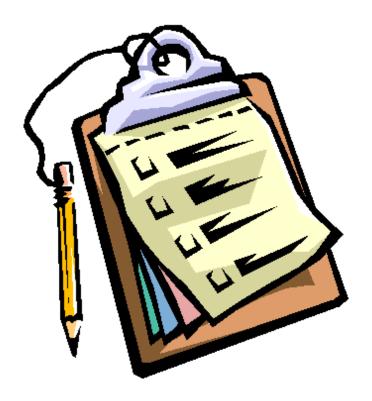
An Academy for Developmental Intervention Assistants

Orientation to Early Intervention Slides

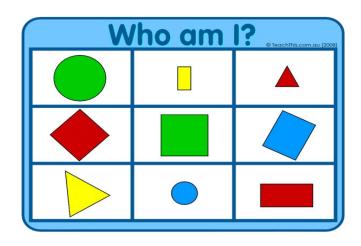
This document contains slides/transparencies that are used with the Orientation to Early Intervention Instructor's Guide and Handout. The instructor may project the slides using a LCD projector or print slides and convert them into transparencies to project them using a traditional overhead projector.



LOGISTICS & NORMS



Activity: Let us get to know each other



- •In the note cards write four statements about yourself. The last line is a question: "Who Am I?" You have 3 minutes.
- •The instructor will collect the note cards and will read them one by one. Each time you have to guess who the person is.

Module Goals

Time to take a look at your Handout #1 titled "Module Goals"

H1

Module A: History, Legal Precedents, and Values of Early Intervention Services

- 1. Demonstrate understanding of the history of the IDEA.
- 2. Discuss the purpose, required components and rules and regulations for Part C.
- 3. Describe the organizational structure that enables the implementation of Part C of IDEA in Colorado.
- 4. Discuss the core values and concepts that guide early intervention services under Part C of IDEA

Module B: Overview of Child Development

- 1. Identify major motor, communication, cognitive, social/emotional, and adaptive milestones
- Recognize the risk factors that may prohibit or impede typical development and the protective/ resiliency factors that may counteract these risk factors
- Discuss the importance of the relationship between child development and the concepts of developmental delays and disability.

Module C: Overview of Exceptionality

- Demonstrate an understanding of state and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA and the Early Intervention system
- 2. Recognize the motor, communication, cognitive, social/ emotional, and adaptive needs that infants/toddlers have as a result of a developmental delay.
- 3. Use people-first language by talking and writing about people with disabilities in ways that honor their dignity and respect their value.

Alphabet Soup/ Glossary



- As we move along in this academy, you will encounter a number of acronyms commonly used in the field of early intervention/ special education.
- You are welcome to come up to the poster board during the breaks and write the acronym they encounter and the full word on the poster.
- Let it develop into a community of learning!

Module A: History, Legal Precedents, and Values of Early Intervention Services

- 1. Demonstrate understanding of the history of the IDEA.
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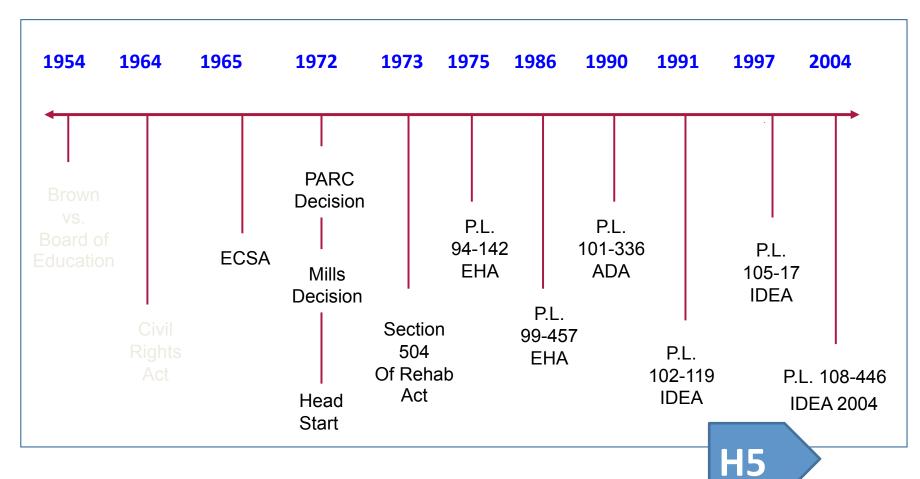
H4

The History of the IDEA,

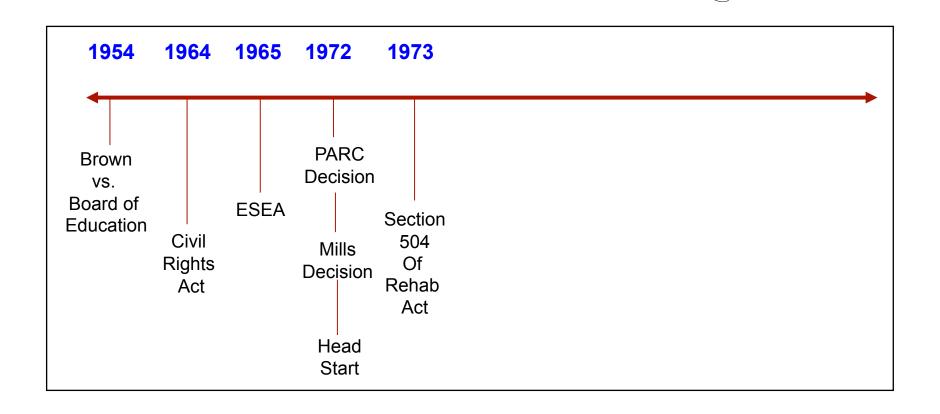
Ready to learn?
How about a
quick quiz first?

