



WHAT DO YOU DO WHEN YOU GET THERE?

PROVIDING ITINERANT SERVICES  
IN INCLUSIVE SETTINGS

## INDIVIDUALIZING SERVICES

Inclusive services are more than just placing children with disabilities in settings with children who do not have disabilities. Quality inclusive services are individualized to meet the needs of the children in that setting, but this DOES NOT mean that teachers must provide a one-to-one program of instruction for all children with disabilities. The information in this section was designed to provide early childhood professionals with methods and strategies to embed frequent learning opportunities into the ongoing routines and activities of the classroom. The articles, forms and activities together provide a framework early childhood professionals may use to individualize services within an itinerant model of service delivery.

COMPILED BY CHELIE NELSON & DAVID P. LINDEMAN, PH.D.

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KANSAS INSERVICE TRAINING SYSTEM

KANSAS UNIVERSITY CENTER ON DEVELOPMENTAL DISABILITIES

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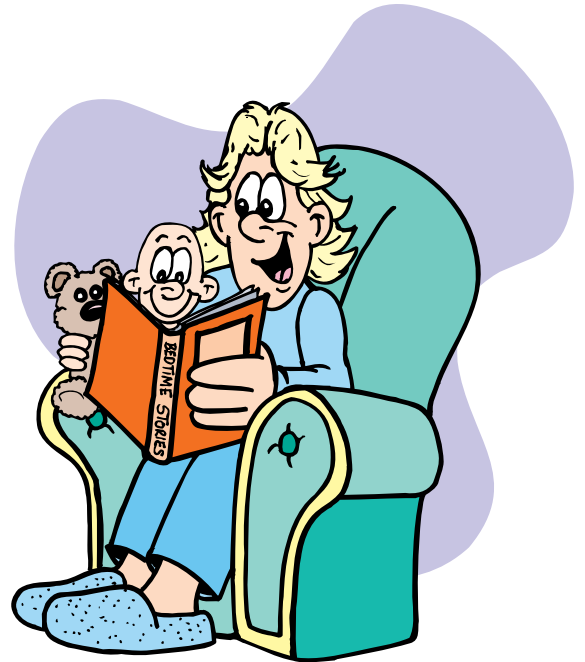
# Utilizing Curriculum- and Routines-Based Assessments in Inclusive Settings

Providing effective services in inclusive settings begins with the development of goals or outcomes that are functional and generative. Both curriculum- and routines- based assessments can be key sources of information when developing functional goals/outcomes for young children in inclusive settings.

A Curriculum-Based Assessment (CBA) traces a child's achievement along a continuum of objectives or outcomes and can be used to demonstrate a child's progress over time. Following developmental sequences, CBA's generally incorporate skills that are functional for children in a variety of settings and can be generalized across settings. Examples of CBA's include: the Hawaii Early Learning Profile (HELP), Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, and The Transdisciplinary Play-Based Assessment. For more information on CBA see the KITS Technical Assistance packet *Supporting Curriculum Through Assessment in Inclusive Preschools*

<http://kskits.org/ta/Packets/SupportingCurriculum.shtml>

A Routines-Based Assessment (RBA) is an evaluation of a child's functioning during routine (everyday or frequently occurring) daily events. Routines provide a context for examining a child's engagement, social relationships, and independence within their daily activities. By identifying the aspects of a routine that are difficult for a child, interventions can be planned that will be functional for the child and caregivers. RBA's generally include interview questions and checklists. Examples of RBA's are available at the following sites:



## Individualizing Inclusion In Child Care

[http://www.fpg.unc.edu/~inclusion/Model\\_Demo/Routines-Based\\_Assessment/routines-based\\_assessment.htm](http://www.fpg.unc.edu/~inclusion/Model_Demo/Routines-Based_Assessment/routines-based_assessment.htm)

## Project TaCTICS- Therapist as Collaborative Team Members for Infants/Toddler Community Services

<http://tactics.fsu.edu>

## Family-guided approaches to Collaborative Early Intervention Training and Services (FACETS)

<http://www.parsons.lsi.ku.edu/facets/html/famodules.html>





## Child-at-a-Glance

(Example)

This form can be used to share IEP/IFSP information with community programs.

**Student Name:** Jeff

**Date:** 9/02

### **IEP/IFSP-at-a-Glance:**

(simplified listing of goals/outcomes)

1. Follow two-step directions
2. Fasten fasteners on garments
3. Use words, phrases, sentences to obtain information/objects
4. Initiate cooperative play activities

### **Positive Student Profile:**

(information about the child's strengths)

Jeff enjoys computer play, adult attention, and being able to do special jobs for the teacher. He is just beginning to initiate play activities with his peers during center times.

### **Behavioral Supports:**

(information about any special behavioral strategies)

Classroom directions need to be simplified to two-steps and may need to be directed to Jeff individually.

Adapted from: Horn, E., Lieber, J., Sandall, S., & Schwartz, I. (2001). Embedded learning opportunities as an instructional strategy for supporting children's learning in inclusive programs. In M. Ostrosky & S. Sandall (Eds.), *Teaching strategies: What to do to support young children's development* (Vol. 3). Denver, CO: Division for Early Childhood.





