


# Early Intervention *P*ersonnel Preparation Training Activities

Janet Thomas, MEd, OTR/L  
Toby Long, PhD, PT  
Rachel Brady, MS, PT



Georgetown University  
Center for Child and  
Human Development  
University Center of Excellence  
in Developmental Disabilities

★ ★ ★ District of Columbia Early  
Intervention Program  
 Office of Early Childhood  
Development



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## DC Early Intervention Program Comprehensive System of Personnel Development

# Personnel Preparation Training Activities

Personnel preparation in the field of early intervention has become a national effort. Part C of the Individuals with Disabilities Education Act (IDEA) requires each state and jurisdiction to develop a Comprehensive System of Personnel Development or CSPD (U.S. Code of Federal Regulations, 1997). Each state must develop a system to ensure that the personnel providing services to infants, toddlers, and their families possess the appropriate skills needed to provide service in a comprehensive, family centered, culturally competent, and community-based system of care.

The purpose of the CSPD is to ensure that early intervention providers are qualified personnel in early intervention. Each state's CSPD needs to include a system-wide process for:

- developing minimum standards for personnel qualifications,
- coordinating pre-service and in-service training programs,
- identifying personnel needs, and
- disseminating promising materials.

The design of the CSPD should assist providers in identifying professional growth activities that support acquiring and adopting contemporary practices of service delivery.

The DC CSPD program is part of the DC Early Intervention Program (DCEIP). The DC CSPD consists of three major components: **Credentialing**, **Training**, and **Resource Development**.

- The **Credentialing System** consists of the development of a professional portfolio indicating that the applicant has met competency in six areas of early intervention:
  1. Infants and Toddlers with Special Needs
  2. Interaction with Families
  3. Legal Mandates, Regulations, and Administration
  4. Evaluation and Assessment
  5. Individualized Family Service Planning
  6. Program Implementation

An application packet can be downloaded from <http://gucchd.georgetown.edu> or requested by contacting Toby Long, PhD, PT, Georgetown University Center for Child

and Human Development, 3307 M Street, NW, Suite 401, Washington, DC 20007, 202-687-8742, longt@georgetown.edu.

- The **Training** includes:
  1. The Annual Conference
  2. DC Foundations: A basic overview of early intervention offered throughout the year and is mandatory for all providers applying for credentialing
  3. In-service trainings on a variety of issues pertinent to early intervention
- The **Resources**: DC CSPD and DCEIP have developed a variety of resources to assist providers in meeting credentialing requirements and enhancing knowledge in the field of early intervention. These resources include a *Resource Guide for Professional Development, Family Activity Brochures, and Personal Preparation Training Activities*. These materials can be downloaded from <http://gucchd.georgetown.edu> or requested by contacting Toby Long, PhD, PT, Georgetown University Center for Child and Human Development, 3307 M Street, NW, Suite 401, Washington, DC 20007, 202-687-8742, longt@georgetown.edu

The following set of training activities has been developed to assist in personnel preparation. These materials will assist trainers of early intervention personnel in academic and continuing education settings. The activities include case studies, short-term assignments, group activities, observation and site visits, and writing assignments. The training activities were developed by: Janet Thomas, MEd, OTR/L; Toby Long, PhD, PT; and Rachel Brady, MS, PT of the Georgetown University, Center for Child and Human Development.

For more information on DC CSPD or DCEIP please contact:

Toby Long, PhD, PT  
*Coordinator, DC CSPD*  
Georgetown University Center for  
Child and Human Development  
3307 M Street, NW, Suite 401  
Washington, DC 20007  
Phone: 202-687-8742  
Fax: 202-687-8899  
E-mail: longt@georgetown.edu

or  
Program Manager  
DC Early Intervention Program  
Department of Human Services  
Office of Early Childhood Development,  
717 14th Street, NW, Suite 800  
Washington, DC 20005  
Phone: 202-727-1839  
Fax: 202-727-5218

# Case Studies

The following case studies are designed to stimulate discussion on a variety of issues in early intervention. Each case is followed by several questions on current issues in early intervention. These cases can be used as individual assignments, small group assignments, or as a part of classroom discussions. The case studies are vehicles for enhancing knowledge in three core areas related to early intervention: *evaluation*, *eligibility*, and *service provision within the natural environment*.

## Objectives

In completing the case studies the provider will be able to:

1. Describe the evaluation process used to determine eligibility for early intervention services.
2. List eligibility criteria.
3. Understand the importance of the family as the focal point of intervention.
4. Describe early intervention services that can be helpful to families.
5. Describe the characteristics of autism and developmental delay.
6. Describe the components of providing service in a natural environment.

There are three case studies: Aaron, Kavon and Kaila. The story of Aaron is written to highlight the characteristics of autism and the various treatment approaches and options that are available to families. The story of Kavon highlights the eligibility determination process and the need to consider natural environments in the context of service delivery. The story of Kaila describes the evaluation process and focuses on pre-evaluation planning, anticipating a variety of factors that can influence services and service delivery, including mental health services.

# Aaron

Aaron is an 18-month-old who was diagnosed with autism at 17 months of age. His parents were devastated to learn that Aaron had autism. He had been diagnosed with epilepsy by a neurologist when he was 15 months old. Aaron has been on medication for his seizure disorder since his diagnosis. His seizures have been under control.

His birth was much anticipated and uncomplicated. Aaron was the first born to his young parents. His parents describe him as a fussy baby who did not like to cuddle. His mother and father first became concerned when Aaron did not smile. His grandparents attributed this to his parent's inexperience. Aaron also experienced some early feeding issues. These included some vomiting and slow weight gain.

At his six-month medical checkup Aaron's parents brought up their concerns to his pediatrician. Aaron's pediatrician was also concerned about Aaron's slow weight gain. Some tests were ordered. He was found to be anemic but otherwise healthy. He was placed on an iron supplement.

