. Because Mariah had difficulty during playtime with peers, she did not have an opportunity to work on the social, language and cognitive skills that children use when playing with peers and developing friendships. Because of her challenging behaviors, Mariah's ability to benefit from the learning experience of playing and interacting with peers was decreased. Georgia's process of working with her family and considering Mariah's individual needs will allow her to participate in the learning experiences of playing with peers.

Georgia has noticed that Mariah has particular difficulty sharing and taking turns. In addition, it is difficult for her to play for extended periods of time, even if she is alone and doesn't have to share or take turns. Georgia has referred to the CT ELDS and thought about the learning progressions related to social relationships and regulation of attention and impulses. Georgia thinks about how she can improve Mariah's access and participation in play time with her peers. Georgia refers to the CT ELDS as she considers child development in these areas and uses the information to guide her decisions about the schedule, materials and the learning experiences that she creates. She makes sure to structure the schedule so that she is actively engaged as a supportive adult during experiences that involve social interactions so that she can model behaviors and support Mariah. Georgia adjusts her routine, so that she takes care of things, such as getting lunch ready while the children are engaged in individual activities.

Improving Mariah's ability to access and participate in learning experiences that require social skills gives her a chance to learn all of the other things that children learn when they interact with peers and play for extended periods of time. The table below is a summary of the access and participation strategies and connection to the CT ELDS.

Mariah		
Access: Providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development	**Participation**: Using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child	**Benefit**: The progress toward accomplishing developmental and learning outcomes that result from being able to access and participate in early learning experiences
• Provide picture cues that include the steps of how to share and take turns • Play close by Mariah and remind her that she can share and take turns • Read stories about sharing and taking turns • Spend a lot of time in activities that include peer interaction • Give Mariah chances to participate in activities that are adult-supported and that naturally include turn-taking and/or sharing, such as cooking or duck, duck, goose	• Role play how to share and take turns with a friend Mariah likes and wants to play with • Give her a lot of positive attention when she is able to share or take turns • Teach her to ask for help whenever she feels frustrated • Play close by Mariah, model sharing and turn-taking, call Mariah's attention to what you are doing as you do it • Model how to play with toys that other children like to use • Help Mariah play near children with more advanced play skills	**Domain**: Social and Emotional Development; **Strand E**: Develop social relationships; **Learning Progression**: Play/ Friendship **Domain**: Social and Emotional Development; **Strand A**: Develop trusting, healthy attachments and relationships with primary caregivers; **Learning Progression**: Trusting Relationships **Domain**: Cognition; **Strand C**: Strengthen executive function; **Learning Progression**: Regulation of Attention and Impulses

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Early Intervention and Special Education Services

Early care and education professionals may work with children that they believe could benefit from early intervention or special education services. They may also have children who already receive these services. The following section will provide valuable information for early care and education professionals who suspect that a child has a disability or who are collaborating with those providing early intervention or special education services. First, each of these types of services is described. Information about the referral process follows. A brief history of the Individual with Disabilities Education Act (IDEA) is included in Appendix A.

Early Intervention (Part C)

Early Intervention (Part C) was created by federal legislation known as the Individuals with Disabilities Education Act (IDEA). Part C of IDEA is the Program for Infants and Toddlers with Disabilities. This is a federal program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth up to age 3, and their families. This service is known in Connecticut as the Birth-to-Three System.

The mission of the Connecticut Birth-to-Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

As determined by a national task force, the mission of Part C is to assist families and caregivers to enhance children's learning and development through every day learning opportunities. Key principles for providing Early Intervention services expand on the mission and include best practices for supporting families.

Special Education (Part B)

Services for children (ages 3 through 21) are provided free of charge through the public school systems. These services are also available under IDEA through Part B.

Under IDEA, younger children (ages 3-5) may be eligible for special education and related services under a broader disability category called "Developmental Delay". It is for children ages 3-5 who have general delays in their physical, cognitive, communication, social, emotional or adaptive development; and who, because of these delays, need special education and related services.

Disability Categories

There are 13 disability categories identified in IDEA. However, states can choose how they want to assign disability categories, as long as they cover all of the federal disability terms and definitions. These disability categories are more general in nature than a specific diagnosis. Only a few specific diagnoses are mentioned under federal definitions.

