

Teaching Students with *Special Needs*

A GUIDE FOR FUTURE EDUCATORS

Second Edition

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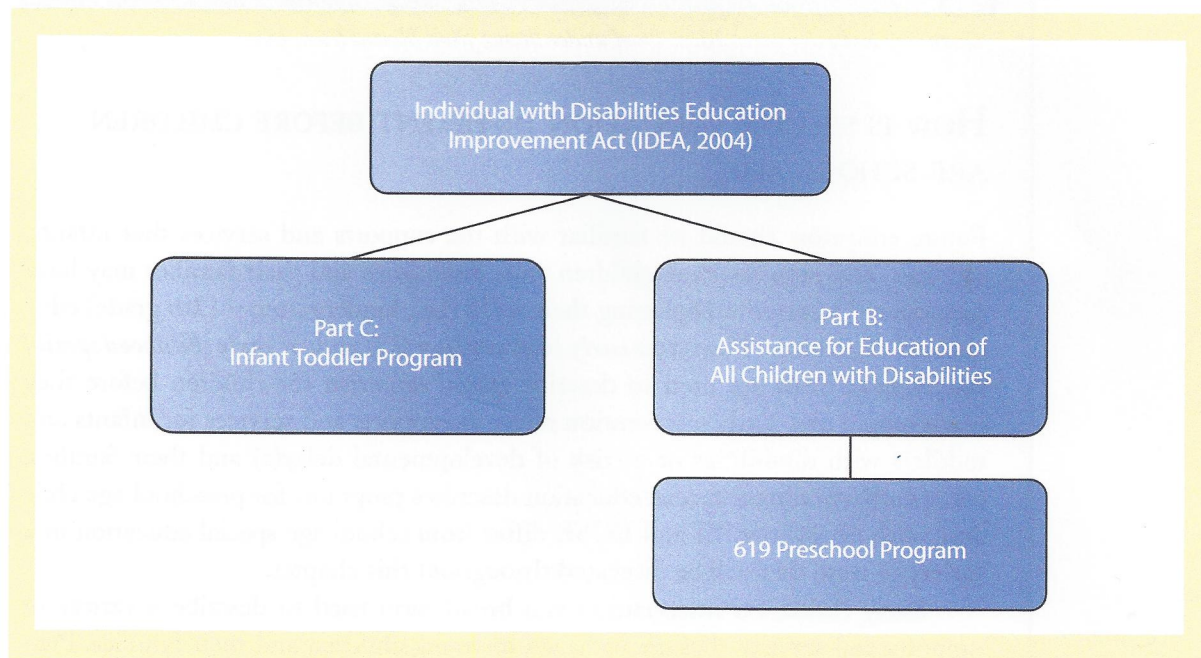
Christopher O'Brien | John Beattie

CHAPTER

14

Early Intervention/Early Childhood Special Education and the Prevention of School Failure

Jane Diane Smith



THE TOP TEN TERMS FOR CHAPTER 14:

The following key terms or big ideas are critical to your understanding of the content for chapter 14 and the in-class discussion to follow.

• Early intervention	• Family-centered approach
• Early childhood special education	• Developmental delay
• PL 99-457	• IFSP
• Part C (Infant Toddler Programs)	• Natural environment
• Part B (619 Preschool Programs)	• Embedded interventions



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HOW IS SPECIAL EDUCATION DIFFERENT BEFORE CHILDREN ARE SCHOOL AGE?

Future educators should be familiar with the supports and services that infants, toddlers, and preschool age children with disabilities and their families may have participated in prior to beginning their K-12 (i.e., kindergarten – 12th grade) educational experience. The terms *early intervention (EI)* and/or *early childhood special education (ECSE)* are used to describe *special education* for children before they reach school age. Early intervention refers to supports and services for infants and toddlers with disabilities or at-risk of developmental delay(s) and their families, while early childhood special education describes programs for preschool age children with disabilities. EI and ECSE differ from school age special education in a variety of ways that will be discussed throughout this chapter.