Aaron's parents became increasingly concerned, as he did not seem to be meeting his developmental milestones. For example, Aaron was 8 months old when he sat; 11 months old when he crawled; and 15 months old when he first started to walk. Additionally, he was not responding to his name. His parents brought up concerns about deafness to their pediatrician. Although he was uncooperative with his hearing test, he did not appear to have a significant hearing loss.

Aaron experienced his first seizure at 15 months of age while he was on vacation with his parents. He was rushed to an emergency facility. After running some tests, a pediatrician made the diagnosis of epilepsy and recommended to the family that Aaron see a neurologist and receive an interdisciplinary evaluation when he returned home.

Although he was seen immediately by a neurologist, it took the family a couple of additional months to receive the interdisciplinary

evaluation. An occupational therapist, psychologist, and speech language pathologist evaluated him in consultation with the neurologist. The evaluations were conducted in a clinical setting. The evaluation consisted of administration of standardized tests, a series of questionnaires, and informal observations.

During the evaluation Aaron demonstrated fleeting eye contact. He did not respond to his name when called by either his parents or the examiners, nor did he follow simple commands such as "come here", "give me" or "sit down". He did not use gestures or words to communicate during the evaluation. Aaron was quiet, although some vocalizations, mostly vowel-consonant combinations, were heard. Aaron did not attempt to gain the attention of other people. He often maintained an open mouth posture with a protruding tongue. Some drooling was also noted.

The mental and motor scales from the *Bayley Scales of Infant Development-II* were given to Aaron as well as the *Receptive and Expressive Emergent Language Scale (REEL)*. His adaptive and social emotional abilities were informally assessed. Results revealed that Aaron demonstrated global developmental delays with atypical behaviors. His cognitive abilities were measured at the 7-month level. His motor skills were at the 12-month level. Aaron's language skills were at the 6-7 month level. His feeding skills were considered significantly delayed. He had not started feeding himself; ate mostly stage two baby foods; and continued to drink from a bottle. The atypical behaviors that were observed included hand flapping and staring at the lights. Additionally, he did not play with the examiners. He did seek out his parents occasionally for some comfort.

The evaluation concluded that Aaron had epilepsy, autism, and global developmental delays. Early intervention services were recommended and Aaron was referred to the District of Columbia Early Intervention Program.



### **Discussion Questions—Aaron**

1. Is Aaron eligible for services through the District of Columbia’s Early Intervention Program? Why or why not?
2. What are some of the characteristics of autism?
3. Since the diagnosis of autism is based on clinical rather than laboratory findings, what do you think the clinical assessment should include? What other assessments and or methods would you recommend for an evaluation of a child suspected of having autism?
4. What are some of the common and uncommon treatment strategies used with children who are diagnosed with autism?
5. What intervention strategies are used with children with autism? Select one intervention approach used with children with autism and discuss the evidence that supports its use.
6. What are some questions you can think of that would be appropriate to ask Aaron’s parents in order to obtain more information about him?

# Kavon

Kavon is a 2½-year-old boy whose mother is concerned about his speech, language, and behavior. She indicated that Kavon uses two syllable words, but frequently cuts off the beginning and ending of words; thus he is very difficult to understand. Kavon's mother also said that her 4-year-old child had speech and language difficulties. Her 4-year-old received intervention services, which were helpful. Also, Kavon's mother reports that Kavon will have "screaming fits" or tantrums mostly at home that will last for 20 to 30 minutes. She is very concerned about this and doesn't know what to do.

Kavon is one of many siblings. His mother is single and has recently put her children in child care so that she can pursue work and school. She indicated that if Kavon is eligible for early intervention services these services would need to be provided for him at his child care setting.

Kavon was born early at 34 weeks gestation. He did not receive any type of developmental follow-up. He had some difficulty with breastfeeding and was put on the bottle, which he continues to seek out. He has a younger sibling so it is difficult to prevent him from getting a bottle. His mother indicated that she tries to fill the bottle with water.

Kavon had obvious dental problems at the time he was evaluated. His mother reported that he has had many ear infections, but he has not seen an ear, nose and throat specialist. Kavon also has a history of asthma and allergies, but again has not seen any specialists about either of these conditions.

His mother accompanied Kavon to the evaluation. He was a friendly and engaging little boy who had much energy. For the most part he complied with formal testing, especially when instructions were given with visual cues. He was patient and persistent with the tasks. Toward the end of the testing, however, Kavon had a harder time attending to the tasks and following directions. He became active by running and jumping around

the room. When redirected and given several breaks he was able to complete the formal testing. His mother indicated that his behavior during the evaluation was fairly typical of how he is at home.

The mental and motor scales from the *Bayley Scales of Infant Development-II* were given to Kavon. The *Receptive and Expressive Emergent Language Scale* (REEL) was administered as well. His adaptive and social emotional abilities were also determined by use of the Vineland Adaptive Scale. The results of the evaluation follow.

**Cognitive Development:** Kavon achieved a developmental index of 81 with a developmental age of 26 months on the mental portion of the Bayley. Tasks that involved thinking and problem solving with his eyes and hands were a strength. He struggled more with the language items on the cognitive test. He was often echolalic. He had difficulty with many abstract concepts including spatial concepts, quantitative concepts, and descriptors.

**Communication Development:** Kavon achieved a receptive language level of 20-22 months on the REEL. He also achieved an expressive level of 20-22 months. Based on informal assessment of his speech, Kavon's articulation was felt to be similar to his language abilities. His relative language strengths included his abilities to imitate environmental sounds, use two word combinations, and use some personal pronouns. His difficulties included expanding his understanding of the meaning of longer verbal information, pointing to smaller body parts, and understanding questions related to the functional use of objects such as "What do you eat with?". He also needs to learn to ask for help verbally for some of his personal needs.