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## An Instructional Matrix

It is important to remember that planning interventions should be a team effort. To facilitate discussion about embedding learning opportunities into the child's daily routine or to document a child's progress on goals, an instructional matrix may be useful. An instructional matrix can provide a format for discussion, documentation of team member decisions, and/or a handy method for collecting data. The following examples are a few of the ways an instructional matrix may be used. Blank forms are included and teams are encouraged to modify the forms to meet their unique needs.





# Instructional Schedule Matrix

(Example)

*X indicates times during the day that a goal may be worked on. Initials indicate the person who is responsible for collecting data during a specific time of the day*

Name: Jeff

School: Community Head Start

Date: 9/1/02

OBJECTIVES						
SCHEDULE OF ACTIVITIES/TIMES	Follow 2 part	Fasten fasteners on garments	Use words to obtain information/objects	Initiate cooperative play activities		
Arrival	X	X	X			
Free Play	X <sup>ST</sup>			X		
Breakfast	X		X <sup>DA</sup>			
Circle	X		X			
Centers	X	X	X <sup>CN/MS</sup>	X <sup>CN/MS</sup>		
Outdoor Play	X	X	X	X		
Large Group	X		X			
Dismissal	X	X <sup>DA</sup>	X			

### Person Responsible For Data Collection:

- Classroom teacher - MS
- Paraprofessional - DA
- Paraprofessional - ST
- ECSE teacher - CN

Adapted with permission from Circle of Inclusion. (2000). *Instructional schedule matrix*. Retrieved April 8, 2003, from <http://www.circleofinclusion.org/english/formsarticles/forms/7implementIEP/form7index.html#1>





# Instructional Schedule Matrix

## For Data

(Example)

Name: Jeff

School: Community Head Start

Date: 9/1/02

OBJECTIVES						
SCHEDULE OF ACTIVITIES/TIMES	Follow 2 part	Fasten fasteners on garments	Use words to obtain information/objects	Initiate cooperative play activities		
Arrival						
Free Play	++--+					
Breakfast			++			
Circle						
Centers			+pp++	pppp+		
Outdoor Play						
Large Group						
Dismissal						

+ = correct response  
 p = correct with prompt  
 - = incorrect response

**Notes:**

Fishing (rocking) boat was set up during center time. The classroom "rule" was that children needed a peer to ride in the boat with them to play with this activity. Jeff loved the boat and played several times when his peers asked him. After successfully asking several friends after a model from an adult, Jeff spontaneously asked a friend to ride in the boat with him one time during the center block.

Adapted with permission from Circle of Inclusion. (2000). *Instructional schedule matrix*. Retrieved April 8, 2003, from <http://www.circleofinclusion.org/english/formsarticles/forms/7implementIEP/form7index.html#1>







# Individual Support Schedule Matrix

(example)

Child: Jeff

Class: Community Preschool

Date: 9/1/02

SCHEDULE	SUPPORTS/ADAPTATIONS
Arrival	<ul style="list-style-type: none"><li>Allow Jeff the opportunity to take off coat and hang up backpack on his own. Model for him how to ask for help, if needed.</li></ul>
Free Play	<ul style="list-style-type: none"><li>Look for opportunities to model requests for Jeff. If he grabs at a toy or begins to move away, make suggestions such as, "Can you ask Jamie for the car?"</li><li>Break directions down to one and two steps. Give Jeff the direction, wait for him to complete them and then give the next one or two step direction. Physically help him only if he refuses or acts confused.</li></ul>
Breakfast	<ul style="list-style-type: none"><li>During family style meals model for Jeff how to ask peers to pass him a food item or utensil that he needs.</li><li>Model 2-3 word phrases for Jeff to use with peers.</li></ul>
Circle	<ul style="list-style-type: none"><li>Break directions down to one and two steps. Give Jeff the direction, wait for him to complete them and then give the next one or two step direction. Physically help him only if he refuses or acts confused.</li></ul>
Centers	<ul style="list-style-type: none"><li>Provide one or two "peer only" (to use the center, children need a peer to play with them) activities during center time (games for two, rocking boats, puppets).</li><li>Look for opportunities to model requests for Jeff. If he grabs at a toy or begins to move away, make suggestions such as, "Can you ask Jamie for the car?"</li></ul>
Outdoor Play	<ul style="list-style-type: none"><li>Allow Jeff the opportunity to put on coat and fasten his own coat/sweater. Model for him, how to ask for help if needed.</li><li>Look for opportunities to model asking a peer to play (balls or riding the see-saw)</li></ul>
Large Group	<ul style="list-style-type: none"><li>Use concrete materials/examples.</li><li>When possible let Jeff watch several children respond or do a task as a model before it is his turn.</li><li>Break directions down to one and two steps.</li></ul>
Dismissal	<ul style="list-style-type: none"><li>Allow Jeff the opportunity to put on coat and fasten his own coat/sweater. Model for him, how to ask for help if needed.</li></ul>

Adapted from: Klein, M. D., Richardson-Gibbs, A. M., Kilpatrick, S., & Harris, K. C. (2001). *A practical guide for early childhood inclusion support specialists* (form B1). Los Angeles: Project Support, Early Childhood Inclusion Support Project, California State University, Los Angeles.