History of Public Policy 1954-2004





History of Public Policy 1954-1973



Legal Milestones



1954: Brown vs. Board of Education

1964: Civil Rights Act

1965: Elementary and Secondary Education Act

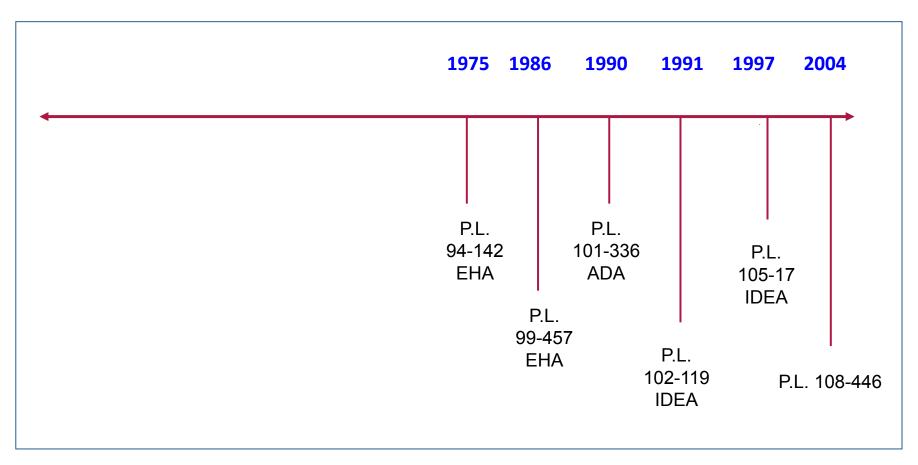
1972: PARC Decision/Mills Decision

1972: Head Start Economic Opportunities Act

1973: Section 504 of the Rehabilitation Act

History of Public Policy 1975-2004





Legal Milestones



1975: P.L. 94-142: Education for All Handicapped Children Act (EHA)

1986: P.L. 99-457: Amendments to EHA (added Part H)

1990: P.L. 102-119: Americans with Disabilities Act

Legal Milestones



- **1991:** P.L. 102-119: Individuals with Disabilities Education Act
- 1997: P.L. 105-17: Individuals with Disabilities Education Act Amendments (Part H was renamed Part C)
- **2004:** P.L. 108-446: The Individuals with Disabilities Education Improvement Act Amendments

IDEA 2004



Individuals with Disabilities Education Improvement Act

P.L. 108-446

P.L. = Public Law

108 = 108th Congress

446 = 446th Bill

General Intent of IDEA



To insure that children with disabilities have equal access to public education and are prepared for employment and independent living.

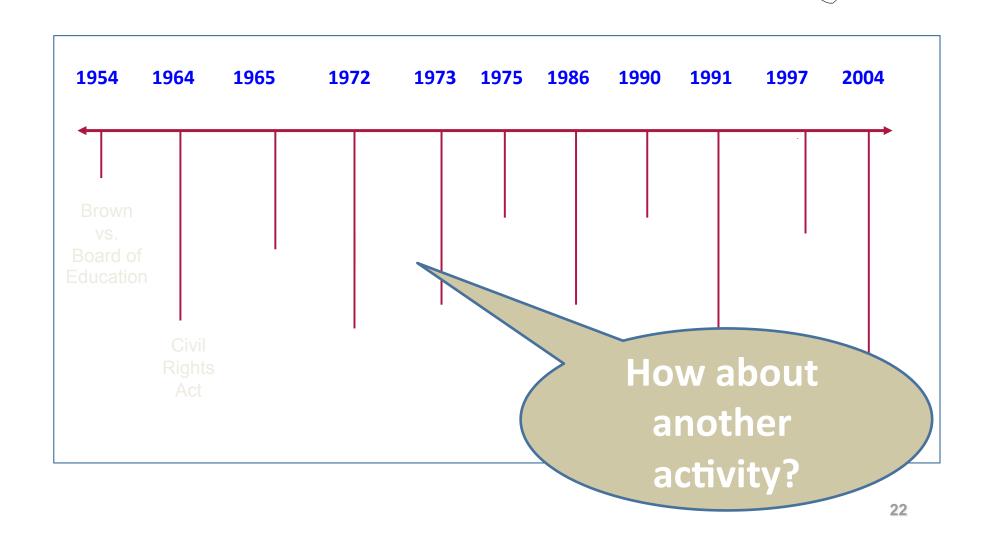
What Does This Mean?

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.

IDEA 2004

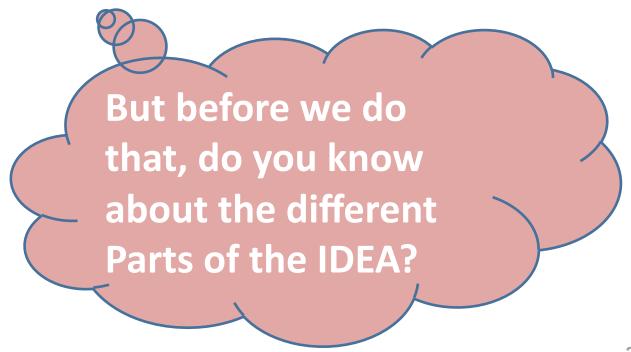
Activity: History of Public Policy

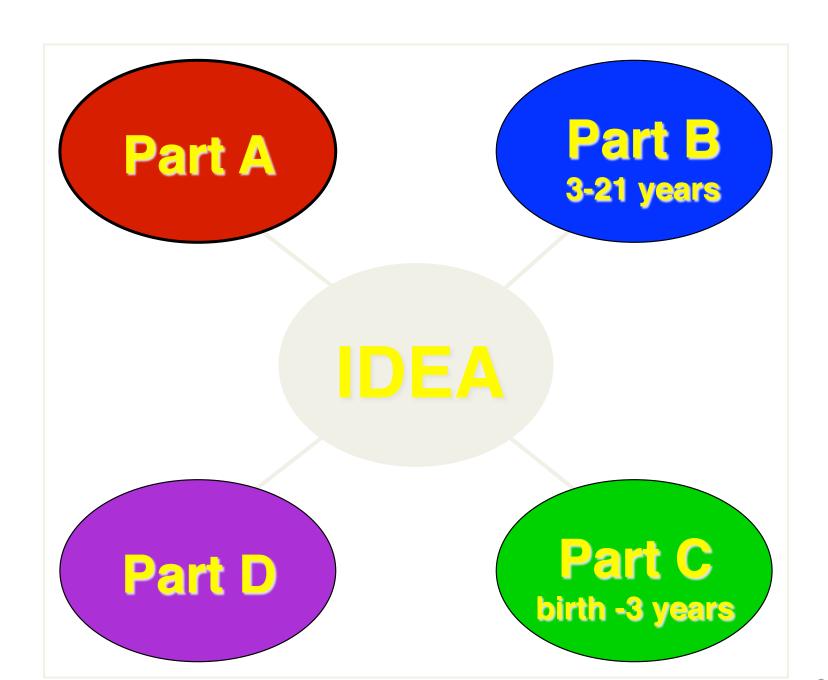
1954-2004



Now let us learn about:

The purpose, required components, and rules ad regulations of Part C.





