Chapter 10
Infancy and Early Childhood

Chapter Objectives

• State the rationale for early childhood special education
• Discuss the legislation and implementation affecting early childhood special education programs
• Describe assessment procedures used with infants, toddlers, and young children with disabilities
• Discuss considerations in programming for young children

Rationale for Early Childhood Special Education
Population Served

- Special needs children birth through 5 years of age.
  - birth - 2 years of age consisting of infants, toddlers, and their families
  - preschool-aged children 3 – 5 years of age.
- Special needs children are children who have been diagnosed with a disability, developmental delay, or who are considered at risk for school and learning failure.

Research Base

- Early pioneers
  - Marie Montessori
  - Friedrich Froebel
  - G. Stanley Hall
- Child Developmental Potential
  - children develop 50% of their total intellectual capacity by age 4 and 80% by age 8
  - the period between 8 months and 3 years is of utmost importance in the development of intellectual and social skills

Research Base

Theoretical Underpinnings

- Children with developmental disabilities require more and/or different early experience than children without disabilities.
- Formal programs with trained personnel are necessary to provide the required early experience to compensate for developmental difficulties.
- Developmental progress is enhanced in children with disabilities who participate in early intervention programs.

  (Bricker & Cripe, 1992, p. 9)
Research Base
Efficacy Studies

• Early intervention can
  – change the behavior of children in different areas of development
  – prevent the secondary consequences of primary disability
  – reduce the cost of serving these children at a later age
  – provide assistance and training to families in need
  – positively affect children’s intelligence quotient, school achievement, grade retention, placement in special education, and social competence

Legislation Affecting Young Children with Disabilities

IDEA

• Extends educational rights to children from birth forward
• Established a national policy for early intervention
• Offers financial assistance to states to develop and implement a program of early intervention services for infants and toddlers
• Recognizes the importance of the family on the child’s overall growth and development
• Mandates a variety of models aside from traditional education models, emphasizing natural environments
IDEA
Part B: Preschool Children with Disabilities

• Mandates that all states provide a free, appropriate public education to all eligible children with disabilities, ages 3 through 5
• During the 2000 – 2001 school year, states reported serving 599,678 children ages 3 through 5 under IDEA. This number represents a 37.6% increase in young children served from the year 1992-93

IDEA
Part C: Infants and Toddlers with Disabilities

• authorizes financial assistance to the states through grants to address the needs of infants and toddlers with disabilities and their families
• the number of infants and toddlers served under Part C of IDEA grew 40% from 165,351 on December 1, 1994, to 230,853 on December 1, 2000

IDEA
Part C

• Eligibility
  – developmental delays as measured by appropriate diagnostic instruments and procedures in at least one of five areas:
    • cognitive development
    • physical development, including vision and hearing
    • communication/language and speech development
    • social or emotional development/ or adaptive development.
    • Also included are children whose diagnosed physical/ mental condition has a high probability of resulting in developmental delays
• Noncategorical Identification
  – States define developmental delay
IDEA
Part C

• Individualized family service plan (IFSP)
  – Contents:
    • present levels of functioning
    • a statement of family strengths and needs
    • expected outcomes
    • specific services provided
    • projected dates of initiation and duration of services
    • name of the service coordinator
    • steps taken to support the transition to the preschool program
  – Philosophy
    – A family member may be the primary service recipient

• Service coordinator
  – responsible for the implementation of the IFSP and gives guidance to the family

• Lead agency
  – identified by the governor

• Interagency coordination
  – The role of the lead agency

• Multidisciplinary Services
  – Evaluation
  – family training and counseling
  – home visits
  – special instruction
  – speech/language pathology and audiology
  – occupational and physical therapy
  – psychological services
  – diagnostic and evaluative medical services
  – early identification screening and assessment services
  – health services necessary to enable the infant or toddler to benefit from other early intervention services
  – social work services
  – vision services
  – assistive technology devices and assistive technology services
  – transportation and related cost
Children who are At-Risk

Definition

• Children who, although not currently identified as having a disability, are considered to have a greater-than-usual chance of developing a disability
  – Three Types
    • Established risk: Children who have known genetic and biomedical conditions that affect their lives.
    • Biological risk: Children have developmental histories that suggest the presence of a biological problem, but the problem is not apparent.
    • Economic and social risk: Children who have no known medical or biological problem, but they do experience life situations that can give rise to problems.

