

**"Successfully Supporting All Children
in
Early Childhood Education Programs"**



**New York State
Developmental Disabilities
Planning Council
July, 2007**



**New York State
Developmental Disabilities
Planning Council**

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DDPC sought articles from the field to showcase promising practices, strategies and approaches used by providers to support the inclusion of children with developmental disabilities in early care and education programs. This publication is the result of the work of numerous organizations that shared their experiences in providing opportunities for all students to learn and interact in age and developmentally appropriate activities with their peers.

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Table of Contents

1. An Open Door and Smiling Faces: Collaborating for Inclusion in Neighborhood Nursery Schools.....	1
2. The Early Childhood Helpline and Inclusion Project: Creating Partnerships to Include All Children.....	13
3. Using Visual Support Strategies (VSS) in Inclusive Early Childhood Classrooms.....	35
4. Integrated Toddler Play Group: A Tale of Two Toddlers.....	43
5. Signing with Infants and Toddlers.....	55
6. Inclusion Classroom: A Partnership between a Head Start Program and an ARC.....	61
7. The Zoo Program.....	69
8. Supporting Inclusion through Mixed-Age Grouping.....	79
9. Collaborative Classroom-Based Intervention with Kindergarten Aged Students.....	89
10. Integrating Learning Standards and IEP Goals into Early Childhood Curriculum.....	99
11. Structured for Success: Building Inclusive Experiences for Preschool Children With Disabilities.....	111

**An Open Door and Smiling Faces:
Collaborating for Inclusion in Neighborhood Nursery Schools**

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A mother whose active son presents behavioral challenges, said with a catch in her voice, “After having doors slammed in our face so many times, I can’t tell you how much it means to find an open door and then the faces are smiling as you walk in.”

For over 35 years, Jowonio, chartered as a not-for-profit school and an approved 4410 special education program, has welcomed students of all needs and abilities (Barnes & Lehr, 2002). An annual waiting list led the Jowonio Board and staff to consider expansion through collaborating with two nursery schools. Through this collaboration, an additional sixteen students with significant special needs could be served. The two nursery schools, Bernice M. Wright and Bellevue Heights, have long histories and unique staffing, classroom layouts and student populations; they share a strong commitment to inclusion and developmentally appropriate and reflective practice. For the last five years, Jowonio has collaborated with the two nursery schools to provide a Special Class Integrated Setting (SCIS).



Program Inception

Children are placed by their school district’s Committee on Preschool Special Education. Each three and four-year-old student with special needs requires a range of services (e.g. a Special Class Integrated Setting). These services are delivered at the nursery school and include a special education teacher and related services, such as speech/language, occupational therapy, and physical therapy. At Bernice Wright, Jowonio also provides center-based Early Intervention to identified two-year-olds in the toddler class. The Jowonio affiliated children are counted in the staff-child ratio. Jowonio has a “full acceptance” policy, whereby if there is an opening for a student with special needs, a child is welcomed, no matter what their disability. The Jowonio intake team will make the decision about who will come to the collaborative site. After a referral

is made by the school district, the family and perhaps their Service Coordinator tour the program and meet the nursery school and Jowonio staff.

A formalized contract between the nursery schools and Jowonio spells out the responsibilities of each related to enrollment, finances, staff, calendars, space and administrative supports. Jowonio guarantees tuition payment to the schools for the spaces that are reserved for the dually enrolled students; this is important because the nursery schools are always full with a waiting list. While the nursery schools pay for their own equipment, Jowonio supplies specialized items to meet the needs of the children who receive services, and also contributes funds for joint use. For example, at one site the two programs shared the cost of a new computer and printer, and Jowonio purchased Boardmaker®, a computer program of images for making communication boards.

The staff configuration in the collaborations is as follows: three or four paid staff are assigned to the nursery school and 21-24 students without disabilities, with a certified special education teacher and a program assistant for five or six students with a disability. In addition, for any child requiring one-to-one support on their Individual Education Plan (IEP), there is a paraprofessional (individual or shared) hired by Jowonio. A speech therapist, occupational therapist, physical therapist, and social worker provide push-in services within the program and provide the service levels identified on each child's IEP. Jowonio also provides a Support Teacher, who oversees the collaboration, acts as a liaison between Jowonio and the administration of the nursery school, and facilitates problem-solving around the clinical programming for the students and the relationships between the adults. These specialists support the daily programming and are available for ongoing consult about the needs of all the students and families. Often, a student without a presenting disability may be referred for an evaluation after parents or teachers express concerns about his or her development.