Connecticut uses the following disability categories to determine if a child age 3-21 is eligible for special education and related services:

• Autism Spectrum Disorder
• Deaf – Blindness
• Developmental Delay
• Emotional Disturbance
• Hearing Impairment
• Intellectual Disability
• Multiple Disabilities
• Orthopedic Impairment
• Specific Learning Disabilities
• Speech or Language Impaired
• Traumatic Brain Injury
• Visual Impairment
• Other Health Impaired

For example:

A child with a medical diagnosis of apraxia may qualify for special education under "Speech Impairment."

A child with cerebral palsy qualifies for special education and related services under "Orthopedic Impairment." Cerebral palsy is the medical diagnosis.

The Planning and Placement Team (PPT) decides if a child is eligible for special education and related services and his/her disability eligibility category. This decision is made only after the child has been assessed and evaluated according to state and federal guidelines.

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Schools are required by law to provide a full and individual evaluation of a child referred to special education at no cost to the child's family. A child may not be labeled a "child with a disability" because of limited English proficiency or being a dual language learner.

A medical diagnosis does not guarantee a child will qualify for special education service.

How to make a Referral

Do you have questions or concerns about a child's health, development or behavior?

Program	Age served	Contact
Child Development Infoline	0-5 years old	1-800-505-7000 http://cdi.211ct.org/
Birth to Three	0-3 years old	1-800-505-7000 Online referral form - http://www.birth23.org/referral-form/
Early Childhood Special Education	3-5 years old	Refer to their local or regional school district's Preschool Special Education services. If district unknown, please call the Child Development Infoline: 1-800-505-7000 or http://cdi.211ct.org/ Click on your town, http://www.birth23.org/towns/
Help Me Grow Ages and Stages	0-5 years old	1-800-505-7000 http://cdi.211ct.org/program/help-me-grow/

Understanding the Referral Process

Children with disabilities are, first and foremost, children, and then children who may need support or adaptations for learning. In 1990, The American with Disabilities Act (ADA) established equal rights for people with disabilities in employment, state and local public services and to public accommodations including preschools, child care centers and family child care homes.
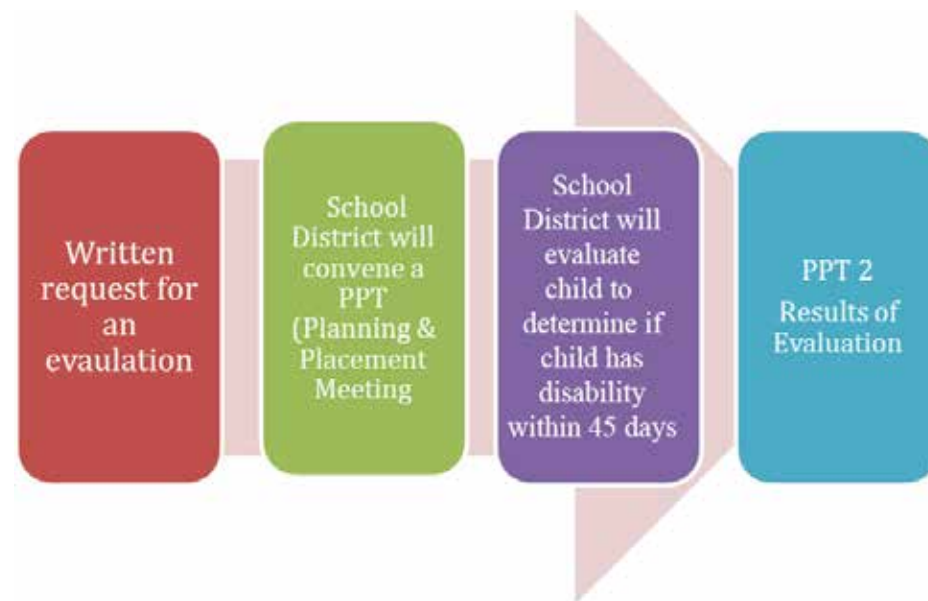
The Referral Process for Special Education

Written request for an evaluation of a student who is suspected of having a disability and who may require special education or related services.

- Referral can be made by parent or guardian, school personnel, professional or agency personnel with parent permission.
- The school district (Early Childhood Team) will convene a Planning and Placement Team (PPT).
- The purpose of the PPT is to review the referral to special education, current evaluations and information, and to determine if additional information is needed to determine eligibility for special education.
- Parent must receive written notice of the meeting five days prior to the PPT.
- Meeting must be scheduled at a mutually agreed on time and place.

- If the meeting is scheduled at a time that is not convenient, the parent can request the district to reschedule or participate through an alternative method, such as a conference call.
- Parent can bring anyone they choose to the meeting.