**Motor Development:** Kavon achieved a developmental index of 86 with a developmental age of 27 months on the motor portion of the Bayley. His gross motor skills are a strength. Kavon was age appropriate in

running, jumping and negotiating the stairs. He did not do as well with fine motor skills such as grasping small objects and manipulating a pencil. Kavon tended to grasp the pencil in his palm and he was not able to imitate or copy simple lines or circles.

**Adaptive Development:** Kavon achieved a standard score of 81 for an age equivalent of 2 years, 2 months on the Vineland Adaptive Scales. Kavon can feed himself, but at 2½ he is

still using the bottle and a sippy cup. He is also struggling with toilet training, as he has expressed little interest in using the toilet. This has become an issue at his child care setting.

**Social-Emotional Development:** Kavon achieved a standard score of 100 for an age equivalent of 2 years, 6 months on the Vineland Adaptive Scales. Kavon is described as friendly and outgoing and plays well with other children.

### Discussion Questions—Kavon

1. How could you summarize the evaluation findings in reader or family-friendly terms?
2. What percent delay, if any, is Kavon demonstrating in the various areas of development for which he was assessed?
3. In your opinion should Kavon be found eligible for early intervention services? On what bases are you making your judgment?
4. What services, if any, do you think would benefit Kavon and why?
5. How could Kavon's services be delivered?
6. What other recommendations do you have for Kavon and his family?

# Kaila

The District of Columbia Early Intervention Program has referred Kaila to you for an evaluation. Kaila is 15 months old. She attends an Early Head Start program. Her mother, who is described as having some cognitive limitations, dropped out of high school at 15 years of age and now at 22 is attending a program for adults with developmental disabilities. Her mother is also homeless and lives in transitional housing. Kaila's mother and her teacher at the Early Head Start program think an evaluation is appropriate.

Although she consented to have Kaila evaluated, her mother is not very concerned about Kaila nor her development. She did express some frustration with Kaila's "fussiness" and her lack of sleeping, however.

Kaila's primary child care provider is extremely concerned about Kaila's physical growth. Kaila appears very small for her age of 15 months. Kaila's mother is not sure how much Kaila weighs but did indicate that her pediatrician is following Kaila for her growth.

Kaila is described as being a picky eater. She is bottle-fed and is difficult to feed. Although her mother indicated that she has no trouble feeding her at home, the primary child care provider indicated that Kaila often gags and throws up at child care.

Kaila's primary child care provider is also concerned about her temperament. She describes Kaila as having a "flat" affect. Kaila often wants to be held and cries when other children approach her.

Her development sounds as though it has been generally slow all around, although not likely 50% delayed. Kaila has just started to walk by herself. She babbles and says "ma ma". She will wave "bye bye" as well. She will finger feed but will not use a spoon or drink from a cup.

Her mother and social worker will accompany Kaila to the evaluation. Her primary child care provider will not be able to attend the scheduled evaluation. The evaluation is scheduled for the upcoming week.

### Discussion Questions—Kaila

1. You are assigned to be the service coordinator for this child and family and will have the opportunity to speak with the mother by phone prior to conducting the evaluation. What additional information would you like to obtain prior to conducting the evaluation on Kaila? Based on the information provided above make a list of questions you would like to ask.
2. What information should you share with Kaila's mother prior to her visit?
3. What areas should be addressed during the evaluation and how will you address these areas?
4. Who should conduct this evaluation?
5. Do you think there may be any mental health issues described? If so how will these be addressed?
6. If Kaila is not 50% delayed is it possible that she may still be found eligible for early intervention services? On what basis?
7. Are there any other community-based personnel you would like to talk to about Kaila and her mother?
8. Develop a comprehensive care plan that addresses the needs of Kaila. Include in the plan the services that can be utilized to help meet those needs, who should be assigned responsibility for them, and a timeline for plan implementation.



# Assignments

The following five assignments were designed to broaden an individual's knowledge of early intervention, research, program planning, legislation and resource development. Specific guidelines and detailed instructions are provided for each assignment. Descriptions, purposes, and objectives for each assignment are also given.

The overall purpose of the assignments is to provide a variety of activities that facilitate learning about the core areas of early intervention. The activities range from site visits to analysis of research, to development of new materials. The range of learning activities caters to the styles of the adult learner and the needs of trainers. Trainers can choose which of the activities are useful for their purposes.

The assignments can be used individually or as group projects. Products such as papers and presentations can be generated from the assignments. The trainer should decide on how to use and/or modify any one or all of the assignments.

## Objectives

Following completion of the assignments, students of early intervention will be able to:

1. Research traditional and non-traditional early intervention strategies.
2. List and discuss journals outside their specific field of expertise.
3. Describe the types of settings in which infants and young children receive care.
4. Understand the federal legislation related to early intervention.
5. Develop helpful tools for parents.

# Assignment One: Intervention Approaches for Children with Disabilities

## Purpose

To become familiar with the variety of intervention approaches provided to children with disabilities.

## Format

Each presenter will have 10 minutes to present a succinct review of an intervention approach.

The review should include:

- Purpose of the intervention.
- Population of children the intervention is designed for (disability, age).
- General description of the intervention including: who performs the intervention, where the intervention is conducted, what the intensity level is and the cost, equipment needed, special expertise, certification, training, etc.
- Research related to the intervention approach.
- Critical analysis: from literature, own experience, family experiences, etc.
- Local practitioners who practice the approach.
- Web site or other internet resources pertaining to the intervention approach.

## Documentation

Each presenter will provide a one-page summary in bulleted format on the intervention approach she/he examined. The summary should include the above information as well as the names and contact information for local practitioners, if known; and three citations from the literature that describe, critique, or analyze the approach.

## Intervention Approaches

The following includes a partial list of early intervention approaches. Trainers may add others.