# Individual Support Schedule Matrix

**Child:**

**Class:**

**Date:**

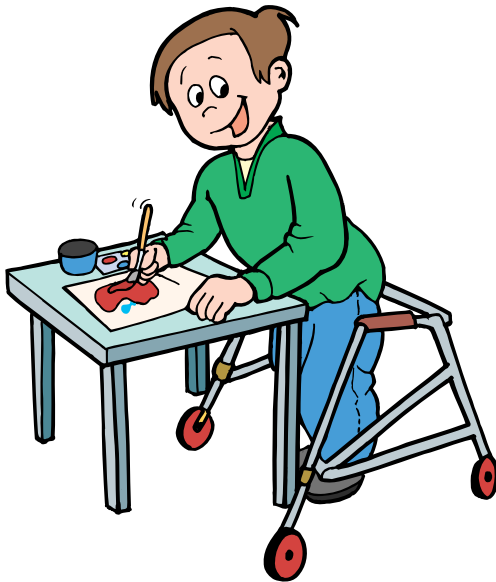
SCHEDULE	SUPPORTS/ADAPTATIONS

Adapted from: Klein, M. D., Richardson-Gibbs, A. M., Kilpatrick, S., & Harris, K. C. (2001). *A practical guide for early childhood inclusion support specialists* (form B1). Los Angeles: Project Support, Early Childhood Inclusion Support Project, California State University, Los Angeles.





## Accommodating All Children in the Early Childhood Classroom



The activities and materials used in most early childhood classrooms are designed to meet the needs of many children with or without disabilities. When they do not meet the specific needs of a child, they can be adapted or expanded to accommodate that child's individual needs. The purpose of an adaptation is to assist children in compensating for intellectual, physical, or behavioral challenges. They allow children to use their current skills while promoting the acquisition of new skills. Adaptations can make the difference between a child merely being present in the class and a child being actively involved.

Developing adaptations and accommodations for a child with special needs is a continuous process that involves each child's collaborative team. The first step is to assess the child's abilities and the environment where the child will be spending time.

Once the goals and objectives are identified and expectations for the child's participation in that environment are established, the team selects or creates adaptations and accommodations that address those needs. Once implemented, their effectiveness should be assessed on an ongoing basis and revised, as needed.

To meet the specific needs of a child, changes may need to be made in one or more of the following instructional conditions. Remember, when the child can participate in an activity, as it is, no changes need to be made.

**Instructional groupings or arrangements** — For any given activity there are a number of instructional arrangements from which to choose: large groups, small groups, cooperative learning groups, peer partners, one-to-one instruction, and/or independent tasks.

**Lesson format** — The format of a lesson may be altered to meet the needs of a child by including more opportunities for whole class discussions, games, role playing, activity-based lessons, experiential lessons, demonstrations, and/or thematic lesson organization.

**Teaching strategies** — A change in teaching strategies can influence a child's ability to participate. Examples include: simplifying directions, addition of visual information, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, changes in the schedule of reinforcement, elaboration or shaping of responses, verbal prompts and/or direct physical assistance.





**Curricular goals and learning outcomes** — To match the needs of a child within the context of an activity, it may be appropriate to individualize the learning objectives. This can often be accomplished using the same activities and materials. If children are working on a classification concept by sorting blocks, a child with a disability could participate in the same activity but focus of reaching, grasping, and releasing skills.

**Adaptations to the method for responding** — Sometimes children may understand a concept yet need an adaptation in the way they demonstrate that knowledge. Use of augmentative communication systems, eye gaze, and demonstrations may better allow a child to demonstrate his/her skills.

**Environmental conditions** — The environmental arrangement 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.

**Modification of instructional materials** — It is sometimes necessary to physically adapt instructional or play materials to facilitate a child's participation. Materials can be physically adapted by increasing: stability (Dycem™ or Velcro™ on 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.

**Level of personal assistance** — A child's need for assistance may range from periodic spot checks to close continuous supervision. Assistance may vary from day to day and be provided by adults or peers.

**An alternative activity** — This curricular adaptation should be used as a last choice when the above conditions cannot be used to meet a child's needs.

Resources:

Kansas State Board of Education. (1993). *Curricular adaptations: Accommodating the instructional needs of diverse learners in the context of general education*. Topeka, KS: Author.

Thompson, B., Wickham, D., Wegner, J., Ault, M., Shanks, P., & Reinertson, B. (1993). *Handbook for the inclusion of young children with severe disabilities*. Lawrence, KS: Learner Managed Designs.

Villa, R. A., & Thousand, J. S. (Eds.). (1995). *Creating an inclusive school*. Alexandria, VA: Association for Supervision and Curriculum Development.