IDEA Part A: General Provisions

IDEA Part A:

- Gives general information about the law, why the law was enacted and who it serves.
- Gives definitions for terms referenced in the law.
- Defines what the state and federal government needs to do administratively

IDEA Part B:

Assistance for Education for all Children with Disabilities

IDEA Part B authorizes state funding and requirements for children 3-21 years that include:

- Child Find activities
- Preschool provisions
- Free Appropriate Public Education (FAPE)
- Least Restrictive Environment (LRE)

IDEA Part D:

National Activities to Improve Education of Children with Disabilities

IDEA Part D authorizes discretionary funding for a variety of activities:

- Research and Innovation
- Personnel Preparation
- Technical assistance
- Dissemination of information

Part C



Early Intervention System For Infants, Toddlers, and Their Families

Part C of IDEA

Provides financial assistance for states to:

- 1
- maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.
- 2
- facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources.

Part C of IDEA

Provides financial assistance for states to:

3

enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services.



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.

Purpose of Early Intervention

- to enhance the development of infants and toddlers with disabilities.
- to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.

Discussion:

- 1. What do each of these purposes mean for you?
- 2. What do each of these purposes look like in your community?

Let us Recap...



Required components of Part C

Required Components of Part C

✓ Statewide Public Awareness:

Created through brochures, videos, toll-free numbers

✓ Child Identification:

School district Child Find or local interagency teams

✓ Central Directory of Resources:

Early Intervention Colorado (eicolorado.org) and local web sites

✓ Data Collection:

of children & how they are served

Required Components of Part C

- ✓ Personnel Development/Standards: Pre-service and in-service training
- ✓ Evaluation and Monitoring: Onsite monitoring, desk audit of data and focused monitoring
- ✓ Equitable Distribution of Resources:

 Distributed to 20 regional CCBs
- **✓** Child and Family Entitlements

Child and Family Entitlements

- Multidisciplinary Evaluation & Assessment
- Individualized Family Services Plan (IFSP)
- Service Coordination
- Provision of Services in Natural Environments
- Procedural Safeguards (Family Rights)

That is, these are the things that IDEA says families must receive without cost.

Organizational structure

For Part C Services in Colorado

Who is Responsible for Part C of IDEA in Colorado?

The state is responsible for assuring the required components for Part C

Local CCBs and the community agencies they collaborate with are responsible for assuring local implementation

Service
coordinators are
responsible for
assuring that
individual
children and
families receive
their
entitlements

2004 Re-authorization of IDEA:

Requirements for Paraprofessionals

- The State educational agency establishes and maintains standards to ensure that paraprofessionals and assistants are appropriately and adequately <u>trained</u> and <u>supervised</u>.
- SEC 635 The State has a comprehensive system of personnel development, including the training of paraprofessionals ... 612(a)(14)
- SEC. 653. The State improvement plan shall address the identified needs for in-service and pre-service preparation for all personnel (professional and paraprofessional (ii) prepare professionals and paraprofessionals in the area of early intervention with the content knowledge and collaborative skills; (iii) to participate in pre-service and in-service training
- Develop career opportunities for paraprofessionals to receive training as special education teachers, related services personnel, and early intervention personnel

Individuals with Disabilities Education Improvement Act, Amendments of 2004, Pub. L. No. 108-446, U.S.C. 20 & 1400 et seq.

Definition of DI Assistant

Title for some paraprofessionals in Colorado is Developmental Intervention Assistant (DI Assistant):

Developmental Intervention Assistant (DI Assistant) provides *Developmental Intervention services to families, infants and toddlers <u>under the supervision</u> of a qualified early intervention provider who holds a current license/certificate that meets the standards in the Early Intervention Colorado State Plan.

Colorado Interagency Coordinating Council Vision

The Colorado Interagency Coordinating Council (CICC) will support a wide range of activities that <u>promote inclusive</u> <u>communities</u>, that <u>enhance participation and the growth, development and quality of life</u> for children birth to three and their families in a <u>culturally competent</u> manner.

ΛÀ

1. Children and families are valued for their unique capacities, experiences, and potential.



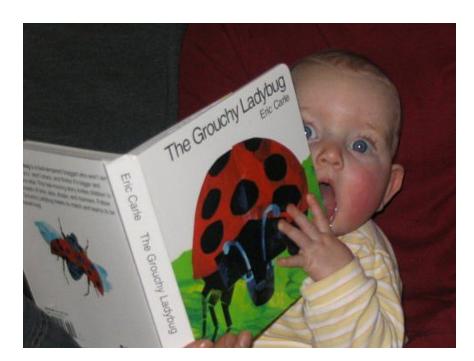
NA

2. Families have the right and responsibility to make decisions on behalf of their children and themselves.



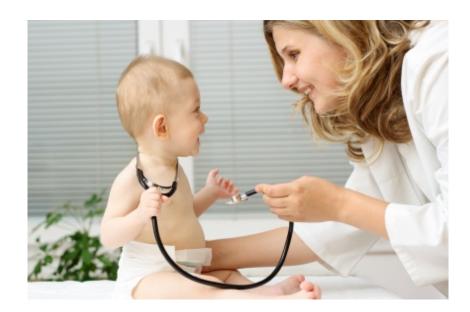
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3. Parent leadership is valued as an essential aspect of the statewide system of early intervention.



d d

4. Communities are enhanced by recognizing and honoring the diversity among all people.



5. Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities.



NA

6. Creative, flexible, and collaborative approaches to services allow for individual child, family, and community differences.



Activity: CICC Guiding Values

- Review the six guiding values one by one on each slide and the handout (H9)
- •Write the key words for each value.
- •Ask the participants to add the key words on their handouts, under "What Does it Look Like (Key Words)?"

How are Early Intervention Services Delivered?

Federal law and evidence-based practices dictate that early intervention services be provided in the context of an infant's or toddler's everyday routines, activities and places (natural environments). Colorado has promoted a transdisciplinary team approach utilizing a primary service provider model to increase the effectiveness and coordination of early intervention.