Legal Assistance

• States may choose to service children who are at risk under IDEA, but they are not required by law to do so.
• Economic Opportunity Act of 1965
  – Created the Head Start program
    • Provides comprehensive educational, health, and social services to young children and their families with low socioeconomic status
Assessment

Purpose

• identification and diagnosis
  – developmental delay
    • a delay in one or more of the major developmental domains, which include language and communication, gross and fine motor development, cognition, and social-emotional development
  – developmental risk
    • Children who have a high probability of experiencing developmental delays based on established risk, biological risk, and/or environmental risk
• program planning
• program evaluation

DEC Recommended Practices

• Families and professionals collaborate in planning and implementing assessment
• Assessment is individualized and appropriate for the child and family.
• Assessment provides useful information for intervention.
• Professionals share information in respectful and useful ways.
• Professionals meet legal and procedural requirements and meet recommended practice guidelines.
Stages in the Assessment Process

• child-find/case finding
• developmental screening
• diagnosis
• individualized planning of programs and interventions
• performance monitoring
• program evaluation

Child Find and Developmental Screening

• Child Find
  – purpose is to locate young children who might need intervention programs and services
• Developmental Screening
  – quick survey of a group of children to identify those who may need further evaluation because of a potential problem.

Diagnosis

• purpose is to answer questions about the problem and types of interventions that will help this child
• in-depth testing, informed clinical judgment, and information gathered by an interdisciplinary team – including the families – are needed.
Planning & Intervention

DEC Recommended Practices

• Assess at regular intervals. Understand and revise the goals and objectives with family participation for each child.
• Obtain multiple checks on the child’s abilities.
• Report the child’s strengths and set priorities for intervention.
• Make sure that assessment is appropriate for each child and the family.
• Assess the child in a variety of natural settings, including the home. Families often report that their child can do tasks at home that the child could not successfully perform during the testing situation in a clinical setting.
• Share the information from the evaluation with the team members and the family.
• Both families and team members collaborate in implementing assessment results and in planning interventions.

Beirne-Smith et al.
Mental Retardation, Seventh Edition
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Performance Monitoring

DEC Recommended Practices

• Collect data on a regular basis about areas of concern.
• Analyze data to determine the mastery of targeted skills.
• Note progress the preschooler has made in accomplishing the stated goals and objectives on the individualized education program or individualized family service plan.
• Judge the effectiveness of the intervention. Should instruction be modified? Note if the child can generalize the learned skills to other settings when needed.
• Use this information to make decisions about further intervention and services.
• Make changes that are needed in the intervention plan

Program Evaluation

• to evaluate the intervention program itself
  – formative evaluation
    • conducted during the operation of the program
  – summative evaluation
    • conducted at the completion of the program to implement needed changes
Types of Instruments

• Norm-Referenced
  – compare a child’s performance to a norm group, comprised of children with many similar attributes of the child being tested

• Criterion-Referenced / Curriculum-Based
  – measure a child’s mastery of a specific set of tasks or skills and are useful for program planning since results are easily linked to curriculum objectives.

• Alternative Means (Ecological)
  – Multiple modes, including observation of children in their natural, everyday environments

Alternate Assessment Forms

• Observation
  – Conducted in natural environments
  – can include anecdotal records, running records, specimen descriptions, event sampling, checklists, and rating scales

• Play-Based Assessment
  – play follows a regular developmental sequence during childhood, the child’s play activities can provide a measure of maturity and competence

Alternate Assessment Forms

• Dynamic Assessment
  – evaluates the child’s ability to learn in a teaching situation

• Performance and authentic assessment
  – reflect a child’s learning in various situations
  – tasks are contrived in performance assessment
  – tasks occur in their natural order in authentic assessment
Alternate Assessment Forms

- **Judgment Based**
  - Uses clinical judgments from multiple sources to collect information about children and supplements the data obtained from norm-referenced and criterion-referenced instruments
- **Family Assessment**
  - Gathering information about the child's development and functioning from the family