- Sensory Integration
- Developmental, Individual Differences, Relationship Based Model (DIR)
- Neurodevelopmental Therapy (NDT)
- Developmental Optometry
- Discreet Trial Training-Lovaas
- Developmentally Appropriate Practice (DAP)
- Auditory Integration Training: Berard, Tomatis, Samonas
- Cognitive-Developmental Systems Approach: Miller Method
- Lindamood Phonemic Sequencing Program: Lindamood-Bell
- Movement Opportunities Via Education (MOVE)
- Myofascial Release (MFR) and Cranial-Sacral Therapy (CS)
- Applied Behavioral Analysis
- MEDEX
- Fast Forward
- TEACCH
- Conductive Education
- Activity Based Intervention (ABI)
- Phonographics/Earopics
- Nutritional Supplements/Diets
- Advanced Neuromotor Rehabilitation



# Assignment Two: Research Five Journals Outside Your Field of Expertise

## Purpose

To become familiar with a variety of publications outside your field.

## Format

Each student/trainee will produce a summary of a journal outside their field, but within a field that they would potentially work.

## Documentation

Generate a one-page summary on each of the journals researched that includes the following information:

- Name of the journal
- Purpose of the journal
- Editor of the journal
- Publication information
- Frequency of the publication
- Types of articles
- Affiliation of the journal with a professional association
- Target audience
- Subscription rate
- Critical analysis of the journal: Is it worth spending the fee for this journal? Why or why not?
- How to order the journal

## Publications

The following includes a partial list of publications from a variety of organizations. These journals contain current information about topics in early intervention from various disciplines. Trainers can also use other relevant journals not listed here.

*American Journal of Mental Retardation*  
 American Association of Mental Retardation  
 Washington, DC

*Archives of Disease in Children*  
 BMJ Publishers Group  
 London, England

*American Journal of Occupational Therapy*  
 American Association of  
 Occupational Therapy  
 Bethesda, MD

*Child Development*  
 Blackwell Publishers  
 Malden, MA

*continued*

## Assignments

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*Developmental Medicine and  
Child Neurology*

MacKeith Press  
London, England

*Exceptional Children*

Council for Exceptional Children  
Reston, VA

*Infancy*

Lawrence Erlbaum Associates, Publishers  
Mahwah, NJ

*Infant Behavior and Development*

Elsevier Science, Inc.  
New York, NY

*Infant and Toddler Intervention:  
The Transdisciplinary Journal*

Singular Publishers  
San Diego, CA

*Infants and Young Children: An  
Interdisciplinary Journal of Special  
Care Practices*

Aspen Publishers, Inc.  
New York, NY

*Journal of Early Intervention*

Council for Exceptional Children  
Reston, VA

*Mental Retardation*

American Association of Mental Retardation  
Washington, DC

*Neonatal Network: The Journal of  
Neonatal Nursing*

Santa Rosa, CA

*Pediatric Physical Therapy*

Lippincott, Williams and Wilkins  
Philadelphia, PA

*Physical Therapy*

American Physical Therapy Association  
Alexandria, VA

*Physical and Occupational Therapy  
in Pediatrics*

Haworth Press  
Binghamton, NY

*The Future of Children*

A Publication of the David and Lucile  
Packard Foundation  
Los Altos, CA

*Topics in Early Childhood Special Education*

Pro-ed  
Austin, TX

*Zero to Three*

ZERO to THREE: National Center for  
Infants and Families  
Washington, DC

## Assignment Three: Site Observations

### Purpose

The purposes of this assignment are to become familiar with the variety of programs available in the community that serve infants and toddlers, and to determine how programs/services infuse best practice philosophy/values into service provision.

### Format

Each student/trainee will set up a site visit and will spend some time observing a particular facility or program that cares for and provides services to infants and young children. The following list should be used to guide the observations. The student/trainee will then have 10 minutes to present a succinct review of the setting that they observed.

### Documentation

For each site visit, each trainee should generate a two-page summary that includes the following information:

- Name of the facility or program
- Ages of the children served
- History and philosophy of the facility or program
- Structure of the facility or program (Co-Op, Pre-K, etc.)
- Services provided
- Activities and routines in which the children engage
- Adult to child ratio
- Types of delays and disabilities of the children who attend this program
- Family involvement
- Type of setting: inclusive setting, provisions for inclusion
- Curriculum used
- Would you recommend this facility to a family with a child with a disability?  
Why or why not?

### Sites

The following is a list of some facilities and programs that serve children in the District of Columbia. Trainers could choose to use others. Trainees must contact sites for permission to observe and to set up dates and times for observation.

**Bright Beginnings**  
202-842-9090  
128 M Street, NW  
Washington, DC

**Center for Mental Health, Inc.**  
202-889-5255  
2041 Martin Luther King Jr. Avenue, SE  
Washington, DC

*continued*

## Assignments

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**Chesapeake Center, Inc.**

703-924-4100  
6505 Loisdale Road  
Springfield, VA

**Easter Seals Child Development Center**

202-387-4434  
2800 13th Street, NW  
Washington, DC

**Edward C. Mazique Parent Child Center**

202-462-3375  
1719 13th Street, NW  
Washington, DC

**Kendall Demonstration Elementary School**

202-651-5397  
800 Florida Avenue, NW  
Washington, DC

**Lt. Joseph P. Kennedy Institute Preschool**

202-529-7600  
801 Buchanan Street, NE  
Washington, DC

**Mary's Center for Maternal and  
Child Care, Inc.**

202-483-8319  
2333 Ontario Road, NW  
Washington, DC

**National Children's Research Center**

202-363-8777  
3209 Highland Place, NW  
Washington, DC

**National Children's Center-Early  
Intervention Program**

202-279-4900  
3400 Martin Luther King Jr. Avenue, SE  
Washington, DC

**Out Came the Sun**

301-649-7170  
P.O. Box 1687  
Rockville, MD

**Project Child**

202-588-9894  
2200 California Street, NW  
Washington, DC

**PSI Early Intervention**

202-547-3870  
770 M Street, SE  
Washington, DC

**The River School**

202-337-3554  
4880 MacArthur Boulevard, NW  
Washington, DC

**Rosemont Center**

202-265-9885  
2000 Rosemount Avenue, NW  
Washington, DC

**St. Ann's Infant and Maternity Home**

202-559-5500  
4901 Eastern Avenue  
Hyattsville, MD

**The Treatment and Learning Centers and The  
Katherine Thomas School**

301-424-5200  
9975 Medical Center Drive  
Rockville, MD

# Assignment Four: Describe Five Federal Laws that Impact Young Children (Birth-Three Years)

## Purpose

The purpose of this assignment is to become aware of the federal laws that impact the lives of infants and toddlers with delays and disabilities and their families.