Written Consent:

- Before the child is evaluated for the first time to determine eligibility for special education.
- The evaluation must be completed and, for children who are determined eligible for special education, an IEP developed within 45 school days from the date of the written referral (not including time needed to obtain consent for evaluation).

Results of the Evaluation:

- A second PPT will be scheduled to review the results of the evaluation.
- Parents will receive a written copy of the evaluation results and may request copies of the evaluations prior to the PPT.
- The information will be reviewed to determine:
  - Does the child have a disability?
  - Does the disability have an adverse effect on the child's education?
  - Does the child require specialized instruction (special education) and related services?

IEP Individualized Education Program

- The IEP is a written plan that describes in detail the child's special education and related services the district will provide to meet the student's individualized needs.
- The IEP is a legal document.
- The IEP is developed by the team members, teachers and parent.
- The IEP is reviewed annually; however, can be review upon request by parent as needed.
- The parents have a right to receive a copy of the IEP within five school days after the PPT is held.

504 Education Plans

- 504 plans are for PreK–12 public school students with disabilities. Section 504 defines "disability" in very broad terms. That's why children who aren't eligible for an IEP may qualify for a 504 plan. Section 504 defines a person with a disability as someone who:
  - Has a physical or mental impairment that "substantially" limits one or more major life activity (such as reading, concentrating or walking)
  - Has a record of the impairment
  - Is regarded as having impairment or a significant difficulty that isn't temporary. (For example, a broken leg isn't impairment, but a chronic condition, such as a food allergy, might be.)

Working as a Team

- Each team member brings important information to the decision-making process. When an IFSP (Individual Family Support Plan), IEP (Individual Education Plan) or 504 Plan is developed, members share information and work together to develop the plan and determine goals and objectives. Each person's information adds to the team's understanding of the child and what services the child needs.

Families and Caregivers are key members of the IFSP and IEP team. They know their child best and can talk about their child's strengths and needs as well as their ideas for enhancing their child's learning. They can offer insight into how their child learns best, what his or her interests are, and other aspects of the child that only families and caregivers can know. They can listen to what the other team members think their child needs to work on at home and school and share their suggestions. They can also report on whether the skills the child is learning at school are being used at home and how they connect to their goals for their child.

As you get to know the child and family, it is also important to learn about and participate in the development of the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Parents are allowed to bring individuals they feel are necessary to the PPT meeting where the IFSP or IEP is developed.

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Ulrich and Bauer ((Ulrich, Bauer, 2003) propose that the adjustment experience occurs in four levels as parents gradually become aware of the impact of their child's disability. These levels include the following:

1. The ostrich phase. Parents do not deny a disability, but do not fully realize its impact. For example, a parent may say, "He's a boy. He just doesn't like to sit still and read a book."

2. Special designation. Parents begin to realize that their child has a special need and seek help or ask for special services.

3. Normalization. Parents try to make the differences between their child and children without disabilities less apparent and may actually request a decrease in services and more regular classroom time.

4. Self-actualization. Parents do not view being different as better or worse, just different. They support their child in learning about his or her disability, including how to be a self-advocate.

Early Childhood Teachers (School Readiness, Head Start, and Early Learning Center, center-based child care or child care program) have vital roles in the development of a child's plan and are an essential team member.

Some early childhood teachers may feel overwhelmed and unprepared to have a child with special needs in their care. However, it is imperative that they learn about the special education process so they can support families in the decisions they will face about their child's education.

IFSP and IEP Key Differences	
Individual Family Service Plan (IFSP) Birth through Age 2	**Individual Education Plan (IEP) Ages 3-21**
Focuses on the family and parents' role in supporting the child's learning and development	Focuses on the child
Outcomes focus not only on the child, but on the family	Outcomes focus on the child
Includes the concept of natural environments as places where learning occurs, such as home, in child care, outdoors in parks, and so on (services may be provided in the home)	Focuses on school and classroom environments with services provided in the school setting
Involves many agencies in providing services because of the child's age; the IFSP integrates the services	Assigns the local school district to manage the child's services
Names a service coordinator who assists the family in carrying out the plan	Authorizes the local school district to coordinate the program
Involves an initial meeting with the family to offer information and resources and to define the various agencies' role and financial responsibility	Involves a meeting with the family to develop long-term and short-term goals for the child, accommodations and modifications, services and child placement
Typically includes a meeting with the family every six months	Includes a meeting at least once a year

(Bruder, 2000)

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