Early childhood intervention is a broad term used to describe a variety of supports and services that are provided to young children and their families. Professionals representing various disciplines (e.g., education, special education, public health, social work, medicine, nursing, occupational therapy, physical therapy, speech and language therapy, child development, psychology, child care) provide intervention across a variety of settings (e.g., home, early care and education programs, child care, family day care home, preschool, clinic, hospital). Intervention initiatives can be publicly and/or privately funded. Shonkoff and Meisels (2000) define early childhood intervention as follows:

Early childhood intervention consists of multidisciplinary services provided to children from birth to 5 years of age to promote health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities,

prevent functional deterioration, and promote adaptive parenting and overall family functioning. These goals are accomplished by providing individualized developmental, educational, and therapeutic services for children in conjunction with mutually planned support for their families (p. xvii –xviii).

For the purposes of this chapter, the terms EI and ECSE will be used to refer to supports and services for young children and their families specified under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004).

EI & ECSE: A HISTORICAL PERSPECTIVE

The EI and ECSE programs that we are familiar with today trace their beginnings to the 1960s. At that time, nonprofit agencies such as United Cerebral Palsy (UCP) and The Association for Retarded Citizens (ARC) provided services to young “*handicapped*” children and their families. Federal funds (e.g., Handicapped Children’s Early Education Act of 1968, PL 90-538) were also designated to support the development of model demonstration programs to provide EI/ESCE services. The number of young “*handicapped*” children who had access to services under these early initiatives was limited.

In 1986, *Public Law 99-457 (Education of the Handicapped Act Amendments)* extended the right to a **free, appropriate, public education** (FAPE) in the **least restrictive environment** (LRE) to preschool children with disabilities. In addition to mandating services for preschool children, PL 99-457 encouraged states by providing incentive funds to develop comprehensive programs for infants and toddlers with disabilities or at-risk of developmental delays and their families. In 1990, the *Individuals with Disabilities Education Act (IDEA)* acknowledged the focus on the individual and resulted in “*person-first*” language. IDEA was reauthorized as the *Individuals with Disabilities Education Act Amendments of 1991* and expanded services for infants, toddlers, and preschool children with disabilities. Today, programs for infants, toddlers, and preschool age children with disabilities are offered in accordance with IDEA (2004). Consequently, infants/toddlers and their families as well as preschool age children are **entitled** to supports and services to help **prevent** and/or **remediate** developmental delays or disabilities.

The rationale and fundamental assumptions for providing early intervention and early childhood special education programs are based in scientific evidence, legislation, and societal beliefs (Guralnick, 1997; IDEA, 2004; National Research Council and Institute of Medicine, 2000; Sandall, Santos, & Smith, 2005; Shonkoff & Meisels, 2000). A brief summary follows:

Rationale for providing EI/ECSE

- Improve child development and learning outcomes
- Prevent and/or minimize the effect of biological and/or environmental risk factors on child development
- Minimize the effect of established disabilities and/or prevent related problems

- Reduce costs to society by decreasing the need for special education and related services at school age
- Support families as they meet the special needs of young children with disabilities (or at-risk of developmental delay)

Fundamental Assumptions associated with EI/ECSE

- Society has a moral and ethical responsibility to provide supports and services to young children with disabilities (or at-risk of developmental delays) and their families
- Intervention efforts need to be strengths-based and focus on the developing child within the context of his/her family
- Interventions should occur in natural environments and be embedded within the context of daily activities and routines
- Services need to be comprehensive and coordinated across various disciplines to meet the complex needs of young children with disabilities (or at-risk of developmental delays) and their families
- Biology, environment, and culture influence child development
- The importance of brain development and the ability to influence development during the first three years of life
- The concepts of neural plasticity and optimal periods of development
- Knowledge of conditions that positively or adversely influence development
- Early learning experiences are connected to later school experiences

WHAT IS EARLY INTERVENTION?