Adapted with permission from Circle of Inclusion/University of Kansas. (2000). *Accommodating all children in the early childhood classroom*. Retrieved November 4, 2002, from [www.circleofinclusion.org/english/accommodating/index.html](http://www.circleofinclusion.org/english/accommodating/index.html)



# STRATEGIES THAT FACILITATE COMMUNICATION IN INCLUSIVE EARLY CHILDHOOD PROGRAMS

## ANSWER CHILDREN'S QUESTIONS

- Answer honestly and straightforwardly
- Contribute to understanding about the child with a disability
- Answer in a manner a young child would understand
- Convey respect for the child with a disability

## INVITE AND ENCOURAGE PARTICIPATION

- Use warm and accepting manner
- Encourage frequent brief interactions when initially introducing a child
- Invite another child to become involved in an ongoing activity
- Suggest child select new activity to include a child with a disability
- Prompt meaningful participation in a natural manner

## ADD MEANINGFUL CONTENT ON BEHALF OF THE CHILD

- Address ongoing conversation or activity
- Emphasize the similarities among the children
- Relate information as well as experiences, thoughts, and feelings of the child

## TEACH CHILDREN TO INTERACT DIRECTLY WITH THEIR CLASSMATE WITH A DISABILITY

- Teach children to recognize and interpret the nonverbal response of their classmate
- Teach children to direct their comments and questions directly to their classmate

## ALLOW SPONTANEOUS INTERACTIONS AMONG THE CHILDREN TO OCCUR

- Provide assistance without directly participating in the children's interactions
- Step back and fade physically from the children's interactions

Adapted from: Thompson, B., Wickham, D., Wegner, J., Mulligan-Ault, M., Shanks, P., & Reinertson, B. (1993). *Handbook for the inclusion of children with severe disabilities*. Lawrence, KS: Lerner Managed Designs Inc.



# 10 Step Program to Decrease Toy Bag Dependence



1. **Functional Assessment:**  
Identify materials and toys already available and likely to be engaging while visiting. Plan ahead to incorporate those materials/routines into next visit.
2. **Using Existing Social and Daily Routines:**  
Join careprovider and child in activities occurring throughout the household/center when you arrive.
3. **Futures Planning:**  
Plan activities/routines for your next visit before leaving. Joint identification supports problem solving, partnerships, and allows selective choice of any necessary materials.
4. **Community Based Training:**  
Plan a special activity with careprovider—a trip to the park, a walk around the block, gardening, making pudding.
5. **Peer Mediation:**  
Organize a play date with other children and careproviders.
6. **Milieu Strategies:**  
With permission of family, ask the child to show or get toys or preferred objects in bedroom, toy room, or another area of the house where child's things are and routines occur. Follow child's lead and move into other areas.
7. **Fading Strategy:**  
Decrease the size of bag. Choose 1 to 2 toys that support acquisition or generalization of specific outcomes to include in the bag for the visit.
8. **Systematic Desensitization:**  
Leave toy bag by the door. Join the child's activities. Use the toy bag only when and if needed. (The next step is to leave the bag outside and then in trunk or under seat in car.)
9. **Hybrid Approaches:**
  - Forgetfulness:  
Walk in empty handed. Ask child, "What's wrong?" Wait.  
When child responds, ask, "I forgot. What else should we do? What do we need?"
  - Choice Making:  
Put materials common to household in toy bag. Ask child (careprovider), "Isn't this like yours? Should we use yours or mine? Show me how you do it?"
  - Sabotage:  
If child really likes toy bag approach, take in an empty bag and fill it with child preferred objects of interest/toys.
10. **Generalization:**  
Demonstrate use of a toy that includes opportunities to practice a skill such as putting objects in small spaces ( e.g., putting pieces into Mr. Potato Head™). Then look around the home for toys or other materials that could provide additional practice for the same skill.

Family-guided Approaches to Collaborative Early-intervention Training and Services. (1999). *10 step program to decrease toy bag dependence*. Parsons, KS: Kansas University Center on Developmental Disabilities. Reprinted with permission.





# Strategies for Helping Children with Specific Disabilities Participate in the Inclusive Setting

The following suggestions have been field tested and are based on discussions with inclusion specialists and professionals in the fields of special education and low incidence disabilities. The information is organized according to different play or work areas and group settings typically found in child development centers and preschools. Suggestions are listed by disability (cognitive delays, physical handicaps, deaf/hard of hearing, visual impairments).

## Tips for Helping the Child with Cognitive Delays

### Art Area

- ✍ Be aware of small objects that may be choking hazards to children with developmental delays who still put things in their mouths!
- ✍ Choose activities that emphasize process.
- ✍ Choose activities that children can participate at varying developmental levels (e.g., collage making, scribbling, painting, and using clay or Playdough™).

### Manipulatives Area

- ☆ Be aware of small objects that may be choking hazards to children with developmental delays who still put things in their mouths!
- ☆ Provide containers for children to put smaller items in and take out rather than assembling to create an end product.
- ☆ Use see-through containers with lids that need adult help to open; child needs to ask for help; less dumping and more control within manipulatives area.

### Block Area

- Similar to manipulatives area.