Natural Environments

Natural environments are the places including the home, and community settings in which children without disabilities typically participate, live, learn, and play.

Can you think of some examples?

Examples of Natural Environments

- ✓ home
- √ · gymnastic programs
- ✓ · parks
- √ · neighbor's homes
- √ · neighborhood play groups
- ✓ · toy lending libraries
- √ · museums
- √ · church festivals

- √ swimming pools
- √ family hikes
- √ · mommy and me class
- √ · child care
- ✓ · birthdays
- ✓ · fast food restaurants (and play spaces)
- ✓ book stores and library story hours

Daily Routines in Natural Environments

 Many naturally occurring activities in the home present learning opportunities. Some

examples are:

- ✓ brushing teeth
- ✓ Diapering
- √ meal time
- ✓ playing with siblings
- ✓ playing with neighbors
- ✓ watching TV
- √ folding laundry
- √ reading stories
- ✓ nap time

Every child, family, and community is different. What is a natural part of one family's routine may never happen in another family.

An environment is not considered "natural" if it was invented to meet the needs of children with disabilities

Participation in families' everyday routines, activities, places, and relationships

- Providing supports and services within the <u>context</u> of families' lives.
- Supporting child and family <u>participation</u> in everyday life.
- Creating <u>functional</u> rather than developmental outcomes.
- Supporting that which happens <u>between visits</u>.
- Being guided by the context of a child and family's everyday life and the families' goals for their child's participation, independence, and learning.

What is Home Visiting?

Home visiting is a "process by which a professional or paraprofessional provides support and information to a family in their own home."

Home visiting can different forms - it can be the only mode of services or it can be a part of any array of services or it can be primarily as a communication vehicle

Prerequisites for Home Visitors

- Flexibility
- Respect for Differences
- Sensitivity to all Family Members
- Introspection/self examination
- Sense of Humor
- Ability to "accentuate the positive
- Observation Skills
- Good child interaction skills



Transdisciplinary Team Practices

- The transdisciplinary team consists of parents and professionals.
- The team bases its services and supports on the needs of the child and family within their daily routines.
- Intervention is most effective when parents and professionals work together utilizing everyone's strengths and knowledge.

What Does Transdisciplinary Early Intervention Look Like?

- The EI professionals rely on the family to inform them about the routines of the child and the family, what their main concerns and priorities are, and how those will be addressed.
- There is regular communication between the primary service provider, the transdisciplinary team, family, and the service coordinator.
- Having a primary service provider reduces the number of professionals and visits that a family has to have in their home.
- Primary Service providers provide instruction to the family so that they can imbed supportive developmental strategies within their daily routines.

Get ready to play...



Who Wants to be a Millionaire?





Sequence These Events Chronologically

- A. Education for All Handicapped Children Act
- B. Civil Rights Act
- C. Section 504 of the Rehabilitation Act
- D. Individuals with Disabilities Education Act

The correct answer is...

- B. Civil Rights Act
- C. Section 504 of the Rehabilitation Act
- A. Education for All Handicapped Children
 Act
- D. Individuals with Disabilities Education Act

Do You Know The Rules?

\$1,000,000 \$250,000 \$125,000 \$64,000 \$32,000 \$16,000 \$8000 \$4000 \$2000 \$1000 \$500 \$300 \$200 \$100

Lifelines

- Ask the audience
- **50-50**
- Phone a friend

What is the English word for the liquid called "aqua" in Spanish?

A. water

B. milk

C. coffee

D. Snapple

What is the English word for the liquid called "agua" in Spanish?

A. water

What does "IDEA" stand for?

A. I Don't Eat Anchovies

B. Illicit Drugs
Enforcement
Agency

C. Individuals with Disabilities Education Act

D. Individuals with Disabilities Equality Act

What does "IDEA stand for?

C. Individuals with Disabilities Education Act

Which is *not* the intent of "IDEA?

A. Early intervention services

B. Equal access to public education

- C. Free appropriate public education
- D. Free school lunch

Which is *not* the intent of "IDEA?

D. Free school lunch

How many parts does IDEA have?

A. Five

B. Nine

C. Four

D. Eleven

How many parts does IDEA have?

C. Four

\$1,000

Part C of IDEA serves which ages?

A. 0 – 21 years

B. 0 – 5 years

C. 0 - 3 years

D. 3 – 5 years

\$1,000

Part C of IDEA serves which ages?

C. 0 – 3 years

\$2,000

When were the early childhood amendments to EHA enacted?

A. 1964

B. 1986

C. 1492

D. 1975

\$2,000

When were the early childhood amendments to EHA enacted?

B. 1986

\$4,000

The purpose of El is to enhance all but one of these...

A. development of toddlers

B. capacity of families

C. development of families

D. development of infants

\$4,000

The purpose of El is to enhance all but one of these...

C. development of families

\$8,000

Which is not an entitlement of Part C?

A. Least Restrictive Environment B. Procedural Safeguards

C. IFSP

D. Multidisciplinary Assessment

\$8,000

Which is not an entitlement of Part C?

A. Least Restrictive Environment

\$16,000

The lead agency for Part C in Colorado is...

A. CDHS/ Division for Developmental Disabilities

B. Colorado MOU Group

C. Colorado
Interagency
Coordinating
Council

D. Early
Intervention
Colorado

\$16,000

The lead agency for Part C in Colorado is...

A. CDHS/ Division for Developmental Disabilities

\$32,000

"IFSP" stands for...

- A. Individual Family Service Plan
- C. Individualized Family Service Plan

- B. Individual Family Services Plan
- D. any of the above depending on the reference document

\$32,000

"IFSP" stands for. . .

D. any of the above depending on the reference document

\$64,000

In Colorado, the ____provide service coordination and early intervention services to eligible infants and toddlers and their families

A. Community
Center Boards

B. Local Interagency Council

C. Local School Districts

D. all of the above

\$64,000

In Colorado, the ____provide service coordination and direct early intervention services to eligible infants and toddlers and their families

A. Community
Center Boards

\$125,000

In Colorado, Developmental Intervention Assistants are

- A. Service coordinators
- B. Early Childhood Special Educators

C. Early Intervention coordinators

D. Paraprofessionals

\$125,000

In Colorado, Developmental Intervention Assistants are

D. Paraprofessionals

\$250,000

In Colorado, CO-TOP*EIS Stands for...

