Inclusion in Infant/Toddler Child Development Settings:

More Than Just Including

Rebecca Parlakian

Thomas, who is 2 years old, was diagnosed at birth with a genetic disorder that impacts his ability to walk and talk. His teacher, Marisa, sits him near several other children playing with cars and trucks, an activity she knows he enjoys from talking with his mother. Marisa carefully places a bolster behind Thomas to support him in the seated position. She then offers him the choice of two different trucks. He reaches for one and she says, *"Dump truck.* You want the *dump truck.* Here you go." Marisa then sits down as well and asks the children, "Would you like to push your trucks down a ramp? We can set it up." She leans a long block against a shelf and watches as each child pushes a car down the ramp. When it is Thomas's turn, she helps him to a standing position so he can send his car careening down the ramp as well. Then she says, "Hmmm, what do you think will happen if we make the ramp even higher?"

Thomas's child development program experience is typical for his age group: his teachers provide developmentally appropriate learning opportunities embedded in play, and they encourage parallel play, in which children play near—and next to—one another. Early childhood professionals also use language to label the objects and experiences children encounter. In this center, teachers facilitate inclusion by making minor adaptations to include Thomas in the same learning and play opportunities as his peers. *Inclusion* has long been a term used to describe the practice of including a child with special needs in age-appropriate general education classes in their home schools (FSU Center for Prevention and Early Intervention Policy 2002).

Increasingly, the term is being used to describe the process of including very young children—infants and toddlers—with special needs in a setting comprised mostly of children without disabilities. Although most early care and education professionals support inclusion for infants and toddlers, they frequently have questions about how best to meet the needs of children with special needs while continuing to apply developmentally appropriate practice with the rest of the group.

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Today, most child development programs include children with a range of skills and abilities, some without special needs and some whose development may be either delayed or advanced for their age. Often, inclusion describes what a high-quality early care and education setting is already doing—adapting curricula and approaches to meet the unique needs of each child. This article offers concrete developmentally appropriate strategies that infant/toddler programs can use to support the ongoing development of children with a range of skills and needs.

Promoting partnerships with families

Partnering with the family of a child with special needs is much like partnering with any family. Collaboration requires mutual respect, open communication, and trust. Of course, parents must be viewed as the experts on their children. This is especially the case when teachers work closely with parents of children with disabilities or developmental delays. Parents, for example, are expert in positioning their child with cerebral palsy or understanding which toys are most appealing to their baby with a visual impairment. Parents have begun to learn which sensory information is most difficult to manage for their toddler with autism spectrum disorder (ASD) or what floor play activities will help their baby (born 10 weeks prematurely) develop the ability to roll and crawl.

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Teachers can develop closer partnerships with families using these strategies:

Ask families to provide information about the child's strengths and needs to teachers and staff. Information about the child's disability or delay and ideas for adapting caregiving approaches to meet the child's needs can help teachers individualize their approach to caring for the child. It also increases the continuity of care between home and the early childhood setting, which contributes to a sense of safety and security in very young children.

Keep the lines of communication open. As children master new skills, you may develop new questions. For example, you may want to ask a parent how to help a child transition into his walker or how a family is approaching toilet learning with their toddler with autism.

Develop trust over time. It is frequently during the infant and toddler years that parents first learn their child is not meeting developmental milestones and may have a delay or disability. This can be an especially difficult time for parents, as they begin to accept that their child has special needs for either the short- or long-term. As a result, parents may vary in how open and willing they are to discussing their child's unique needs. It helps to phrase questions in terms of "wondering," as in: "I'm wondering what play positions work best for Trevor" or "I'm wondering what you've found is most comforting to Samantha when she gets overwhelmed."

Remember that a child with special needs is a child first. Families can help teachers understand their child's individual strengths and unique cues, the activities their child prefers, and the family's hopes and goals for the child.

Promoting partnerships with early intervention providers

Early intervention is the practice of identifying developmental delays or disabilities as early as possible and then providing therapeutic services to build on the child's strengths and address the child's developmental needs. Infants and toddlers who have been diagnosed with a disability or

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developmental delay may already be receiving early intervention services from a community provider.