### Pretend Play Area (e.g., dress-up, transportation)

- ⇒ Provide opportunities for child to use representations of real objects (e.g., dolls, bottles, cars) to engage in imitative play.
- ⇒ Use simple dress-up items (hat, scarf, bag, purse, shoes) and have mirror available.

### Gross Motor Area or Activities/Outside Play

- ✓ Allow child to use whole body when interacting with objects from other areas (e.g., push the baby in the cart, transport blocks in a small wagon).
- ✓ Weight carts or wagons for sensory feedback.
- ✓ Allow children to stand even when doing tabletop activities so they can move but still focus on activities.
- ✓ Use classroom equipment to create obstacle courses: on, in, up, over, under, through, etc.
- ✓ Give children opportunities to engage in sliding, swinging, bouncing, on equipment BUT be aware of possible health concerns: *children with Down Syndrome may have serious problems with their necks and should never be encourage to do somersaults.*





## **Large Group Activities**

- \* Try to have shorter groups rather than longer groups where children begin to lose attention.
- \* Allow children to bring transitional objects to circle that represent a favorite activity and help ease the transition into a large group activity.
- \* Provide photos or symbols in a “What’s Next” format so child can see what will happen after circle.
- \* Suggest appropriate ways for a child to ask to leave a large group if it becomes too overwhelming (e.g., using words- “out”; signaling with a picture or symbol; going to a specific adult).
- \* Use music! Even silent children will often vocalize during activities.
- \* Use switches and loop tapes to give child a “voice” during activities.
- \* Use preferential seating for children to make the most use of their sight, hearing, body, etc.
- \* Try to conduct a large group activity in an area of the room with the least amount of distractions (e.g., avoid areas with open shelves with toys easily seen, walls with things to poke at or rip or pull, large objects like rocking chairs to climb on or under, etc).

## **Books**

- 📖 Choose books that have repetitive phrases or refrains.
- 📖 Choose books that relate to child’s everyday experience.
- 📖 Choose books with clear pictures and high contrast between foreground and background.
- 📖 Choose books with uncluttered pictures (i.e., many things happening in same picture, “busy” backgrounds, etc.).

## **Tips for Helping the Child with Physical Handicaps**

### **Art Area**

- ✍️ Use Velcro™ handles on brushes, markers, etc. and make a Velcro™ hand holder for child.
- ✍️ Build up handles of brushes, markers, crayons, etc. with masking or duct tape so child has large enough handle to grasp.
- ✍️ Melt leftover crayon pieces and pour into small size paper cups; before wax solidifies, add length of ribbon or yarn across diameter with several inches excess on either side; when wax is set, remove from cup; use ribbon to tie around child’s hand as s/he grasps the chunky crayon. Ribbon helps keep crayon in hand even if grasp is not consistent.
- ✍️ Use Dycem™ mats, suction cups, mounting tape, etc. to help keep materials in place as child works on projects.
- ✍️ Try to use art materials to help facilitate grasp rather than pieces of cut out paper which are difficult to pick up off flat surfaces (i.e., cut pieces of pipe cleaners rather than flat pieces of construction paper to make a picture of silkworms).

### **Manipulatives Area**

- ☆ Use large Rubbermaid™ -type containers (sweater size) and cut out part of one side so child can slide arms in to play with manipulatives or other textures and won’t “lose” material.
- ☆ Cut out empty bleach bottle to make scoop; use Velcro™ idea above if needed; child can scoop up smaller objects that s/he may not be able to pick up with fingers.
- ☆ Encourage child to cross midline and use both hands, even if very difficult.





### **Block Area**

□ Similar to manipulatives area.

### **Pretend Play Area** (e.g., dress-up, transportation)

- ⇒ Dress-up clothes: use Velcro™ instead of buttons, zips.
- ⇒ Use simple dress-up items (hat, scarf, bag, purse, shoes) and have mirror available.
- ⇒ Position children on floor to encourage self-dressing from stable position.

### **Gross Motor Area or Activities/Outside Play**

- ✓ Weight carts or wagons for sensory feedback.
- ✓ Adapt tricycles by using Velcro™ or straps to help keep child's feet on pedals.
- ✓ Give children opportunities to engage in sliding, swinging, bouncing on equipment BUT be aware of possible health concerns: Children with shunts may not be able to tolerate being upside down as shunt may not work in that position.
- ✓ Partially deflate beach-type balls to allow easier grasp for catching and tossing.
- ✓ Consider purchasing adapted bikes that may be propelled by using arms instead of legs.

### **Large Group Activities**

- \* Use preferential seating for children to make the most use of their sight, hearing, body, etc.
- \* Be sure that children are seated at same level as peers – not in a wheelchair or stander if everyone else is on floor, etc.
- \* Use objects with magnets such as calendars, etc. so child can slide objects around rather than try to pick up or knock off work surface.
- \* Add prosthetic devices to musical instruments or other group time objects to allow child to hold on to them more easily.

### **Environment**

- \* Arrange environment so there is space for child to independently manipulate walker or wheelchair to different areas of room.