Although early intervention is a generic term that is used to refer to programs for young children with disabilities (or at-risk of developmental delays) birth through five years of age, EI is used most commonly to refer to services for infants, toddlers, and their families. The terms 'Part C,' 'Infant Toddler Programs,' and 'early intervention' are often used interchangeably to describe the wide variety of supports, services, and programs that infants and toddlers with disabilities (or at-risk of developmental delay) and their families may be entitled to under Part C of IDEA (2004).

All states are required by federal law to provide services to infants/toddlers and their families who: a) exhibit a *developmental delay* in one or more domain of development or, b) are diagnosed with a condition of *established risk*.

Individual states have the responsibility of defining developmental delay and establishing eligibility criteria for the provision of Part C services (Shackleford, 2006). Eligibility criteria specified under developmental delay is often determined by assessment results that indicate a percentage delay between the child's chronological age and his/her current level of performance in one or more domains of development (i.e., emotional-social, physical, communication, cognitive, adaptive). For example, a state may determine eligibility criteria to be 30% delay in one domain of development or 25% delay in two or more domains of development. Young children diagnosed with an established risk condition are eligible for early intervention whether or not a delay in development is present. Examples of conditions of established risk include chromosomal and genetic disorders such as Down

syndrome or Fragile X, severe impairments in vision or hearing, congenital infections (e.g., HIV, cytomegalovirus (CMV)), autism, central nervous system disorders such as Cerebral Palsy or Spina Bifida, and neonatal conditions such as extreme low birthweight or intraventricular hemorrhage (IVH).

The presence of biological/medical (e.g., low birthweight, failure to thrive) and/or environmental (e.g., parental substance abuse, poverty, homelessness, young parental age, child abuse/neglect) risk factors places an infant or toddler at-risk of experiencing a developmental delay. However, it is important to note that the presence of a risk factor(s) does not necessarily result in a developmental delay or disability. The concept of cumulative risk suggests that young children who experience multiple risk factors are more likely to develop a delay or disability. Thus, Part C of IDEA (2004) also encourages states to provide early intervention to young children and their families who are at-risk of developmental delay.

A defining characteristic of infant toddler supports, services, and programs is the emphasis on a *family centered approach* to intervention. Trivette and Dunst (2005) describe a family centered approach to intervention as a philosophy or way of thinking that acknowledges the family as a constant in the child's life. As such, the family is the primary decision maker regarding supports and services. The intent of early intervention is to provide resources and supports so that families have the knowledge and skills they need to support the development of their children with disabilities or at-risk of a developmental delays. When interventions are provided following a family-centered approach, they "support and enhance the competency of parents and strengthen the family (Trivette & Dunst, 2005, p. 108)." In an effort to not disrupt family activities and routines, intervention efforts are embedded into the family's daily activities and routines.

Infant toddler programs also differ from preschool ECSE programs and school age special education programs in that they may be offered on a *fee for service* basis. That is, *FAPE* does not necessarily pertain to Part C services. Federal law requires that certain services (e.g., service coordination, developmental assessments, activities related to the IFSP, activities related to the protection of rights) be provided free of charge. When states do offer EI services (e.g., specialized instruction, occupational therapy, physical therapy, speech and language therapy) for a fee, the cost of services is paid directly by the family (i.e., self-pay) or billed to a medical insurance provider. A sliding fee scale based on family income is frequently used to determine the cost of EI services.

PART C DEFINITION OF DEVELOPMENTAL DELAY AND ESTABLISHED RISK

(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (IDEA 2004, §632(5)(A)).

PART C DEFINITION OF AT-RISK OF DEVELOPMENTAL DELAY

An individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual (IDEA 2004, §632(1)).