Communities are legally required to evaluate children and provide early intervention services to eligible children ages birth to 3 through Part C of the Individuals with Disabilities in Education Act (IDEA). Early intervention services may include (but are not limited to) special instruction; occupational, physical, and speech and language therapies; and/or psychological services. The IDEA requires that these services be provided in the infant or toddler's home or other "natural environments"—places where young children spend their time, such as a child development program.

Early intervention providers can offer some ideas and strategies, or connect staff with health care professionals who can help.

Early intervention professionals may regularly, or on occasion, visit an early childhood program to provide services to a particular child. These visits do not require any additional work on the part of the teacher. Typically, the early intervention provider works one-on-one with the child to assist with play, problem solving, language, motor, sensory, or social skills in the context of daily routines.

Teachers and staff can partner with early intervention professionals by requesting and discussing strategies and ideas about adaptations that can help a child with special needs participate more fully in the program. Tips for partnering with early intervention professionals who visit your site include the following:

Have an open-door policy. With a family's consent, welcome early intervention professionals to your site. Provide information about the program's daily routines and the best times to visit a particular child.

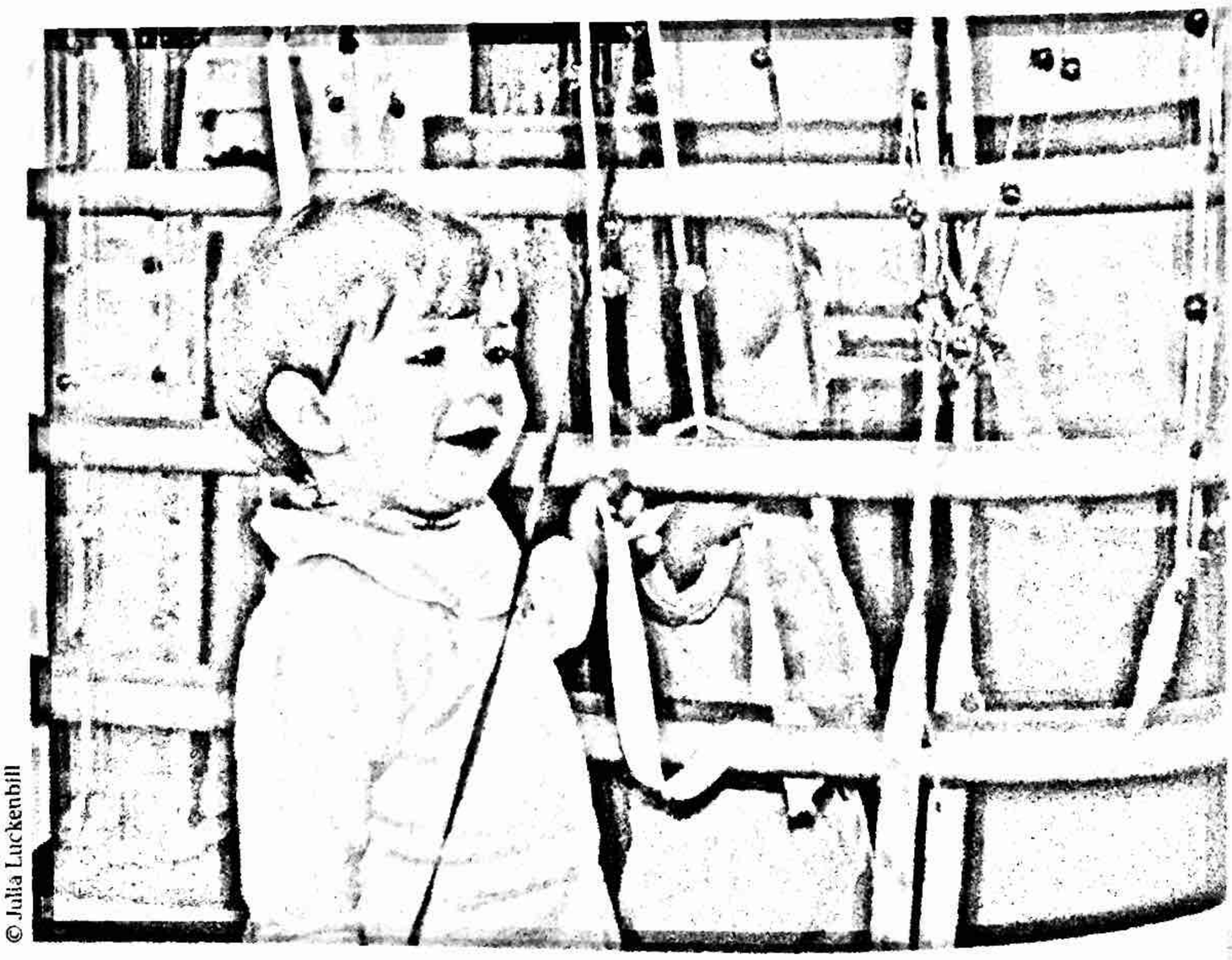
Share your observations and experiences. Early childhood professionals have important information to share with early intervention providers. Provide details about the child's typical day, the ways in which the child communicates (for example, gestures, pictures, or speech), the child's social skills and preferred activities, and any challenges the child is facing in the setting (Woods 2008). Teachers can also share information about the child's strengths and interests—for example, that a child's favorite activity is making music or that the child is a great helper at clean-up time. The early interventionist can then use these moments as learning opportunities during the therapeutic visit.