## **Tips for Helping the Child Who is Deaf or Hard of Hearing**

### **Art Area**

☞ Be aware of communication demands in this setting (and all others).

### **Pretend Play Area** (e.g., dress-up, transportation)

⇒ Use play scripts to help children understand “what comes next” and learn key words associated with play.

### **Large Group Activities**

- \* Use music! Even silent children will often vocalize during music or singing.
- \* Use music with heavy bass sound – vibro tactile – low range of sound is easier to hear.
- \* Use preferential seating for children to make the most use of their hearing.
- \* Seat children away from ongoing noises such as heaters, electrical equipment, outdoor windows so that hearing aides don't pick up those noises.





## **Books**

📖 Decide how to both read and show pictures to child who's deaf; child can either watch the picture or watch teacher read or sign, not both at same time.

## **Tips for Helping the Child with Visual Impairments**

### **Art Area**

- 🔪 Emphasize texture to increase interest and awareness.
- 🔪 Emphasize contrasts (i.e., dark paper with light colored paint, chalk, etc. or light paper with dark materials).
- 🔪 Use additional lighting at work areas.
- 🔪 Confine child's work to tray or area that has edges so child can organize and find needed materials.
- 🔪 Reduce amount of clutter in and around child's work area.
- 🔪 Have child place their hand on top of teacher's hand to introduce new materials:
  - ✿ teacher holds new material, object, art media;
  - ✿ teacher lets child feel new material with fingertips;
  - ✿ as child becomes comfortable, teacher gently rolls hand around so child feels more of material that teacher is holding.

### **Manipulatives Area** (See suggestions under Art section (above) for ideas about lighting, space, etc.)

- ☆ Use large Rubbermaid™ -type containers (sweater size) and cut out part of one side so child can slide arms in to play with manipulatives or other textures and won't "lose" material.
- ☆ Reduce clutter so child can easily find what s/he needs to build.
- ☆ Place objects in child's work area with spaces between them so child can find separate objects (if objects are clustered together, child with low vision may think it's a solid object not several pieces).

### **Block Area**

- ☐ Similar to manipulatives area.

### **Pretend Play Area** (e.g., dress-up, transportation)

- ⇒ Use play scripts to help children understand "what comes next" and learn key words associated with play.
- ⇒ Help child learn where objects are: dolls, dress-up clothes, pretend food, cups, plates, etc.

### **Gross Motor Area or Activities/Outside Play**

- ✓ Weight carts or wagons for sensory feedback.
- ✓ Be aware of how glare from a sunny day may slow down a child with visual impairments. Contrast between darker inside rooms and outside can be exaggerated for child with visual impairments.
- ✓ Encourage child with visual impairments to move around yard – don't let him/her stay only on swing or in sandbox (safest places on playground!); teach peers to be "sighted guides" to assist blind child in moving around outside area – teach them to do things together (i.e., going down slides, etc.)
- ✓ Children with visual impairments have great fear of the outdoors – environment larger and changing all the time – provide extra time/help to dispel "fear factor".





## **Large Group Activities**

- ✿ Use preferential seating for children to make the most use of their sight, hearing, body, etc.
- ✿ Purchase and use Braille lap calendars during calendar time for older children.

## **Environment**

- ✿ Label all parts of environment in Braille (that child can reach).

## **Books**

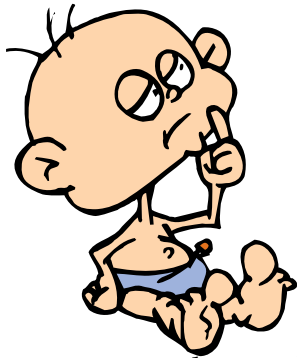
- 📖 Choose books that relate to child's everyday experience.
- 📖 Choose books with clear pictures and high contrast between foreground and background.
- 📖 Choose books with uncluttered pictures (i.e., many things happening in same picture, "busy" backgrounds, etc.).
- 📖 Use Braille imprint books.
- 📖 Either show pictures to all children at end of story or once at beginning and once at end if you have a low vision child in the group; low vision child will take a long time to scan each picture.
- 📖 Or give the low vision child his/her own book (same one) to follow along in while teacher reads book to class.

## **Selected References**

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## Examining Your Intervention Practices

Often service providers with even the best intentions have difficulty designing interventions that are integrated. Read the following intervention practices. What is it about each of these practices that make it difficult to integrate into ongoing routines? How could you change the situation or the goal to make it more likely that the goal will be integrated? There are no right or wrong answers for this exercise, the goal is to maximize the likelihood that the child's goal is integrated into their daily routine as much as possible.

1. As Jodi, Tara's mom, washes dishes, Connie, the itinerant teacher, explains and demonstrates how family members can support Tara's sitting while she is watching television in the evenings. How could this situation be improved?