A. Can't Train Old People

B. Can't Opt Out of Training

C. Comprehensive Training
Opportunities for
Paraprofessionals

D.
Coursework for
Paraprofessionals

\$250,000

In Colorado, CO-TOP*EIS stands for....

C. Comprehensive Training
Opportunities for
Paraprofessionals

\$500,000

There are ____ Academies in CO-TOP*EIS DI Assistant Coursework

A. Five

B. Twelve

C. Twenty

D. Fifteen

\$500,000

There are ____ Academies in in CO-TOP*EIS DI Assistant Coursework

D. Fifteen

\$1,000,000

A group of rhinoceroses is properly known as what?

A. trample

B. crash

C. rumble

D. wake

\$1,000,000

A group of rhinoceroses is properly known as what?

B. crash

Post Quiz: Module A

- •Pull out the quiz (**H4**, **page #xx**) you had completed at the beginning of the Module.
- •Review your answers from last time and make changes to correct the responses based on your new learning.

Correct Answers Are.....

- Q1. What does IDEA stand for? Individuals with Disabilities Education Act
- Q2. When did the last authorization of IDEA take place? 2004
- Q3. Which part of the IDEA covers Early Intervention services for infants and toddlers and their families? Part C
- Q4. The federal government requires that the governor must designate a lead agency to receive? Colorado Department of Human Services/ Division for Developmental Disabilities

Q5. What is the purpose of the Colorado Interagency Coordinating Council (CICC)? To advise the lead agency for infant toddler services in Colorado on how to implement the services.



Recap of Module A: History, Legal Precedents, and Values of Early Intervention Services

You learned about:

- the history of the IDEA,
- the purpose, required components and rules and regulations for Part C
- the organizational structure that enables the implementation of IDEA in Colorado
- the core values and concepts that guide early intervention services

Module B: Overview of Child Development and Learning

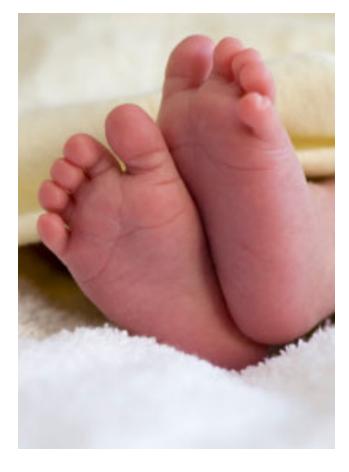


Module B: Overview of Child Development

- 1. Identify major motor, communication, cognitive, social/emotional, and adaptive milestones
- Recognize the risk factors that may prohibit or impede typical development and the protective/ resiliency factors that may counteract these risk factors
- 3. Discuss the importance of the relationship between child development and the concepts of developmental delays and disability.

Q #1: How many babies are born in the United

States each year?

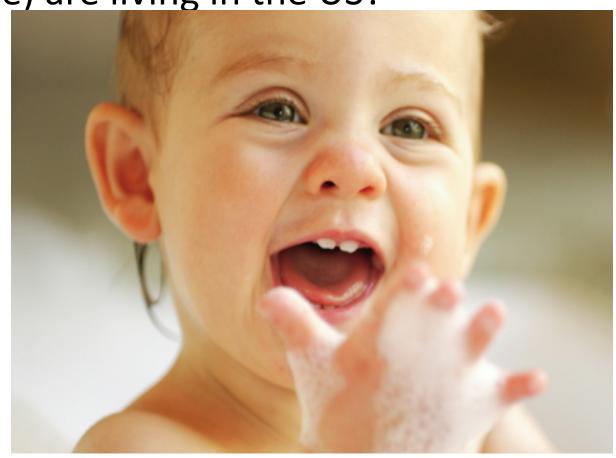


Q #1: How many babies are born in the United

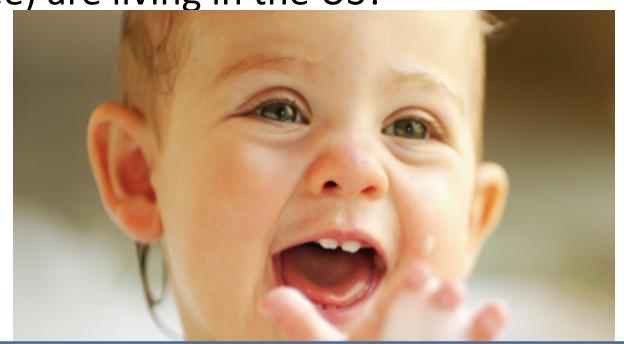
States each year?

Over 4 million babies are born in the US each year

Q #2: How many infant toddlers (birth to age three) are living in the US?

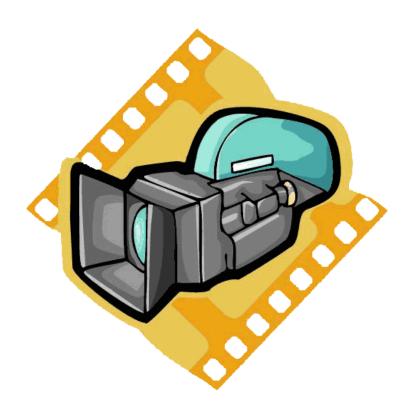


Q #2: How many infant toddlers (birth to age three) are living in the US?



11.4 million infants & toddlers (birth to age three) are living in the US

Let us watch: If babies come with a manual...



The Relationship Between Child Development and Early Intervention

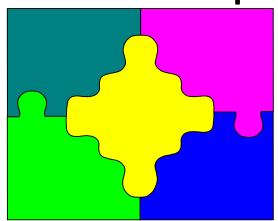


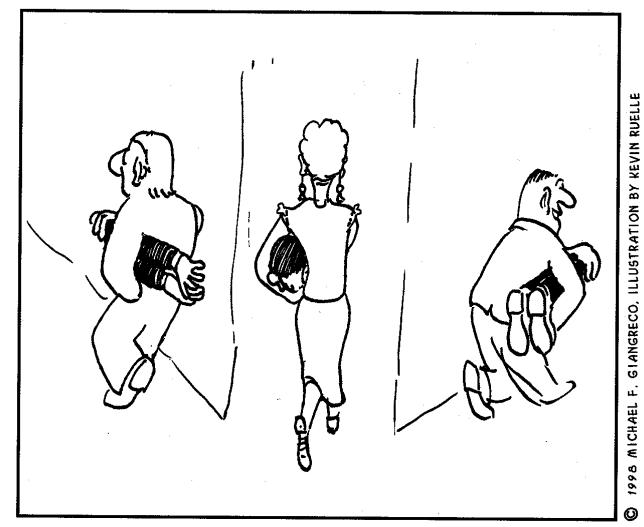
Why Do We Need To Know About Child Development?