## Format

Each student/trainee will research a law that impacts infants, toddlers or young children. They will write a summary of that legislation that can be shared with the rest of their classmates/colleagues.

## Documentation

Generate a summary that includes the following information:

- Name of the law(s) that impact infants and toddlers and their families
- Write a description of the law(s)
- Identify what government agency has the authority to regulate the law(s)
- Identify what types of services are provided as a result of the legislation
- Name who is impacted and how they are impacted
- Obtain contact information (phone numbers, web sites, and email addresses) on local, state, and federal levels of people and agencies responsible for the implementation of the legislation

## Laws

The following is a partial list of legislation that impacts young children. Trainers can add others.

- **IDEA** (Individuals with Disabilities Education Act)
- **Medicaid** (Title XIX of the Social Security Act)
- **EPSDT** (Health Check)
- **Healthy Families Program** (State Children's Health Insurance Program (S-CHIP))
- **TANF** (Temporary Assistance for Needy Families)
- **SSI** (Supplemental Security Income)
- **ADA** (Americans with Disabilities Act)
- **CDBG** (Child Care Development Block Grant)

# Assignment Five: Develop Helpful Informational Materials for Families

## Purpose

The purpose of this assignment is to creatively develop materials in a family friendly format to assist providers in relaying useful information to families about topics and issues relevant to early intervention.

## Format

The type of material chosen will determine the format. Materials such as those listed below, however, should be written in audience-friendly terms using concise language. The creative use of symbols, design elements, and formatting will enhance the product.

## Documentation

Create one or more of the following:

- Brochures
- Fact sheets
- Worksheets
- Helpful Tips
- Posters
- Public service and awareness announcements
- Slogans
- Bumper Stickers
- Web site(s)

# The Games of Early Intervention

The *Games of Early Intervention* are a set of activities that can be used for training purposes. The Games are fun, interactive tasks that build upon the competencies needed by early interventionists. The Games can be used as a pre-test experience to gather information from the student/trainee on her/his knowledge base, as icebreaker activities, or as a component of didactic learning. Trainers who embellish the answers with further details will be most successful with this interactive approach to learning. Providing small tokens or treats to the participants maintains enthusiasm and supports a fun atmosphere for playing the Games.

## Objectives

In completing the *Games of Early Intervention* the provider will be able to:

1. Differentiate the components of Part C, IDEA and Part B, IDEA.
2. Appreciate the value of clear communication through active listening.
3. Explain the rationale behind EI program implementation.
4. Discuss the variations in laws that impact service delivery to children at-risk or with a disability or delay.
5. Explain the basic provisions of early intervention in the natural environment.

# To Tell the Law

## Purpose

To discuss the variations in laws that impact service delivery to children at-risk for or with disabilities/delays.

## Participants

- Two participants are recruited to act as the “law”
- Three other participants will act as the “prosecutors”
- The other participants will act as the “jury”
- The facilitator/instructor will act as the “court reporter”

## Materials

- Index cards with questions and answers about the following laws
  - IDEA
  - Section 504
  - ADA
  - SSI
  - Medicaid
  - EPSDT
- Index cards with only the name of the law on it

## Strategy

- Choose the five contestants who will be the “law”, and the “prosecutors”
- Allow one of the “laws” to choose from the cards with the name of the law on it
- Based on the name they choose, give the “prosecutors” the question and answer cards for that particular law.
- In turn each “prosecutor” will ask each “law” a question. The “court reporter” will record each response. The correct answer will not be given at this time.
- Following the answering of all the questions. The “jury” will deliberate by reviewing the answers and deciding which one of the “laws” answered the most questions correctly. One member of the jury will present the verdict and the reasoning behind the verdict.

## Questions/Answers for Each Law

### Americans with Disabilities Act (ADA)

1. What is the ADA?

*Passed in 1990 the ADA seeks to eliminate barriers to access in buildings, transportation, and communication.*

2. What is the purpose of eliminating these barriers?

*The ADA prohibits discrimination based on disability in employment, public services, and accommodations.*



3. What type of law is the ADA?

*A civil rights law.*

4. What is the impact of being a civil rights law?

*Because it is a civil rights law there is no financial assistance to help with assuring access (ramps, AT, etc).*

5. Who is protected by the ADA?

*Any individual (adult or child) who has a physical or mental impairment that substantially impacts a major life activity; has a record of such an impairment; is regarded as having an impairment.*

6. What is an example of how this law would impact an infant or toddler eligible to receive Early Intervention?

- *Ramps into a child care center*
- *Sign language interpreter if a parent has a hearing impairment so he/she can communicate with staff*
- *Make available specialized equipment or adapted materials so the child can take part in all activities (raised toilet seat or stool with armrests for standing at the sink or water table.*

7. Does the ADA apply to religious organizations?

*ADA protections apply to nonsectarian private schools, but not to organizations or entities controlled by religious organizations.*

**Developmental Disabilities Assistance and Bill of Rights Act, Part B (DD Act)**

1. What does the DD Act provide?

*The DD Act provides grants to States to support the planning, coordinating, and delivery of specialized services to persons with DD.*