Feel free to ask questions about the child receiving services. For example, a head teacher may wonder how to position an infant with spina bifida on the floor during playtime. Or she may struggle with how to help a toddler with autism cope more effectively with daily transitions. Early intervention providers can offer some ideas and strategies, or connect staff with health care professionals who can help.

Learn more about goals for the child's development. These goals are outlined in the child's Individualized Family Service Plan (IFSP), which also includes information about the early intervention services the child receives and his developmental strengths and needs. If parents have signed a consent form allowing the early intervention provider to share information about their child with you, ask what goals the child is working toward accomplishing. This can help teachers better understand what learning experiences and caregiving strategies will best meet the child's needs and support learning.

Strategies for adapting daily routines and activities

The time frame for the development of any skill is defined by a range of weeks or months—with some children showing mastery early in the range and others much later. Because development occurs at a different pace for every child, the strategies discussed below are useful for *all* infants and toddlers, regardless of whether they have a diagnosed disability or delay. In a sense, these strategies embrace the dual ideas of individualization (modify-



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ing curricula and caregiving approaches to the needs and strengths of each child) and universal design for learning (designing curriculum in such a way as to give all children equal opportunities to learn) (Center for Applied Special Technology, n.d.).

Modifying daily routines and activities

Some children with disabilities—and many children without—have difficulty understanding daily routines and coping with transitions. While daily schedules are found in most toddler classrooms, the additional strategies that follow may provide enhanced support to young children who have challenges in this area:

Create individualized schedules. Make a mini version of your daily schedule, with small photos or pictures of each activity affixed to a Velcro strip in the order they occur. Have toddlers move each activity to a *Done* pocket when it is complete, and use this as an opportunity to point out what will happen next. This helps children prepare for transitions.

Make "First, Then" charts. Some toddlers have a hard time coping with activities they dislike or have difficulty with. Help toddlers understand that their "nonpreferred" activity won't last forever by creating a laminated page with the word *First* on one side and the word *Then* on the other side. Velcro a picture of the nonpreferred activity under First and a preferred activity under Then. After lunch, use language and the chart to show and tell the child, "**First** we will wash our hands and faces, and **then** we will use playdough."

Offer visual instructions. For simple daily routines, such as throwing out one's snack plate or washing hands, snap photos of each step in the process. Laminate the photos and post them in order at the children's level. Show and tell children the different steps of the routine to promote their initial success and to support their longer-term mastery of the routine—this is called "error-free learning" (Hodgdon 2011, 80).

Providing positioning support

Low muscle tone is part of many different disabilities. Low muscle tone can make it difficult for children to sit for long periods, suck a bottle, drink, eat by mouth, speak, and play

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in the same ways other children do. These tips may help these children better access the opportunities in your setting:

Consult with the child's occupational therapist (if possible) for ideas about positioning and seating. Check with the family to discuss what seated and floor-play positions work best at home.

Provide a range of seating options. Include chairs, beanbags, and wedges for circle time and floor play. Experiment and see which provides the best support for children. Keep circle time brief, and allow children to move around or change position as needed.

Encourage play with both hands. Many times children with low muscle tone sit to play, but continue to support themselves with one hand on the floor. This means they do not use both hands in play, an important skill to help children develop bilateral (two-handed) coordination and midline skills (left–right movement across the middle of the body). These children may benefit from positional support—such as a stool, chair, or wedge—when playing on the floor.