- To remember that children are more alike than different.
- To understand that all children
 are children first and are not defined by any
 single characteristic.
- To support families to keep the picture of the "whole child" as they interpret separate pieces of information.

Seeing the "Whole Child"

"The whole is greater than the sum of its parts."





SEVERELY DYSFUNCTIONAL TEAM

PEYTRAL PUBLICATIONS, INC. 612-949-8707

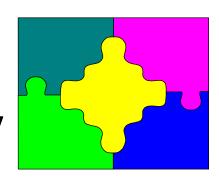


The Various "Parts"

Development is influenced by:

- Family context and relationships
- Culture
- Genetics, biochemistry, physiology
- Socio-economic context
- Environment and experiences

There are five developmental domains.



Can you name the 5 developmental domains?

Developmental Domains

- Motor Development
- Communication Development
- Cognitive Development
- Social and Emotional development
- Adaptive Development or self-help

Adaptive Development of Sen-Help

"Physical Growth"
Includes Motor (fine/
gross motor) and
Sensory systems
(such as vision and
hearing)

These five domains of development reflect the standard manner of dividing the study of child development and are reflected specifically on the Colorado IFSP in this order



Important Question

- Why do we talk about children in terms of "domains"?
- What are the benefits?

Why do we talk about children in terms of "domains"?

- Human development is multifaceted and remarkably complex.
- We divide development into domains so we can more easily understand and talk about it.
- When looking at the characteristics that make up a child, we have to not only look at the major domains individually, but also at how each of those domains interact with each other.

Based on this rationale, IDEA mandates that we look at all these domains.

Principles of Development

Let us now review



Principle 1: Development is sequential and occurs in bursts and plateaus.

Principle 2: Development is interdependent: Progress in one developmental domain influences progress in other domains.

Example of Principle 2 Learning to Talk

Physical Growth
(Motor & Sensory Skills)
Muscles are being used
throughout the trunk, breathing
system and mouth.

Cognitive Development
(Playing, Thinking and Exploring)
The child has that word in their
memory bank in order to recall it
when they need to use it.

(Speech and Language Skills)
The child hears and understands
the word and has the ability to
form the sounds that make up the
word.

Development
(Interacting with others)
The child has the desire to interact with a peer or an adult.

Principle 3

Children's growth and development are influenced by both their genetic constitution and environmental experiences.

And there is interplay between the two.

Differences in development are influenced by culture and linguistic context

- Families of some cultures carry their children for the first 18 months which will influence the rate of motor development.
- Children exposed to more than one language may show differences in the language acquisition process.

Differences in development are influenced by relationships

- Early relationships significantly influence brain development.
- The 8-week-old gazes at her father's face. Her father smiles and says, "How's my little girl?" Her face lights up with a bright smile. The synchronous dance begins.

Principle 4 Development occurs differently for different children.

There are differences in when children develop

A child might first...

- Say a word between 9 and 15 months.
- Walk between 9 and 16 months.



There are differences in how children develop

- Some children may be social talkers while others are labelers.
- Some children seem to prefer spending more time playing with things while others prefer playing with people.

122

Child Development Video #1

Let us now look at this video to review some developmental milestones

http://www.cdc.gov/CDCtv/BabySteps/



Motor Domain:

- When does the child begin to transfer an object from one hand to another? Why is this skill important in later physical development? Can learning in any other domain benefit from this?
- Richa is 34 months old. She can stand by herself, and walk with a broad based gait. She crawls up the stairs. Richa's parents are worried that she is not running and doing things other children in her preschool her age are doing. Is their concern justified?

Communication Domain:

- At what age do children typically turn head towards the direction of sound?
- When do children begin to use 2-4 word sentences?
- Rosina is two years old and does not follow simple instructions such as "Rosina, come here." Should Rosina's parents be worried?

Cognitive Domain:

- When do children start to find partially hidden toys?
- Josh can match pictures with their names, is starting to babble with intonation, and imitates gestures. How old do you think Josh is?
- 32 month old Mark can complete 8-10 large piece puzzles of cars and airplanes. Is his development typical?

Social /Emotional Domain:

- When do children start becoming interested in mirror image? How does this learning impact other domains?
- When do children begin to smile socially?
- At what age do children typically demonstrate stranger anxiety?

Adaptive Domain:

- When do children typically begin picking up and eating cheerios and other small finger foods?
- What are some of the adaptive skills you would observe for an infant or toddler?

Child Development Video #2

http://abavtooldev.pearsoncmg.com/
myeducationlab/singleplay.php?
projectID=mcdevitt.ormrod&clipID=Cognitive

Development Infancy.flv

The risk factors that may prohibit or impede typical development and the protective/resiliency factors that may counteract these risk factors

The Resiliency Quiz

Activity:

- Complete the quiz for yourself. You have 10 minutes to complete the quiz.
- After 10 minutes, pair with a partner and share
 - What are the some of strengths you see in yourself that help you be resilient?
 - How can you improve your resiliency?
 - What can you do to help a friend/ loved one become more resilient?
 - How will this knowledge about your own resiliency help in your work with families and infants/toddlers?
- Share with the large group

Risk

- Risk refers to the presence of one or more factors that increases the probability of negative outcomes for a child
- Risk may be caused due to:
 - Biological factors (may be genetic)
 - Ecological factors (may be environmental)
 - Combined biopsychosocial factors (both genetic and environmental)

(Richman & Fraser, 2003)

Examples of Risk Factors

- Biological risk factors: Chronic health conditions, prenatal exposure to toxic substances, disabilities, low birth weight, prematurity, poor health.
- Ecological risk factors: neighborhood violence, parents
 who are incarcerated, parents who are not literate, parents
 who work, factors of abuse and/or neglect, the experience
 of homelessness or poverty, domestic violence, divorce
 etc.
- Combined biopsychosocial factors: Parental mental illness, parental disability (may be genetic in nature and increase the chances of disability/ mental illness in the child)

(Richman & Fraser, 2003)

Protective Factors

- Protective factors are characteristics or conditions that counteract the risk to which children are exposed.
- Protective factors delay, suppress, or neutralize negative outcomes.
- Protective factors sometimes provide a buffer against risk.
- Protective factors are important because they provide clues for designing more effective social programs that lessen the risk.