2. Does the program provide services?

*No. The DD Act does not fund services to individuals. The Act provides funds to States to support the integration of individuals with disabilities into the community.*

3. What do States use funds for?

*Funds can be used to*

- *Enhance coordination among service providing systems*
- *Conduct activities, such as training and technical assistance, to increase the capacity of community programs to integrate individuals with DD into their programs*
- *Do research*
- *Develop model policies and procedures*
- *Conduct outreach activities*
- *Conduct prevention activities*
- *Etc.*

## Games: To Tell the Law

### 4. Who decides what programs to create or support?

*At least 65% of the funds must be used to support one or more of the following activities:*

- *Employment*
- *Community living*
- *Child development activities*
- *Case management*
- *Family support services*

### 5. What impact does the DD Act have on EI providers?

*The DD Act gives the EI provider an opportunity to advocate for model services or supports. Although provision of services can not be funded, providers can advocate for model program development or a particular outreach activity for infants and toddlers and their families.*

## Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

### 1. What is EPSDT?

*The Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT) is a component of the Medicaid program (see below). EPSDT provides comprehensive, well-child health care services and medically necessary treatment.*

### 2. Who is eligible to receive EPSDT services?

*All Medicaid-eligible children from birth through age 21.*

### 3. What kind of services are covered?

*This is a more comprehensive system of services than what Medicaid covers. EPSDT includes:*

- *Screening services: physical, developmental, hearing, vision*
- *Immunizations*
- *Laboratory tests*
- *Dental services*
- *Hearing and vision services such as glasses, hearing aides*
- *Any diagnostic or treatment service which is medically necessary to ameliorate a condition detected by a screen even if not offered by the state Medicaid Plan*

## Individuals with Disabilities Education Act (IDEA)

### 1. What are the ages of individuals covered by the IDEA?

*Birth through age 21 years.*

### 2. What does FAPE stand for?

*Free and Appropriate Public Education.*

### 3. What is meant by the Least Restrictive Environment?

*The educational environment closest to the typical classroom that the child would attend if he/she did not need special education and related services that can accommodate, with services and supports, a school aged child with disabilities, who has been determined to benefit from special education and related services.*

4. **What is an IEP?**  
*Individualized Education Program*
5. **What is an IFSP?**  
*Individualized Family Service Plan*
6. **What do the federal regulations of Part C say are the eligibility requirements?**  
*That it is up to the State to determine eligibility requirements and can be based on: amount of delay, medical condition, risk, or professional judgment.*
7. **What is the purpose of a due process hearing?**  
*To have an impartial hearing officer determine a solution to an issue that two parties cannot agree on (usually family v. school system).*
8. **What is the purpose of mediation?**  
*To have an impartial mediator, facilitate a meeting at which the two parties determine a mutually agreed upon solution for themselves.*
9. **A very good IEP will have specific goals for physical therapy, occupational therapy, speech-language pathology, and other related service providers as appropriate for the child: T or F**  
*False. A very good IEP will have a set of discipline free goals for the child.*
10. **When is a child eligible to receive physical therapy under IDEA?**  
*Under IDEA children are eligible to receive physical therapy services if they have been determined eligible for special education and need PT to benefit from their education.*

## **Section 504**

1. **What is Section 504 a section of?**  
*The Rehabilitation Act of 1973*
2. **What is the purpose of Section 504?**  
*Section 504 is a non-discrimination law. It states that a person cannot be denied access to or excluded from participating in any program or activity receiving Federal funds, conducted by any Executive agency, or by the US Postal Service.*
3. **Historically, why is Section 504 important?**  
*Section 504 was the first effort to address the public schools failure to provide education for children with disabilities.*
4. **Does Congress appropriate funds to schools and communities to implement Section 504?**  
*No. Section 504 is considered an unfunded mandate.*

## Games: To Tell the Law

### 5. Who does Section 504 protect?

*Students with disabilities who are not eligible under IDEA. A student with a disability is defined as any individual who has a physical or mental impairment that substantially impacts a major life activity; has a record of such an impairment; is regarded as having an impairment.*

### 6. What does Section 504 provide?

- Accommodations
- Modifications
- Related services
- AT
- AT Services
- Behavior management

### 7. Why does Section 504 concentrate on the notion that students with disabilities should not be denied equal opportunity to access and benefit from programs receiving federal assistance?

*Because it is a civil rights statute.*

### 8. Are extra curricular activities covered under 504 or just academics?

*Extracurricular activities are covered. Thus, a student with a disability cannot be denied access to an after school activity and reasonable accommodations and or modifications must be available.*

### 9. Are there procedural safeguards under 504?

*Section 504 requires notice to parents regarding identification, evaluation, and/or placement. Written notice is recommended. Notice must be made only after a “significant change” in placement.*

## Social Security (SS)

### 1. What does social security have to do with a child?

*Under the Social Security program a child with a disability may be eligible for Supplemental Security Income (SSI) benefits.*

### 2. Who is eligible to receive SSI benefits?

*A child is eligible if*

- *He or she has a physical or mental condition(s) that very seriously limits his or her activities and the condition(s) has lasted or is expected to last at least 1 year or is expected to result in death.*
- *Low income*
- *Few resources*

### 3. What is the link between SSI and Medicaid?

*In most states children eligible for SSI are eligible for Medicaid.*

4. **What is the link between SSI and Children with Special Health Care Needs (CSHCN)?**  
*Children eligible for SSI are referred for health services under the CSHCN provisions of the Social Security Act.*
5. **What does a child get from SSI?**  
*SSI is a program that pays monthly benefits to the child.*
6. **Does the family's income impact the SSI benefit?**  
*Yes, the parent's income and assets are considered when deciding if a child qualifies for SSI.*
7. **How is a child determined eligible to receive SSI?**  
*A state office called Disability Determination Service reviews all documentation to determine if a child is eligible.*

