



WHAT DO YOU DO WHEN YOU GET THERE?

PROVIDING ITINERANT SERVICES IN INCLUSIVE SETTINGS

INTRODUCTION

The articles in this section were selected to provide an overview of an itinerant model of service delivery.

- The Visiting Teacher: A Model of Inclusive ECSE Service Delivery (Horn & Sandall, 2000) is an excellent picture of the multiple roles and responsibilities of the “visiting” teacher.
- Integrating Therapies into the Classroom (Scott, McWilliam, & Mayhew, 1999) provides not only a definition of integrated services, but also a continuum of six consultative models of service delivery that move from more to least restrictive.

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Dear Colleague,

Young children (0-5) with disabilities are increasingly being provided special education services in community early childhood settings. An itinerant model of service delivery allows early childhood special education teachers and specialist to bring special education services to young children in those community programs; however, the itinerant role is new for many early childhood professionals. This packet was developed to assist early interventionists/early childhood special educators who provide services to young children in community early childhood settings to better define their role. The articles and information that are contained in this packet provide research-based strategies and resources that can be used to collaborate with community programs and provide special education services to young children with disabilities and their families.

After you have examined the packet, please complete the enclosed evaluation and return it in the self-addressed envelope. Thank you for your interest and your efforts toward the development of quality services and programs for young children and their families. Please disseminate as appropriate.

Sincerely,

David P. Lindeman, Ph.D.
KITS Director

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WHAT DO YOU DO WHEN YOU GET THERE? PROVIDING ITINERANT SERVICES IN INCLUSIVE SETTINGS

This packet has been developed as a resource to enable you to understand the issues related to providing itinerant services in inclusive settings. The packet contents were chosen based on your requests and needs assessment results. We would like you to evaluate how helpful this packet has been for you. Please respond to the following questions and return this form to us in the enclosed self-addressed envelope.

Please check the sections of the packet that you found most helpful. In the space provided briefly tell us how or why each section was helpful to you.

- Introduction* *Quality Programs* *Collaboration* *Individualizing Services*
 Resources Please identify why each section you checked was helpful:

Please check the section(s) of the packet that you found were not helpful to you. Then in the space provided, briefly tell us how or why each section was of little use to you.

- Introduction* *Quality Programs* *Collaboration* *Individualizing Services*
 Resources Please identify what about this part(s) made it of little use:

Please tell us what was not available in the packet that would have been helpful to you.

Please describe how you plan to use the information in this packet.

Other comments or suggestions for future packets:

Thank you for completing this form and returning it to us!
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“Therapy” Ain’t Tennis Lessons

It’s funny to think about how therapy has been provided much like tennis lessons in the past—a student works with a professional for an hour each week on specific skills. The hour of instruction is up to the professional, but practice between lessons is the student’s responsibility. Tennis lessons alone will not make someone a better player; it’s the practice between the lessons that makes a difference.

When it comes to “therapy”, a child with special needs probably will not generalize the skills he or she works on with a specialist during “therapy” time to other times, other people, and places where he or she needs the skills. Specialists must plan for a child to have opportunities to practice skills outside of “therapy” time, in order for the child to make efficient progress. Here are three things specialist can do to ensure that children have ample practice opportunities.

1. Use routines-based assessment to identify functional skills.

Find out what the child needs to learn to be successful in their daily routines and make those skills the goals. Many times specialist focus on prerequisite skills, or things that are not directly related to what a child does everyday. This definitely makes it much harder to identify times when a child can practice outside of the “therapy” time.

2. Incorporate consultation.

Talk with other adults who spend time with the child (i.e., teachers and family members) before, while or after you work with the child. It is important for teachers to know what the specialists are working on with the child so they can also address those things. It is important for specialists to get feedback from the child’s teachers on their suggestions. If a specialist’s suggestions are not practical or are irrelevant, they are likely to be disregarded.

3. Provide services in the classroom.

Studies have shown that teachers and specialists consult with one another four times more when specialists work with children in class versus out of class. Teachers are able to see what the specialist does with a child and specialists have the opportunity to assess children in context and to address situations when and where they arise. By identifying functional skills, talking with other caregivers, and being in the classroom specialist can ensure that meaningful intervention occurs between “therapy” sessions.

McWilliam, R. A., Scott, S. (2001, November). Therapy Ain’t Tennis Lessons. In R. A. McWilliam & S. Scott, *Integrating Therapy into the Classroom*. Individualizing Inclusion in Child Care Project. Retrieved March 28, 2003, from <http://www.fpg.unc.edu/~inclusion/IT.pdf>
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