INDIVIDUALIZED FAMILY SERVICE PLAN

The *Individualized Family Service Plan (IFSP)* is best viewed as a *process* that results in a written document. The written form of the IFSP is a legal document that describes the individualized early intervention supports and services that will be provided to a young child (i.e., birth to age three) and his/her family in the *natural environment*. Simply stated, the natural environment is the setting or location in which the child would be participating if he/she did not have a disability. Natural environments encompass a variety of settings and can be found in the home and community (e.g., early care and education programs, preschool programs, family daycare homes, parks, libraries, restaurants, stores, dentist's office). The IFSP is comparable to the Individualized Education Plan (IEP) in that it specifies a plan of supports that are provided to a child with disabilities. However, the IFSP differs from the IEP in several ways.

The first difference is that the scope of the IFSP is holistic; it addresses all aspects of the young child's development rather than an exclusive focus on educational supports and services. Another major difference between the IFSP and IEP is that supports and services on the IFSP can be provided to child as well as his/her family and they build on the existing strengths of the child and family. The emphasis on the process rather than the written document is another major difference between the IFSP and IEP.

The IFSP process begins when the child has been *identified* as having a delay or disability and is *referred* to an early intervention program. Anyone (e.g., parent, family member, therapists, teachers, nurses, physicians) who expresses a concern about a child's development can refer the child to a local early intervention program. Best practice suggests that the parent should be informed if someone other than the parent is making the referral. Once the child has been referred to a local early intervention program, a *service coordinator* is assigned to the family. Infants and toddlers who have been identified as having disabilities or developmental delays often require multiple supports and services (e.g., occupational therapy, physical therapy, speech and language therapy). As such, service coordination is one of the 19 early intervention services mandated by federal law. The intent of service coordination is to help families access early intervention supports and services while protecting child and family rights.

Service coordinators typically make initial contact with the family soon after referral to determine a family's interest in EI supports and services. During an initial meeting with the family, the service coordinator gathers relevant information about the child's development and family's concerns, explains the EI process, and informs the family of rights and procedural safeguards provided under federal law. Once the family consents to proceeding with the EI process, the service coordinator schedules and coordinates all relevant assessments and/or evaluations. Part C regulations of IDEA (2004) require a comprehensive and coordinated approach to assessment. A voluntary assessment of resources, priorities, and concerns as related to supporting the development of their child with a disability is offered to the family. While the family assessment is optional under federal law, a comprehensive multidisciplinary assessment of the child is required. This is conducted to identify the child's current

developmental levels, strengths, and areas of need. Once the assessments have been completed, the service coordinator schedules the initial IFSP meeting. The IFSP team is comprised of the family, service coordinator, and relevant professionals.

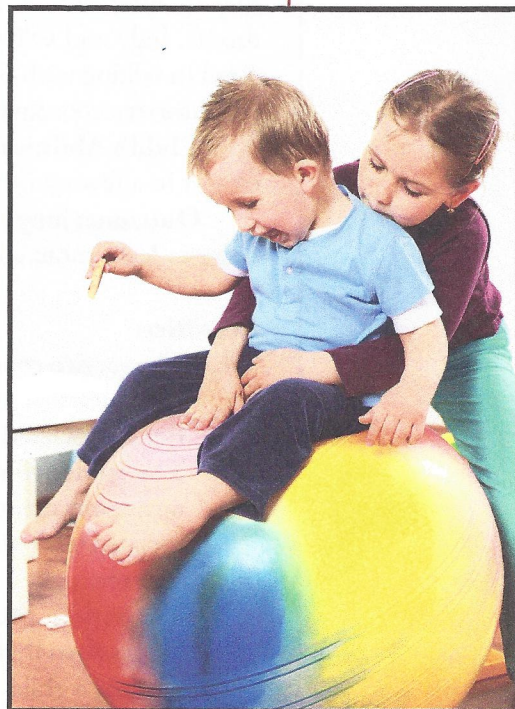
During the initial IFSP meeting, information obtained from the child and family assessments is discussed by the IFSP team to determine eligibility. Depending on the individual needs of the child and his/her family, they may be eligible for any of the following services as specified by federal legislation (IDEA, 2004):