Protective Factors

Three categories

- individual factors (e.g. tenacity, optimism, openness)
- familial factors (e.g. parental support, supervision)
- extra-familial factors (e.g. community networks)

Other Examples: ?

Resilience

- Resilience refers to successful coping and adaptation despite adversity
- Three aspects to resilience
 - overcoming the odds
 - sustaining competence under pressure
 - recovering from trauma

(Richman & Fraser, 2003)

Activity: Risk, Protection, & Resilience

- Read the Case Study(Handout H17a-e) of an infant/ toddler your group has received.
- List some of the risk factors for the child.
- Identify the protective factors you observe.
- Identify what resilience factors you foresee.
- Choose a notes taker and a leader for the group.
- Share in thirty minutes.

Your timer starts NOW...

Activity (Your Turn)

- Briefly share the vignette
- Child's skills in each developmental domain
- Share the risk factors for the child
- Share the protective factors for the child
- Share the resiliency factors for the child Each group should take 5-7 minutes to report.





Unique Characteristics of Infant/Toddler Services: Early Intervention

Birth to three or birth through 2

- "Developmental delay" and "established condition" are the two categories for determining eligibility for the system of early intervention
- Primary responsibility for supporting the child's development falls with family
- Parents and caregivers are the primary provider of developmental intervention, with support and guidance from early intervention professionals
- Interventions are best carried out in typical routines of daily life and within the natural environment of the family, referred to as "everyday routines, activities and places".
- Intervention may have to address multitude of domains requiring multi-disciplinary expertise and collaboration among providers from different agencies or fields.
- The child's developmental progress is greatly dependent on the parent's ability to provide for and support their child.

When are differences considered a delay or disability?

- When the "when" or "how" of development is significantly outside of what is considered "typical development."
- When a child has a diagnosed physical or mental condition that has a high probability of resulting in delays in development.

Remember.....

Disability is a difference, not a deviance.

Pyramid of Developmental Influences

Stanley Greenspan, et al

Specific interventions

Expectations, culture, & customs of the child's family, extended family, & community

Opportunities in the physical & social environment

Relationships – continuity & reciprocity

Physical environment includes nutrition, shelter, physical safety, basic health care



Specific \ interventions

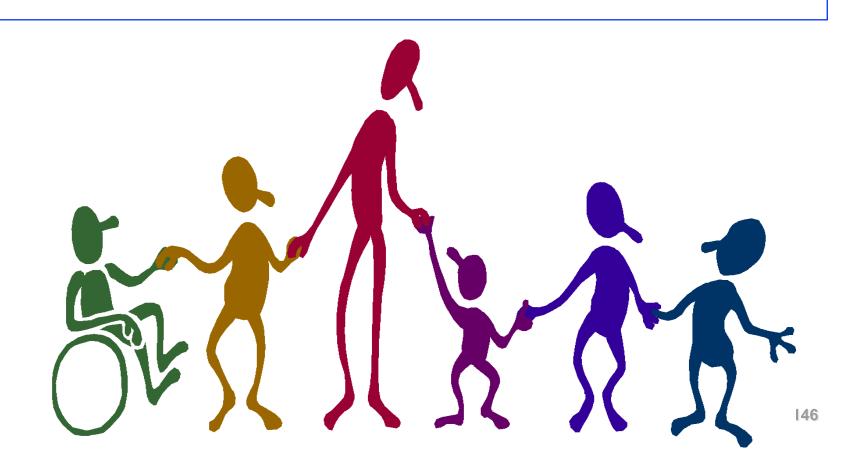
Physical environment includes nutrition, shelter, physical safety, basic health

Recap of Module B: Overview of Child Development

You learned about:

- Major cognitive, communication, social, physical, and adaptive milestones
- The risk factors that may prohibit or impede typical development and the protective/resiliency factors that may counteract these risk factors
- The importance of the relationship between child development and the concepts of developmental delays and disability

Module C: Overview of Exceptionalities



Module C: Overview of Exceptionalities

- Demonstrate an understanding of state and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA and the Early Intervention system
- Recognize the motor, communication, cognitive, social/ emotional, and adaptive needs that infants/toddlers may have as a result of a developmental delay.
- 3. Use people-first language by talking and writing about people with disabilities in ways that honor their dignity and respect their value.

State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA

Identification 2 days Referral 3 days **Service Coordinator Assigned First Contacts** 45 days **Evaluation and Assessment Planning Child Evaluation and Assessment Eligibility Determination** Planning for Initial IFSP Meeting **Initial IFSP Meeting** 28 days **Early Intervention Services Begin Ongoing** Implementation of the IFSP 6 mos./annual Review and Evaluation of the IFSP 9-12 mos. < 3rd Transition Planning birthday **Transition Conference** 3-6 mos. < 3rd birthday

Part C Eligibility Determination

Part C eligibility is determined by each state's definition of developmental delay and includes children with established physical or mental conditions with a high probability of resulting in developmental delay.

States may choose to include children at risk for disabilities in the eligible group.

Eligibility Determination in Colorado

In Colorado, Community Center Boards are responsible for ensuring a local system of child find that includes public awareness, identification and referral, eligibility determination, and evaluation.

There are two ways to determine eligibility for the Early Intervention System

Category # 1: Eligibility Determination in Colorado

1. Children who have a Developmental Delay:

having a significant delay in development in one or more of the following domains: cognition, communication, physical including vision and hearing, social or emotional development or adaptive behavior.

Colorado's Definition of Developmental Delay

In Colorado the rigorous definition of a "developmental delay" means an infant or toddler who has a 25% or greater delay in one or more areas of development when compared with chronological age or the equivalent of 1.5 standard deviations or more below the mean in one or more areas of development.



Category # 2: Eligibility Determination in Colorado

2. Children with an Established Condition:

having a diagnosed physical or mental condition that has a **high** probability of resulting in significant delays in development

Often referred to as "categorical eligibility".