### **Technology-Related Assistance for Individuals with Disabilities Act (Tech Act)**

1. **What is the purpose of the Tech Act?**  
*The program provides discretionary grants to States to develop a statewide program to facilitate the provision of assistive technology and assistive technology services to individuals with disabilities.*
2. **Are children eligible to receive services under the Tech Act?**  
*Yes, children as well as adults are eligible to receive services. To be eligible an individual must be considered to have a disability as defined by any Federal law or State law in the State that the individual resides and who would benefit from AT and/or AT Services.*
3. **What can this law do for an individual with a disability?**  
*The following services and supports are covered under the Tech Act and are available to eligible individuals:*
  - *Identification of needs*
  - *Identification and coordination of resources*
  - *Provision of AT or AT Services*
4. **Does the law provide any other type of services or protections for individuals with disabilities?**  
*Yes, the Tech Act requires that States develop a system of services and supports for individuals with disabilities. This system consists of (but not limited to) the following activities:*
  - *Conduct Statewide needs assessment*
  - *Create and maintain support groups*
  - *Develop and conduct public awareness programs*
  - *Provide training and technical assistance*
  - *Develop a system for public access to technology-related information*
  - *On-going evaluation of programs offered*

## **Title IX of the Social Security Act (Medicaid)**

### **1. Is Medicaid a federal or state program?**

*Medicaid is both a federal and state program. The federal contribution to Medicaid is matched by state funds. The state administers the program.*

### **2. Who can receive Medicaid?**

*There are three ways that a person of low income can receive Medicaid:*

- *Medical need: States define medical need*
- *Categorical need: Individuals can receive Medicaid if they are already eligible to receive services such as SSI*
- *Waiver programs: There are waiver programs that target specific groups for coverage, such as individuals with mental illness or pregnant women and children under six.*

### **3. What services are paid for by Medicaid?**

*States can decide which services they will cover. There are some services that are mandated:*

- *In-patient and out patient hospital services*
- *Rural health clinic services*
- *Lab and x-ray*
- *Skilled nursing facilities*
- *Home health care for adults*
- *EPSDT (see above)*
- *Family planning services and supplies*
- *Physician services*
- *Mid-wife services*

### **4. Are these the only services covered?**

*No, there are optional services that States can cover:*

- *Services by specialty providers (PT, OT, podiatry, chiropractors, etc.)*
- *Drugs, dentures, prosthetic, orthotics, glasses, AT*
- *Screening services, preventive services, personnel care services, ICF services, transportation, case management, hospice, etc.*

### **5. Are there any types of restrictions on providers?**

*In a way, yes. Each state sets criteria for provider certification and enrollment. Individuals must choose a certified/enrolled provider. Each type of service has specific criteria.*

### **6. Can States not choose some services?**

*States can choose not to offer the Optional Services. But all mandated service categories must be available throughout the State.*

# A Natural Match

## Purpose

Introduces participants to the basic information regarding the provision of early intervention services in the natural environment,

## Participants

- Two volunteers will act as matchees (contestants)
- Other participants will act as the matchers
- Instructor will act as the matchmaker

## Strategy

- The matchmaker will read a card with a fill-in the blank phrase to a matchee
- Each matchee in turn will complete the phrase and write it on index cards
- Matchers will also complete the phrase and write it on index cards
- Matchee will receive 10 points for each correct match.

## Phrases

1. Name one of the three contexts that almost anything that happens in an infants or toddlers life occurs in.
  - *Community*
  - *Family*
  - *Early childhood activity*
2. Name one benefit of providing intervention in the natural environment.
  - *Generalization*
  - *Communication with family*
  - *Natural learning*
  - *Reinforces family-centered-care*
  - *Provides modeling and support to caregivers*
3. At what point during the program planning process does the team indicate the intervention environment?  
*During the IFSP, when outcomes are decided.*
4. According to Part C of IDEA what is meant by the term natural environment?  
*A setting in which one would expect to see children without disabilities.*
5. Who provides intervention in the natural environment?  
*All EI providers.*

## Games: A Natural Match \_\_\_\_\_

**6. Who receives intervention in natural environments?**

*All infants and toddlers who are receiving services and supports from the Part C program in their State or local jurisdiction.*

**7. Early interventionists who provide services within a natural environment can be best described as a**

*Coach, consultant, partner, collaborator.*

**8. All outcomes are practiced in the same natural environment-True or False**

*False, the environment will change depending on the outcome.*

**9. Learning opportunities are different from natural environments because they require \_\_\_\_\_ type of interaction.**

*Active; a child can be very passive and still be in a natural environment (sleeping in an infant seat in a grocery cart)*

**10. The overall objective of early intervention is to build the \_\_\_\_\_ of the infant or toddler and their family.**

*Competency.*



# It's a Great IDEA!

## Purpose

Delineates present knowledge of Part C and Part B of IDEA.

## Participants

- All participants are divided into three equal sized teams.
- The instructor acts as host
- Another instructor acts as orchestra leader, time keeper, and score keeper

## Materials

- It's a Great IDEA! game questions
- Arts/crafts materials to make pennants
- Music (tape or CD that can be turned off and on)

## Strategy

- Divide participants into three (or more) four-member teams.
- Each team will decide on a name, and make a pennant representing the spirit of the team.
- Each team will be asked a question based on the federal regulations from IDEA. The team will have 15 seconds to decide on an answer while the "It's a Great IDEA" orchestra plays. The orchestra leader will play the music for 15 seconds. When the music stops, the team must provide their answer.
- Teams will receive one point for each correct response.