- “(i) family training, counseling, and home visits;
- (ii) special instruction;
- (iii) speech-language pathology and audiology services, and sign language and cued language services;
- (iv) occupational therapy;
- (v) physical therapy;
- (vi) psychological services;
- (vii) service coordination services;
- (viii) medical services only for diagnostic or evaluation purposes;
- (ix) early identification, screening, and assessment services;
- (x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
- (xi) social work services;
- (xii) vision services;
- (xiii) assistive technology devices and assistive technology services;
- and
- (xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant’s or toddler’s family to receive another service described in this paragraph” (IDEA 2004, §632(4)(E))

Changes that the family would like to see in their child or themselves is a major focus of the IFSP. These changes, or outcomes, are written in response to the priorities or concerns expressed by the family. Outcomes are broad statements of changes that the family desires. For each broad outcome, individual activities or action steps intended to facilitate the desired changes are specified as well as the start date, target date for completion, and persons responsible. The following are examples of IFSP outcomes for young children and families.

MEMBERS OF THE IFSP TEAM

- parent(s) of the child
- other family members as requested by parent(s)
- advocate or person outside of the family as requested by parent(s)
- designated Part C Service Coordinator
- provider(s) of early intervention services
- provider(s) of assessments/evaluations



EXAMPLE OF CHILD FOCUSED OUTCOME & ACTIVITIES/ ACTION STEPS

Family Priority, Resource, and/or Concern: Sharon and Scott want their 14 month old son, Jake, to learn how to walk. In addition to regular meetings with their service coordinator, Jake is receiving specialized instruction (i.e., early intervention) and physical therapy in his child care setting. Sharon and Scott have medical insurance that covers the cost of physical therapy.

Child's Abilities/Needs: Jake is able to get up on his hands and knees and rock back and forth. He does not pull to stand or take steps with support.

Outcome: Jake will increase his gross motor skills so that he can walk independently.

Activities:

1. Family members will observe the physical therapist as she provides therapy to strengthen Jake's gross motor skills.
2. Physical therapist will suggest activities to strengthen Jake's gross motor skills that the family can implement at home during daily activities and routines.
3. Child care providers will observe the physical therapist as she provides therapy to strengthen Jake's gross motor skills.
4. Physical therapist will suggest activities to strengthen Jake's gross motor skills that the child care staff can implement during daily activities and routines.

EXAMPLE OF FAMILY FOCUSED OUTCOME & ACTIVITIES/ ACTION STEPS

Family Priority, Resource, and/or Concern: Judy and Oliver were recently referred to early intervention. Their infant son, Jamal, has been diagnosed with Down syndrome. Judy and Oliver want to learn more about Down syndrome and are interested in talking with other families who have children with Down syndrome. Sarah is the service coordinator who is working with Jamal and his family.

Child's Abilities/Needs: Jamal has a follow up appointment with the cardiologist in a few months.

Outcome: Judy and Oliver will be provided with information and supports in order to learn more about Down syndrome.

Activities:

1. The service coordinator will provide information to Judy and Oliver and discuss questions and concerns they may have regarding developmental implications associated with Down syndrome.
2. The service coordinator will accompany Judy, Oliver, and Jamal to the follow up appointment with the cardiologist to discuss Jamal's medical condition associated with his diagnosis of Down syndrome with the family and the health care team.
3. The service coordinator will refer Judy and Oliver to the Family Support Network so that they can receive parent-to-parent support from a family who also has a child with Down syndrome.

In addition to outcomes and activities, the IFSP specifies the early intervention services to be provided including the frequency, intensity, and method of delivering services. Justification is required if services will not be provided in the natural environment. Services specified on the IFSP begin once the parent has signed the document providing consent and the initial IFSP must be developed within 45 days of referral.