Jowonio selects teachers and therapists who have an understanding of inclusion, are a match with the culture of the nursery school, and have a good work ethic and adult skills. In addition, experienced staff members are chosen who have the confidence to provide clinical leadership for the special education programming and also know typical preschool development. As guests in someone else's classrooms, the Jowonio teacher, assistant, and therapists must be respectful of the school's values, history and personalities.



Program Description

Five mornings a week, six students with significant disabilities (including autism and cerebral palsy), ages three and four, go to school with 25 other students. Teachers and therapists from Jowonio work together with the preschool staff to provide a developmentally appropriate preschool experience for all students, creating adaptations that allow the children with special needs to be successful participants in the nursery curriculum. The three hour day includes a balance of open play and exploration with small and large group activities. A warm-up time is followed by a “Hello Circle” and an hour of child-initiated play, with invitations to teacher prepared special activities; a snack time, movement time, and outdoor time fill in the rest of the morning. Children with special needs join in all these activities with their peers, as independently as possible, being supported by adults only as much as necessary.

“Tommy was outgoing and friendly, therefore able to forge a special bond to a classmate who was unable to speak or walk. They very naturally were able to find a way to play together. His wheelchair was not an obstacle to their play but a prop. Setting up Hot Wheels track on the wheelchair and letting the cars go was a favorite activity. I remember a special day when the teacher told me the children were dancing and Tommy went and grabbed his friend’s hands so he could join in.”

---Parent

Curriculum Planning and Adaptations

Inclusion is not only physical, but instructional and social; it requires thoughtful planning to provide individualized instruction within the context of a high-quality inclusive environment (McWilliam, Wolery, & Odom, 2001). Flexibility in scheduling, groupings of students, levels of support, and expected participation mean that all children have a place in the group. Teachers may change the environment to adjust to a child’s sensory sensitivities or flex the daily schedule

for a child who has trouble with change and transitions. They will consider helpful seating, sensory diets, predictable routines, and adaptive devices (switches, electronic communication boards). It is common to see a student using a picture choice board or sign language to communicate. So many natural opportunities to model with peers and practice skills occur within the daily interactions of the classroom. (Cross & Dixon, 1997; Janney & Snell, 2000). Adaptations such as visual strategies aid in a child's self-management, support preschoolers who may have issues with attention, and enrich the literacy program for all students.

In addition to modeling adaptations to include the children with special needs, the team needs to be able to talk about what they are doing and why. The goal is "role release" where the specialists are teaching other staff their skills as well as participating in the classroom planning and practice. The setting requires "push-in" rather than "pull-out" therapy, and therapy sessions often include students with and without disabilities. A Jowonio language therapist might run a circle time, using a story that allows the practice of "s" sounds, a goal for some of the children, or join a table at snack to prompt social interaction and the use of "wh" questions. Conversely, nursery staff will sit next to a child with autism and encourage him to try a new art material or, using a communication board with photos of classmates, ask a non-verbal student to pick a partner for his walk to the playground. The goal is a seamless working relationship between the staff members, where all adults are teachers of all children.

"On a daily basis I communicate with three classroom teachers, three teacher assistants, several student teachers, two special education teachers, two 1:1 aides, two O.T.'s, a physical therapist and every child's parent, either through written notes home or during drop off/pick up time. Daily communication with classroom teams often occurs around scheduling... and planning. Our weekly meetings involve the classroom teacher, assistant, special education teacher, aides, therapists and sometimes parents. This time is critical for generating and sharing strategies to address each child's goals that can be generalized into the classrooms. We also have monthly whole group meetings where all three classrooms meet. There is often a teaming piece – celebrating a birthday and having lunch together; then discussion around what is working and what isn't and plan for resolving any challenges."