**Issues in Early Childhood Assessment**

- Families should be fully informed of the process on the front end
- Examiners should have formal education in such areas as child development, assessment of mental and special abilities, and educational interventions, in addition to formal, supervised, field-based training experiences.
- Instruments should be selected based on their psychometric integrity

**Issues in Early Childhood Assessment**

- Cultural variables must be considered in interpreting development
- Results can be affected if the child is not rested, fed, comfortable, and attentive.
- Extra sessions may be required to complete an assessment accurately
Programming for Young Children

Service Delivery Models

- Hospital Based
  - Generally neonatal units
- Home Based
  - Allows a higher level of family involvement
- Center Based
  - Most appropriate for preschool-age children who require services from a team of specialists, who need peer models or peer interaction, and whose parents are not always able to participate in their education
- Combination Home and Center Based
  - Provides flexibility and individualization

Curriculum Considerations

- Content
  - Culturally relevant, meaningful goals
- Developmental Stage
- Intervention Strategies
- Social Relationships
  - Activities should nourish social relationships.
Guidelines for Inclusion
(Richey & Wheeler, 2000)

- Young children with and without disabilities should share a common curriculum.
- The curriculum should be appropriate for children with diverse learning styles and competencies. Instructional techniques should include both child- and teacher-directed activities.
- Experiences should stem from child initiations, as well as teacher-initiated activities.
- Play experiences should foster active engagement and interaction of all the children.
- An ecological approach should involve professionals and families in coordinating the curriculum to meet the needs of every child participant.

Types of Early Childhood Curricula

- Cognitive-Developmental
  - Based on the work of Piaget
- Behavioral
  - Based on the theory that a child’s learning can be enhanced by changing and managing the events in the child’s environment
- Ecological/Functional Curriculum
  - Based on the idea that young children must live and learn in many different environments, such as the home, school, neighborhood, and that each of these environments has interactive effects on the child and the family

Program Implementation
Classroom Considerations

- Space
- Physical Needs of the Student
- Group Arrangements
- Purpose of the Instruction
- Material Accessibility
- Personal Territory
Transition

- Young children who have been in B-3 programs must make the transition to a preschool program when they reach age 3.
- Preschoolers must transition to school when they reach age 6.
- Transition planning at these stages is overt and incorporated into the IFSP/IEP.

Family Involvement

7 Roles of Parents

- Teaching
- Counseling
- Managing Behavior
- Parenting Siblings
- Maintaining Parent-to-Parent Relations
- Educating Significant Others
- Relating to the School and Community

Summary
Rationale for Early Childhood Special Education

• Research supports the importance of early childhood special education in growth and development of infants, toddlers, and young children with disabilities or who are at risk.
• The focus of early childhood special education is on early intervention and programming.

Legislation Affecting Early Childhood Special Education Programs

• Recently passed laws recognize the need for special education early intervention services for infants, toddlers, and young children with disabilities or at risk for disabilities and their families.
• IDEA Part B extends the rights and privileges of IDEA to preschoolers and their families.
• IDEA Part C established new priorities for meeting the needs of infants and toddlers with disabilities and their families.

Assessment

• Assessment includes three major purposes: identification and diagnosis; program planning; and program evaluation.
• Assessment is a multi-stage process including: child-find/case finding; developmental screening; diagnosis; individualized planning of programs and interventions; performance monitoring; and program evaluation.
Programming

- Educators responsible for planning and implementing appropriate early intervention services must identify current resources, coordinate existing programs, and develop innovative service delivery models with the informed consent of the family.
- Professionals must make classroom accommodations and adaptations based on space available, physical needs of the students, group arrangements needed, purpose of instruction, material accessibility, and personal territory.

Transition & Family Involvement

- As children with special needs and their families move through the various service options in special education, planned transition services are necessary.
- As stipulated by IDEA families participate on the IFSP and IEP committees as collaborators.
- Parents of children with special needs fulfill the following roles for their children: teaching, counseling, managing behavior, parenting siblings without disabilities, maintaining the parent-to-parent relationship, educating significant others, and relating to the school and community.