Offer regular tummy time for babies. Babies with low muscle tone may have an especially difficult time holding their heads up when on their stomach. Offer tummy time by placing a bolster under their chests to provide a little support. Another option is sitting on the floor and placing babies on their tummies across your thigh.

Supporting back-and-forth interactions

Communication skills are a common area of developmental delay in the first three years. Research finds, however, that for many children with disabilities in inclusive settings, social engagement, social acceptance, and friendships are realistic and meaningful outcomes (Odom, Buysse, & Soukakou 2011). Inclusive settings offer enhanced access to available playmates, which may serve as an important precursor to establishing friendships (Buysse, Goldman, & Skinner 2002).

Early childhood professionals can support a young child's early communication efforts with peers and others by using responsive caregiving practices, including these:

Give meaning to the message (Weizman & Greenberg 2002). If you see an infant gazing at a toy, explain this behavior by saying, "You like the bumpy ball!" and then giving it to her to play with. If a baby is protesting during a diaper change, narrate his experience by saying, "You are uncomfortable. You want to get up. You don't like diaper changes!" Even though infants do not yet understand all of what adults are saying, by responding to these behaviors (sounds, gestures, and expressions), parents and teachers show children that their behaviors have meaning. Over time, babies discover that their behavior can make things happen, which is the foundation of communication.

Arrange the environment to promote requests. Children are most often motivated to communicate their wants, needs, and interests. Placing some toys in clear plastic bins or on a shelf just slightly out of reach encourages a child to request through eye gaze, pointing, or vocalization. For example, you might see an 18-month-old toddler gazing at some nesting cups in a clear bin. You can then model the language that would be used to make a simple request: "You *want* the cups? '*Want that.*' Here you go." (Of course, many toys should remain available at children's level and within their reach.) This strategy can also be used at mealtimes. For example, offer children three crackers, instead of a handful, which creates the opportunity for them to request more.

Social engagement, social acceptance, and friendships are realistic and meaningful outcomes.

Create unexpected moments that encourage communication. Imagine rolling a ball back and forth with a 2-year-old. All of a sudden you hold the ball and don't roll it back. This unexpected moment creates an opportunity for the child to communicate "more" or "ball" through words, sounds, gestures, or gaze (Warren, Yoder, & Leew 2002). You can also use this strategy during songs or other familiar turn-taking games ("Row, row, row your . . . " {pause}) or on the playground (pausing while pushing the child on a swing, for example).

Inclusion provides all children with a model for the world as a place of acceptance and ability, where every member of the group has much to offer and much to learn.

Build on children's interests. The "usefulness of any activity is determined . . . by its appeal to children" (Cook, Klein, & Tessier 2008, 160). Cook, Klein, and Tessier believe activities should reflect children's interests, offer opportunities for repetition (especially important for children with cognitive delays), and support the development of specific skills. Most early childhood teachers do this spontaneously, after much experience. However, when the program includes children with special needs, "this important emphasis on specific skills cannot be left to chance . . . these children require explicit examples, meaningful repetition, and a variety of related experiences" (161).

Curriculum planning is necessary to ensure that (1) skills are introduced within engaging routines, (2) there are opportunities for children to explore materials and interact with others, and (3) skills are repeated in new contexts across the day. For example, you might plan an activity in which children can wash toy dishes outside on the playground. In this activity, children can practice skills as diverse as one-to-one correspondence (for example, rote-counting to three using child-sized plates) and understanding prepositions and following one-step requests ("Take the plate **out** of the water" or "Put the sponge **on** the table"). Children can repeat these skills at circle time by counting three felt bears and three "porridge bowls." You can then give children turns to "take the bear **out** of the bag" or "put the bear **on** the felt board."

Conclusion

Inclusion is, ultimately, about individualizing the early childhood setting and developmentally appropriate practices to maximize the possibility that a child is able to learn and grow to her fullest potential. Inclusion strategies, thus, support *all* children while offering thoughtfully designed supports and interventions to individual children based on their needs. As a result, inclusion settings offer more than just a foundation in preliteracy and prenumeracy skills. Inclusion provides all children with a model for the world as a place of acceptance and ability, where every member of the group has much to offer and much to learn.

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