--- A Jowonio Speech Language Pathologist

Often it is the children with challenging behaviors who bring the most stress, but who also challenge the adults to sort out environmental and programming factors that help everyone

be a successful participant. Building content by using a child's interests and passions and following his/her lead in play are effective strategies that fit with the best of "developmentally appropriate practice." While some special education programs base most of their teaching on 1:1 discrete trials, these collaborations believe in naturalistic instruction (Odom, 2000), where goal-oriented learning opportunities are created for students with special needs within the daily life of the busy preschool; they build on children's interests and provide support for success. One-to-one engagement and joint attention are sought within the context of what typical age peers are doing, where teachers provide students with scripts and guided rehearsal, and then using visual cues, encourage generalization of the skills for independent use in the classroom, home and community.

Opportunities are provided to learn new social skills through observing and modeling teachers, and through structured experiences like role-playing, paired play, or social stories (Diagre, Johnson, Bauer, & Smith, 1998). The message is that we all have unique learning styles and we all have things to learn; it is equally important to celebrate one student's first spoken word or independent step, a name read or a sneaker tied. With early exposure, children become comfortable with people who may not look or act like themselves. Children grow to understand the language of behavior and find creative ways to connect with each other. They develop compassion and an appreciation for what each individual has to contribute to the friendship.

"We have experienced many heart-warming moments during our collaboration with Jowonio. Teddy could and would calm himself down when his friend Maya would talk to him or take his hand. One day in circle, Teddy was having a hard time and was crying. Maya reached over and dried his tears with her shirt sleeve. Tessa, who had physical disabilities as well as being non-verbal, had a true friend in Mary. She and Tessa would do projects together, read stories, or play in the gym.... Mary always asked Tessa what she wanted to do and Tessa always responded with smiles and body movements. It is beautiful to see these children interact on a daily basis as peers and friends and include one another in activities. They are wonderful role models for us all and we are honored every day to be a part of their lives and a part of this school."

----Bellevue Heights Teacher

Challenges and Solutions

The process of inclusion can present a number of challenges. Through the existing collaboration, the nursery schools have served children with multiple needs and significant behavior issues. It can feel like quite an intrusion to have a full complement of special education

teachers and therapists in the nursery school suggesting schedule changes or adaptations to their curriculum. Issues such as the use of space and building accessibility, toilet training, and challenging behaviors have to be addressed. Children with physical disabilities are accompanied by a lot of equipment and they, along with students with sensory issues, require space for physical and occupational therapy, space which may be at a premium.

Jowonio therapists have responded to the space issue by bringing equipment back and forth, but have also installed a swing and provided a trampoline for the nursery school; the nursery program moved its library to create a space for therapists to work. The congregation of the church where one of the programs is located is considering the installation of an elevator to improve access for their adult members and students in the preschool. The nursery program has waived its “rule” that every child must be toilet-trained, in order to accommodate the population of students with needs.

Staff can be challenged by students who present behavior difficulties beyond those usually demonstrated by preschoolers. A child with a disability whose language and social skills are limited or whose body is reactive to sensory overload may be inattentive, impulsive, cry, initiate with aggression, and refuse to comply with adult directions. Dealing with difficult behaviors is helped by having a team engage in a functional assessment: identifying when the behavior occurs and does not occur, hypothesizing its purpose for the child, and planning ways to prevent it by changing the environment, teaching more appropriate substitute skills, and planning positive consequences that will help the child be more successful within the routines. The staff members of both programs have grown more confident over time in addressing challenging behaviors.

Balancing the student group in terms of needs for support is central to planning for successful inclusion. Early childhood educators may have strong opinions about the importance of child-initiated play and exploration, and special educators want to offer teacher-structured activities that teach specific missing skills in order to maximize child growth. The program is successful when the staff have found a balance of these approaches through collaborative problem-solving (Cavallaro & Haney, 1999). Central to overcoming obstacles are the elements of shared vision, curriculum planning for all children, and adult communication.



Shared Vision

For two staff teams to work well together, there must be a common vision which evolves as they spend time talking about their expectations and the human and logistical issues that impact daily life in a school. This vision is based on a set of common beliefs that arise as the teams talk about tone, how they want children and families to be treated, and talk about agreed upon outcomes, such as what they hope children will feel and do as a result of their early childhood experience (Carter & Curtis, 1998; Bloom, P., 2005). The beliefs that inform Jowonio, Bernice Wright, and Bellevue Heights Nursery Schools include:

- All children are welcomed into the classroom, where their uniqueness is valued and celebrated;
- Children learn through warm and nurturing relationships with adults and peers;
- The optimal early childhood setting is one where opportunities abound for child-initiated exploration of a rich environment and the construction of one's own understanding;
- Adults should adapt the environment and instruction to meet children where they are, rather than expecting children to be "ready" for a predetermined curriculum; and
- A positive partnership among teachers and with parents best supports children's learning.