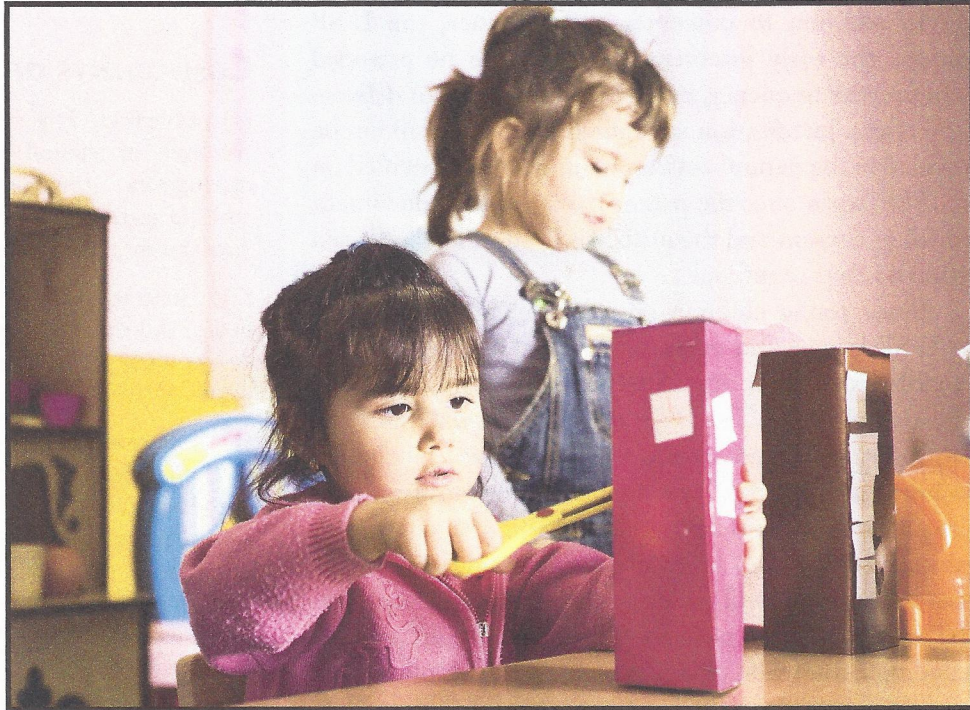
Since young children grow and change frequently, the IFSP is reviewed every six months and annually. As a toddler turns two, the IFSP team begins to focus on transition planning. The IFSP requires a formal transition plan to be developed after a child turns two and before his/her third birthday. The intent of the transition plan is to prepare the child and family for potential changes in service providers and to ensure that a young child's services and supports will continue with minimal disruption. The transition plan outlines specific steps and actions, including a transition planning meeting, to be followed to promote a smooth exit from Part C services (Infant Toddler Program) into Part B (early childhood special education) or other appropriate services. The local educational agency (LEA) is responsible for conducting a multidisciplinary evaluation to determine the child's present levels of development. Results of this evaluation are subsequently used to determine eligibility for preschool special education services. If the child meets the state defined eligibility criteria, an initial IEP meeting is held no later than 30 days prior to the child's third birthday. On the child's third birthday, he/she begins receiving services in a preschool program. This *transition from family-centered early intervention services to child-focused educational supports and resources* can be challenging for both the family and child.

WHAT IS EARLY CHILDHOOD SPECIAL EDUCATION?

Part B of IDEA (2004) mandates the provision of a free, appropriate, public education (FAPE) to children/students (i.e., 3 – 21 years of age) in the least restrictive environment (LRE). Within Part B of IDEA (2004), regulations specific to preschool programs are described in Section 619. Descriptors such as '619 programs,' 'little B programs,' and 'early childhood special education' are often used interchangeably to refer to *early childhood special education* programs for preschool age children (i.e., ages 3 – 5) with disabilities.