*Example -Connie asks Jodi if she has concerns with Tara's sitting. Jodi expresses concern that Tara is not able to use her hands when she is sitting on the floor to play. Connie asks Jodi to show her how they have tried to have Tara sit and play. Jodi and Connie then discuss ways to support Tara's sitting so that she can better use her hands. Connie demonstrates for Jodi how she could support Tara, and then Jodi tries the techniques out while she has an opportunity to ask Connie questions. During the next visit, Connie will follow up with Jodi on how the techniques have worked or not worked for them.*

2. Audry, a physical therapist, recommends five sets of different range of motion exercises for Brian to be completed during each diaper change at home and at the child care center. What could Audry do differently?
3. Sara, Andrew's occupational therapist, has many ideas for targeting outcomes during the meal time routine. Sara shares the ideas with Andrew's preschool teacher. What's missing from the interaction? How could the interventionist be more responsive to the preschool teacher?



4. Teresa, Taylor's home child care provider, is systematic in accomplishing daily chores, has a neatly organized home, and is fairly directive in her interaction style with Taylor. During a visit, Mike, a speech-language pathologist, suggests that Teresa use more open-ended questions and arrange toys on shelves in the family room to promote communication initiations from Taylor. How likely will Teresa be to implement Mike's ideas? What else should be considered?
  
5. Due to Mia's sensory defensiveness, bath time is often quick, with the hygiene outcomes being met as efficiently as possible. The speech-language pathologist gives many examples for enhancing communication development and providing choices during bath times as a good opportunity to play with toys putting things "in" and "out", dumping, and pouring. The physical therapist would like Michele, Mia's mom, to complete some stretches and flexes while the occupational therapist recommends using cloth of different textures. Michele smiles at each provider who makes recommendations. Are these intervention recommendations family-guided and routines-based? Why or why not? What should be done?
  
6. At home, Chris practices walking with his walker before activities and uses the tips of his fingers and thumb to pick up small objects when playing with toys and food during snacks and meals. Chris needs assistance to complete activities successfully at school. His preschool teacher believes in a child directed play approach. She wants Chris pulled out to receive special services because she doesn't have time to work with him individually every day in the class. Is this the best model of service delivery for this situation? What else could be done?

Adapted from: Family-guided Approaches to Collaborative Early-intervention Training and Services. (1999). *Examining Intervention Practices*. Parsons, KS: Kansas University Center on Developmental Disabilities. Retrieved on April 7, 2003, from <http://www.parsons.lsi.ku.edu/facets/pdf/ExEIpractices.pdf>



Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Scale of Integrated Therapy

**Classroom Version**

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Project INTEGRATE*

**1998**



# Typical & Ideal Practices

## Instructions

This scale focuses on your typical and ideal practices in providing specialized services\* to children under the age of 6 years. For each item, please make **two** ratings. Above the item, circle the number that best reflects *how services are typically provided*. Below the item, circle the number that best describes *how you think services ideally ought to be provided*. If you are a specialist, you should rate your own typical and ideal practices. If you are a classroom teacher, parent, administrator, or other person, you should rate how specialists typically and ideally provide services.

### A. Location of Therapy/Instruction

Typical Practice	1	2	3	4	5	6	7	8	9	Ideal Practice
All therapy/instruction is provided in a separate room away from child's classroom			<b>Most</b> therapy/instruction is provided in a separate room away from child's classroom			Therapy/instruction is <b>equally divided</b> between <b>in-class</b> & <b>out-of-class settings</b>		<b>Most</b> therapy/instruction is provided in the child's <b>classroom</b>		<b>All</b> therapy/instruction is provided in the child's <b>classroom</b>
1	2	3	4	5	6	7	8	9		

### B. Presence of Peers

Typical Practice	1	2	3	4	5	6	7	8	9	Ideal Practice
Peers are <b>never allowed</b> during therapy/instruction			Peers are <b>rarely present</b> during therapy/instruction		<b>About half</b> the time, peers are included in therapy/instruction		Peers are <b>sometimes encouraged</b> to participate in therapy/instruction		Peers are <b>always encouraged</b> to participate in therapy/instruction	
1	2	3	4	5	6	7	8	9		

\* "Specialized services" refers to occupational therapist, physical therapist, speech-language pathologist, consulting/itinerant special education, and home based services.

**Remember, for each item, circle one number for Typical Practice and one number for Ideal Practice.**

### C. Context of Child-Level Interventions

Typical

Practice

1	2	3	4	5	6	7	8	9
<p>All therapy/instructions is provided <b>apart</b> from ongoing classroom routines &amp; activities</p> <p>Some therapy/instruction is provided <b>apart</b> from ongoing classroom routines &amp; activities</p> <p>About <b>half</b> the therapy/instruction is provided <b>as part</b> of ongoing classroom routines &amp; activities</p> <p>Most therapy/instruction is provided <b>as part</b> of ongoing classroom routines &amp; activities</p> <p>All therapy/instruction is provided <b>as part</b> of ongoing classroom routines &amp; activities</p>								

Ideal

Practice

### D. Goals

Typical

Practice

1	2	3	4	5	6	7	8	9
<p>Instructional goals are <b>based on developmental checklists</b> but not necessary for current routines</p> <p>Instructional goals <b>address skills that help development</b> but are irrelevant for current routines</p> <p>Instructional goals <b>address skills that might be necessary in the future</b> but not for current routines</p> <p>Instructional goals <b>address skills that are useful</b> but not necessary for current routines</p> <p>Instructional goals <b>address skills necessary</b> for current routines</p>								