## Questions

1. What are the two main sections of IDEA related to services for children called?  
*Part C and Part B*
2. Part C of IDEA contains information on what type of services?  
*Early Intervention*
3. Which document uses the term outcomes as its benchmark?  
*Individual Family Service Plan*
4. When is an IFSP reviewed?  
*Every six months.*
5. Where are early intervention services provided?  
*In the Natural Environment.*

## Games: It's a Great IDEA! \_\_\_\_\_

6. The team member who facilitates the development, implementation, and evaluation of the IFSP is called  
*Service Coordinator*
7. Who can be a Service Coordinator?  
*A any EI provider with the skills and knowledge.*
8. Are early intervention services free?  
*Some EI services are free: child find, eligibility evaluation, service coordination, mediation, IFSP development.*  
  
*Most services are not free. The law allows States and jurisdictions to develop a system of fees. Billing Medicaid and other insurance providers is an option, maintaining a sliding fee scale is another method.*
9. Who determines that a child is eligible for early intervention services?  
*A multidisciplinary team.*
10. Name one method a family can use to help resolve conflicts between them and the school or early intervention system.  
*Mediation*  
*Due process*  
*Talking to the provider*  
*Talking to the supervisor of the provider*  
*Talking to the Director of EI*
11. Can children receive early intervention services if enrolled in an Early Head Start Program?  
*Yes*
12. Is transportation considered a related service?  
*Yes*
13. At what age should the early intervention system begin the process of transitioning a child out of EI?  
*Two years, 3 months*
14. Can parents refuse to allow their child to be evaluated to determine eligibility for services?  
*Yes*
15. Who pays for mediation services?  
*The Early Intervention Program*

**16. T or F: Early intervention programs are special places for children with disabilities to go to receive all necessary therapies.**

*F. Early Intervention is a system of supports and services.*

**17. Are families encouraged to participate in early intervention?**

*Yes. Early intervention is a partnership between providers and families.*

**18. How often does a child who receives services under Part C need to be evaluated?**

*Yearly*

**19. What is the age range that a child could be considered to have a developmental delay?**

*3 years to 9 years.*

**20. What does IDEA stand for?**

*Individuals with Disabilities Education Act*

**21. Which Federal Agency administers IDEA?**

*Department of Education, Office of Special Education and Related Services*

**22. What is the difference between Part B and Part C of IDEA?**

*Part B describes the regulations for children receiving special education and related services for children from 5 through 21.*

*Part C describes the regulations for children receiving early intervention for children from birth through age 2.*

**23. Preschool services are covered under what component/section of IDEA?**

*Section 619*

**24. What is meant by the term natural environment?**

*Environments that one would find children without disabilities.*

**25. Does a child who receives early intervention services always transition into special education services?**

*No, a child could transition into a child-care center, Head Start program, any other type of pre-school or could stay at home. Child may or may not receive any special services or supports.*

# What Did You Say?

## Purpose

To appreciate the value of clear communication through active listening

## Participants

- The group should be divided into groups of 7 to 9 team members.
- All members sit in a large circle.
- One member will act as a parent of a child about to receive early intervention services.

## Materials

- Index cards with a variety of “parent wants” written on them.
- Chairs placed in a circle

## Strategy

- Team member who is acting like the parent will select a card.
- This person will initiate a conversation by whispering into the ear of the team member sitting next to her the statement written on the card.
- This person will whisper what she has heard to the person next to her and so forth.
- The last person in the circle will announce what she heard to the group.
- The group will ascertain how close this is to the original and how many interpretations occurred along the way.

## What Parents Want

- I would like to see my child talk to my husband when he comes in the house after work.
- I would like my child to play with his brother.
- I would like my child to sit in a high chair without tipping over or sliding out.
- I would like my child to sit by himself while eating dinner.
- I'm exhausted; I would like the baby to sleep through the night.
- I can't find a babysitter because the baby cries all the time.
- I would like to go back to work but the baby takes so long to feed, my babysitter can't take the time.
- My son is 15 months old, he should be walking but the therapist says he is not ready.

- Her twin can do so much more-I want her to do the same things.
- I want to go to the playground but I don't know what to do, he can't play on the equipment like the other kids.
- The childcare worker likes the children to play instruments; Andi can't hold any of the instruments so she doesn't participate.
- I hurt my back, it would make my life easier if she I didn't have to carry her everywhere.
- We haven't gone to church as a family since she was born. I would like to leave her with the church nursery program so I can participate in the service with my wife.
- You have to be so patient with him. The therapists expect him to follow directions immediately. I don't think they know what to do with Sam.
- I swim a lot. I'd like to take him with me so we can do something together.

# Truth or Dare

## Purpose

To explain the rationale behind EI program implementation.

## Participants

In turn each participant will act as the “truthsayer” while all other participants will act as those who would dare.

## Materials

Index cards with statements regarding the implementation of early intervention services.

## Strategy

The participant acting as the “truthsayer” will chose a card and read the statement aloud. This “truthsayer” will then announce if the statement is true or false. The other participants, “Those who would dare”, can then “dare” the “truthsayer “ to provide evidence for her conclusion. Each participant will have an opportunity to play the “truthsayer”. If there is disagreement there can be a discussion involving all participants to determine if the statement is true.

## Truth or Dare Statements

- Early intervention consists of physical therapy, speech-language pathology, and occupational therapy.
- The home is the best place to provide early intervention.
- Early interventionists should support natural learning opportunities.
- When providing family centered care the therapists provide parents all the therapy parents ask for.
- Like special education, early intervention is individualized to meet the needs of the child.
- It is important for therapists to bring their own equipment with them when they make home visits.
- It is better to have a special place to do the therapy.
- Early interventionists need to be very flexible.
- If families and providers disagree about the services the children are receiving they can request a mediator to help them resolve their difficulty.
- Children with CP will receive therapy throughout their lives.
- Specialized care centers provide the “best” service to children with disabilities.
- EI services can begin when a child is still in the hospital.
- Assistive Technology is inappropriate for infants and toddlers.
- All the providers should give home programs to families.