COMPONENTS OF THE IFSP

- (1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;
- (2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;
- (3) a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
- (4) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
- (5) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- (6) the projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
- (7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
- (8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services. (IDEA 2004, §636(d))



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All states are required by federal law to provide special education and related services to preschool age children with disabilities. These young children are often determined to be eligible for services under the category of *developmental delay*. As with infant/toddler programs, eligibility criteria is often determined by assessment results that indicate a percentage delay between the child's chronological age and his/her current level of performance in one or more domains of development (i.e., emotional-social, physical, communication, cognitive, adaptive). For example, a state may determine eligibility criteria to be 30% delay in one domain of development or 25% delay in two or more domains of development.

Federal law specifies that the developmental delay category can be used with children "...aged 3 through 9 (or any subset of that age range, including ages 3 through 5)..." (IDEA 2004, §602(B)). Preschool children with disabilities may also be eligible for services under categories such as speech and language impairment or autism. However, Danaher (2007) discusses concerns related to the use of disability categories (e.g., mental retardation, multiple disabilities, specific learning disabilities, emotional disturbance) with young children. The developmental delay category is intended to avoid premature and/or inappropriate labeling of a child's disability. This eligibility category also acknowledges that young children vary in the rate at which they acquire new skills and behaviors and that developmental domains are inter-related. Thus, acknowledging that it may be difficult to accurately identify a disability in young children and that some children who receive early intervention may no longer need special education services at school age.

Young children may enter early childhood special education programs through a formal transition from Part C early intervention programs or as a new referral. Concerns regarding a child's development may not emerge until the preschool

years. Similar to the infant/toddler programs, anyone (e.g. parent, family member, therapists, teachers, nurses, physicians) who expresses a concern about a child's development can refer the child to the local educational agency (LEA). Once the LEA has received a completed referral, the Individualized Education Program (IEP) process is initiated. The IEP process for preschool children follows the same policies, procedures, and timeframes as those that are followed for school age children/students.

- Provision of information regarding legal rights and procedural safeguards
- Parental consent to conduct evaluations
- Multidisciplinary evaluation
- IEP Meeting
 - Determination of Eligibility and Placement
 - Development of Annual Goals and Short Term Objectives (or Benchmarks)
 - Specify related services
- Parent consent to initiate services

IEP goals and objectives are often written with a focus on meeting the educational needs of the young child with a disability. These goals and objectives often relate to the cognitive and communication domains of development in contrast to the holistic focus on development addressed in IFSP outcomes and activities. Depending on a child's developmental level and/or individual needs, IEP goals and objectives may need to be written to focus on academic and functional needs to support the child in an educational setting. As such, IEP goals and objectives may also span all domains of development. It is important to note that preschool age children with developmental delays and/or disabilities may often need support to establish developmental prerequisites for more traditional educational or academic skills. For example, a developmentally appropriate curriculum in a preschool setting may include a circle or story time that is 10 – 15 minutes in length. However, Derrick's attention span is five minutes for activities of interest and even less for activities that are not of interest. An IEP goal could be written to increase Derrick's attention span across small and large group activities. Until Derrick's attention span increases, it may be appropriate for him to remain at the large group circle or story time and look at a book quietly or play with a small, quiet toy that will not disrupt the large group activity.

Similar to the IFSP, the IEP is the written legal document that outlines the special education and related services that the child will receive during the school year. The initial IEP is developed within 90 days of referral to the LEA and reviewed annually. The IEP process has been described in detail in a previous chapter. Please refer to chapter 2 for detailed information regarding the IEP.

INCLUSIVE EDUCATION FOR PRESCHOOL CHILDREN

Early childhood special education and related services (i.e., occupational therapy, physical therapy, speech and language therapy) are often provided in inclusive settings for preschool children with disabilities, even for young children with

moderate to severe developmental delays. Lynch, Ballard-Rosa, & Cavallaro (as cited in Cavallaro & Haney, 1999) provide the following definition for inclusion:

All children learning together in environments that provide special services, supports, and supplements for all children as needed and are guided by well-trained professionals from the fields of early childhood education and early childhood special education (p. 21).