Ideal

Practice

### E. Assessment

Typical

Practice

1	2	3	4	5	6	7	8	9
<p>All information used to determine a child's needs is based on <b>standardized measures or developmental checklists</b></p> <p>Most information used to determine a child's needs is based on <b>standardized measures or developmental checklists</b></p> <p>About <b>half</b> the information used to determine a child's needs is based on <b>standardized measures or developmental checklists</b></p> <p>Most information used to determine a child's needs is based on <b>observations</b> during natural routines</p> <p>All information used to determine a child's needs is based on <b>observations</b> during natural routines</p>								

Ideal

Practice

Remember, for each item, circle one number for Typical Practice and one number for Ideal Practice.

## F. Specialist's Role

Typical Practice

1	2	3	4	5	6	7	8	9
The specialist's <b>only</b> role is to provide <b>direct therapy/instruction</b> for the child	The specialist's role is <b>mostly</b> to provide <b>direct therapy/instruction</b> to the child and <b>consultation</b> to the teacher	The specialist's role is <b>equally divided</b> between <b>direct therapy/instruction</b> to the child and <b>consultation</b> to the teacher	The specialist's role is <b>mostly to consult</b> with the teacher, with some direct therapy/instruction for the child	The specialist's role is <b>mostly to consult</b> with the teacher, with some direct therapy/instruction for the child	The specialist's role is <b>mostly to consult</b> with the teacher, with some direct therapy/instruction for the child	The specialist's role is <b>mostly to consult</b> with the teacher, with some direct therapy/instruction for the child	The specialist's role is <b>mostly to consult</b> with the teacher, with some direct therapy/instruction for the child	The specialist's <b>only</b> role is to <b>consult</b> with the child's regular teacher

Ideal Practice

## G. Classroom Teacher's Role

Typical Practice

1	2	3	4	5	6	7	8	9
The classroom <b>teacher does not provide</b> the specialist with the <b>classroom curriculum</b>	The <b>teacher</b> does provide the curriculum but <b>does not seek</b> the specialist's <b>input</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>general ideas</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>specific suggestions</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>specific suggestions</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>specific suggestions</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>specific suggestions</b> for individualizing the curriculum	The <b>teacher</b> asks the specialist for <b>specific suggestions</b> for individualizing the curriculum	The <b>teacher and specialist work collaboratively</b> to individualize the curriculum

Ideal Practice

## H. Working on Goals

Typical Practice

1	2	3	4	5	6	7	8	9
<b>Specialists</b> work on goals in their own area- the classroom does not work on IEP/IFSP goals	in their own area- the classroom <b>teacher</b> works on only a <b>few</b> goals	<b>Mostly, specialists</b> work on goals in their own area- the classroom <b>teacher</b> works on only a <b>few</b> goals	<b>Mostly, specialists</b> work on goals in their own area- the classroom <b>teacher</b> works on only a <b>few</b> goals	The <b>classroom teacher</b> works on <b>about half</b> of IEP/IFSP goals	The <b>classroom teacher</b> works on <b>about half</b> of IEP/IFSP goals	The <b>classroom teacher</b> works on <b>most</b> IEP/IFSP goals	The <b>classroom teacher</b> works on <b>most</b> IEP/IFSP goals	The <b>classroom teacher</b> works on <b>all</b> of IEP/IFSP goals

Ideal Practice

Remember, for each item, circle one number for Typical Practice and one number for Ideal Practice

## I. Consultation Style

Typical Practice

1	2	3	4	5	6	7	8	9
Specialist assesses needs and makes recommendations	Specialist assesses needs, seeks <b>teacher input</b> and makes recommendations	Specialist and teacher assess needs and specialist makes recommendations	Specialist and teacher assess needs and make recommendations to <b>each other</b>	Specialists and teacher assess needs and make recommendations to <b>each other</b>	Specialists and teacher assess needs and make recommendations to <b>each other</b>	Specialists and teacher assess needs and make recommendations to <b>each other</b>	Specialists and teacher assess needs and make recommendations to <b>each other</b>	Specialist and teacher assess needs and <b>arrive at solutions together</b>

1  
Ideal Practice

## J. Communication

Typical Practice

1	2	3	4	5	6	7	8	9
Essentially <b>no communication</b> between specialist and classroom teacher	Occasional written notes between specialist and classroom	Occasional meetings between specialist and classroom teacher	Brief conversations most days the specialist is present	Brief conversations most days the specialist is present	Brief conversations most days the specialist is present	Brief conversations most days the specialist is present	Brief conversations most days the specialist is present	Conversations every <b>day</b> the specialist is present

1  
Ideal Practice

Now look back over your responses. If there is generally a difference between your typical practices and what you consider to be best practice, what factors contribute to the discrepancy?

Remember, for each item, circle one number for Typical Practice and one number for Ideal Practice.