Eligibility Determination

Conditions That May Be Associated with Delays in Development:

- Low birth weight infants weighing less than 1,200 grams
- Postnatal acquired problems resulting in delays in development, including but not limited to severe attachment disorder
- Chromosomal syndromes and conditions (e.g. Down syndrome)
- Congenital syndromes and conditions
- Sensory impairments (some hearing and visual impairments)
- Metabolic disorders
- Prenatal or perinatal infections resulting in significant medical problems

Categories of Disability under IDEA

There are 14 specific primary terms included in IDEA-Part B under the lead definition of "child with a disability." These federal terms and definitions guide how States define disability and who is eligible for a free appropriate public education under special education law.

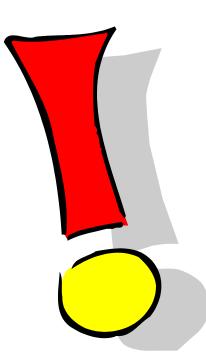
- You will learn more about this in XV. Transition to Age 3
 Academy.
- Find more information at National Dissemination Center for Children with Disabilities website to learn more about Categories of disability for Part B. The article is also available at:

http://www.nichcy.org/InformationResources/Documents/NICHCY%20PUBS/gr3.pdf

Activity

- Refer back to the case study of an infant/ toddler your group has received
- List observation(s) about the child's skills on each of the following four domains: Motor, Communication, Cognitive, Social/Emotional, & Adaptive that are atypical (remember some of the concerns you had when you completed the activity the previous time?)
- Number the list based on family's requests
- Choose a notes taker and a leader for the group
- Share in 20 minutes. Your timer starts NOW...

The Power of Language



Guidelines for Speaking About Families

- Families should be described in the same respectful manner, whether or not they are present
- In the case of a written report, keep in mind parents have the right to examine records related to their children
- Become aware of and avoid language that families might find offensive
- Use people first language

People First Language

Use people-first language by talking and writing about people with disabilities in ways that honor their dignity and respect



"People First Language" by Kathy Snow

- Read the "People First Language" by Kathy Snow handout.
- Reflect on the following questions:
 - What is people first language?
 - Why is it important to use people first language
- Share with the large group.

What is "People First Language"?

People First Language (PFL) represents more respectful, accurate ways of communicating. People with disabilities are not their diagnoses or disabilities; they are people, first.

PFL is *not* about "political correctness," it's about good manners and "the golden rule."

What is "People First Language"?

People First Language recognizes that individuals with disabilities are - first and foremost - people. It emphasizes each person's value, individuality, dignity and capabilities.

The following examples provide guidance on what terms to use and which ones are inappropriate when talking or writing about people with disabilities.

People First Language to Use	Instead of Labels that Stereotype and Devalue
 people/individuals with disabilities an adult who has a disability a child with a disability a person 	•the handicapped the disabled
people/individuals without disabilitiestypical kids	normal people/healthy individuals atypical kids
•people with intellectual and developmental disabilities he/she has a cognitive impairment a person who has Down syndrome	•the mentally retarded; retarded people he/she is retarded; the retarded he/she's a Downs kid; a Mongoloid; a Mongol
•a person who has autism	•autistic

People First Language to Use	Instead of Labels that Stereotype and Devalue
a person who has a learning disability	he/she is learning disabled
a person who is deaf he/she has a hearing impairment/loss a man/woman who is hard of hearing	the deaf
person who is deaf and cannot speak who has a speech disorder uses a communication device uses synthetic speech	is deaf and dumb mute
a person who is blind a person who has a visual impairment man/woman who has low vision	the blind

People First Language to Use	Instead of Labels that Stereotype and Devalue
a person who has epilepsypeople with a seizure disorder	•an epileptic a victim of epilepsy
 a person who uses a wheelchair people who have a mobility impairment a person who walks with crutches 	 a person who is wheelchair bound a person who is confined to a wheelchair a cripple
a person who has quadriplegiapeople with paraplegia	•a quadriplegic •the paraplegic
 accessible buses, bathrooms, etc. reserved parking for people with disabilities 	 handicapped buses, bathrooms, hotel rooms, etc. handicapped parking
•he/she is of small or short stature	•a dwarf or midget

Resources (Law/ Policy)

- 1. http://www.disabilityresources.org/
 ABC.html
 :This website provides a quick guide to some of the more common acronyms in disability education, law, medicine and rehabilitation.
- 2. http://idea.ed.gov/explore/home: This is the U.S. Department of Education, Office of Special Education Programs' (OSEP's) website on IDEA.

Resources (parent Groups)

http://www.peakparent.org/ :PEAK Parent Center is Colorado's federally designated Parent Training and Information Center (PTI). PEAK assists families and others through services like its telephone hotline, workshops, conferences, website, and publications.

http://www.pacer.org/index.asp. The PACER Center (Parent Advocacy Coalition for Educational Rights) helps to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents.

Resources (Specific disabilities)

- http://www.thearc.org/ The Arc is the world's largest community based organization of and for people with intellectual and developmental disabilities.
- http://www.ucp.org/: United Cerebral Palsy (UCP) is the leading source of information on cerebral palsy and is a pivotal advocate for the rights of persons with any disability.

Resources (Specific disabilities)

- http://www.ndss.org/ The National Down Syndrome Society is the national advocate for the value, acceptance and inclusion of people with Down syndrome.
- http://www.nationalautismassociation.org/
 index.php
 The National Autism Association educates and empowers families affected by autism and other neurological disorders.

Resources (Early Intervention)

- http://www.zerotothree.org/ 0-3 is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.
- http://www.nichcy.org/ National Dissemination Center for children with Disabilities (NICHCY) is a central source of information on: disabilities in infants, toddlers, children, and youth; IDEA; No Child Left Behind (as it relates to children with disabilities); and research-based information on effective educational practices.

Resources (Early Intervention)

 http://www.dec-sped.org/ The Division for Early Childhood (DEC) is one of seventeen divisions of the Council for Exceptional Children (CEC) - the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. DEC is especially for individuals who work with or on behalf of children with special needs, birth through age eight, and their families.

Homework assignment

- With a partner, pick a website from the list.
- Research/ review the website based on the following criteria:
 - What is the information provided on this website?
 - What age range of children does the website cover?
 - Who does the website primarily cater to- service providers, policy makers, researchers, or families?
 - How will this website help you in you work with children and families?
- Write a report and submit it to the instructor.