Throughout this text, the term *inclusion* has been used in relationship to school age children receiving special education services in the general education classroom. Unlike school age counterparts, young children do not have universal access to preschool programs. Consequently, inclusive placements for preschool age children can occur in a variety of settings such as Head Start classrooms, Title 1 programs, early care and education settings, as well as public and private preschool programs. If a preschool age child with a disability is not placed in an inclusive setting full-time, he/she may spend the morning in a self-contained setting and the afternoon in an inclusive setting or he/she may be placed in a self-contained setting on a full-time basis.

Young children in a preschool setting learn through play as well as daily activities and routines (e.g., circle time, center time, snack). A typical schedule of daily activities in a preschool program often includes freeplay (e.g., housekeeping, blocks, dramatic play, manipulative), centers (e.g., literacy, numeracy, science, computer), circle/music, art, story, snack, and outdoor play. A child's individualized needs are addressed by embedding IEP goals and objectives within the context of developmentally appropriate and naturally occurring activities and routines. Wolery (2005) defines *embedded* intervention as:

Identifying times and activities when a child's goals and the instructional procedure for those goals can be inserted into children's ongoing activities, routines, and transitions in a way that relates to the context. It involves distributing opportunities to learn goals and apply instructional procedures for those goals across different activities, routines, and transition of the day (p. 94).

For example, an IEP goal for a child in an inclusive preschool setting may be written as: "Alex will learn (i.e., verbally label) primary and secondary colors independently 80% of the time for two consecutive weeks." The teacher embeds the intervention into the context of naturally occurring daily activities and routines as Alex practices pointing to, and then subsequently labeling, colors during freeplay (e.g., colors of blocks, colors of dishes/cups in housekeeping) as well as story (e.g., colors of objects illustrated in book pictures) and art (e.g., color of paints, paper, crayons) times. Instruction that is embedded within the context of daily activities and routines "provides children with the opportunity to learn and practice important skills in meaningful contexts" (Grisham-Brown, Hemmeter, & Pretti-Fontczak, 2005, pg. 202).

GLOSSARY IN PLAIN TERMS

Developmental Delay (DD): Delay in one or more domain (e.g., emotional-social, physical, communication, cognitive, adaptive) of development; eligibility category for infant/toddler and preschool services.

Early Intervention (EI): Supports, services, and programs that are provided to infants and toddlers with disabilities (or at-risk of developmental delays) and their families under Part C of IDEA (2004).

Established risk: Physical or mental condition diagnosed in a young child that has a high probability of resulting in developmental delay.

Early Childhood Special Education (ECSE): Services and programs that are provided to preschool age children (ages 3 – 5) with disabilities under Part B of IDEA (2004).

Embedded interventions: A child's individualized goals are incorporated into the context of developmentally appropriate and naturally occurring activities and routines.

Entitled: Children have the right to participate in early intervention and early childhood special education services.

Family-centered approach: "A philosophy or way of thinking that leads to a set of practices in which families or parents are considered central and the most important decision maker in a child's life. More specifically, it recognizes that the family is the constant in the child's life and that service systems and personnel must support, respect, encourage, and enhance the strengths and competence of the family" (Trivette & Dunst, 2005, p. 119).

FAPE: Free appropriate public education.

IDEA (2004): Individuals with Disabilities Education Improvement Act of 2004.

IEP: Individualized Educational Plan.

IFSP: Individualized Family Service Plan.

Natural environments: Setting in which the child would spend time if he/she did not have a developmental delay or disability.

Part B: Part B—Assistance for Education of All Children with Disabilities of IDEA (2004).

Part C: Part C—Infants and Toddlers with Disabilities of IDEA (2004).

PL 99-457: Education of the Handicapped Act Amendments (1986).

Service coordinator: Professional responsible for working with the family of an infant or toddler with disabilities (or at-risk of developmental delay) to ensure that they receive the supports and resources that they are entitled to under Part C (Infant Toddler Program).

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