The two staffs meet together weekly with administrative personnel who coordinate many of the details, but more importantly support a problem-solving process to address continuing concerns. Strong leadership that models what inclusion should look like was important in the early years of the collaborations. When there was change in leadership, there was a sense of loss

and concern about the ability of the new and remaining staff members to carry on the mission. The visioning discussions needed to be on-going. The teams met and continue to meet together twice a year for a “kudos and glitches” session, acknowledging the things that are going well and working through issues of concern for any of the team members.

“I have found the collaboration...to be one of the most rewarding experiences I have had as an early childhood professional. To experience the benefits first hand is a beautiful thing. The combined staff brings such a wealth of knowledge and experience to the classroom. We are daily learning from one another, sharing with one another, and complimenting each other. ... We have worked to find a balance in relation to our philosophies that will best serve all of the children.”

----Director, Bernice M. Wright Nursery School

Problem Solving

Staff may approach inclusive programming with discomfort around children with disabilities; they may worry that they might not know what to do with a child with physical, communication or behavioral differences. Each adult also brings to their work their own set of attitudes and values about child development and expected behavior and their ideas about the role that adults play in children’s growth. Respect for each other and a willingness to listen and engage about the similarities and differences in assumptions and beliefs is the first step.



Problem-solving has been important to the positive evolution of these collaborations. A support teacher, a member of Jowonio’s administrative staff and an experienced special education teacher meet weekly with the team, guaranteeing adequate resources and facilitating conversation regularly. All adults involved attend and participate, including paraprofessionals. The best mentoring and staff development occurs within the day-to-day work with students.

An example of problem solving can be demonstrated by Anna who was born two months premature and diagnosed with cerebral palsy. She appeared small and delicate, and had limited movement and communication. The nursery teachers worried a great deal about how to include her in the preschool. The physical therapist had worked with Anna and her family in Early Intervention, and prior to Anna coming into the classroom, shared with the staff what they should know about her and reassured them that she was not as fragile as she appeared.

In the first month of the school year, the therapist rearranged her schedule to spend extra time, modeling how to support Anna physically in different parts of the classroom and different kinds of activities; the special education teacher and the speech therapist modeled how to frame communication so that Anna could respond with a yes/no or simple choices, as well as narrating to adults and peers how to read her subtle communication attempts (“I think Anna wants to play in the water table too; did you see her big smile?”). The relationships between Anna, her classmates, and the teachers were strengthened over the two years that she was a fully included member of the preschool class.

“Over the course of the collaboration, we have evolved and learned how to support adults as well as children. Staff meetings include everyone and everyone is asked to contribute. We listen to each other’s concerns, brainstorm solutions, and implement ideas... We have developed into a program where we are teachers of every child.”

--- Bellevue Heights Teacher

Conclusion

Developing and nurturing a successful collaboration requires a shared vision, a focus on staff interaction and development, and a rich curriculum that supports all learners. Collaboration involves a number of dimensions: face-to-face interaction; feelings of positive interdependence (“we’re all in this together”); each member honing his/her interpersonal skills; reflection on how the team is functioning; and a process for holding each other accountable for agreed-upon follow-up (Snell & Janney, 2000; Thousand & Villa, 1992). Mentoring and formative staff development is essential to a quality program where there are a number of adults with varied backgrounds and training. Collaborations between special education providers and quality preschool programs are beneficial for service expansion, staff development, and creating more inclusive environments for children with and without disabilities.



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**The Early Childhood Helpline and Inclusion Project:
Creating Partnerships to Include All Children**

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New York State requires that preschool students with disabilities receive education in the least restrictive environment, which means the setting closest to where the child would be if they did not have a disability. Although this is a mandate from the federal government and state, the early childhood setting often does not have the experience or skills to successfully include identified children in their programs. These children are often the first to be removed from early childhood centers. The Early Childhood Helpline and Inclusion Project is instrumental in assuring that children with special needs are able to receive quality child care with their peers. The Early Childhood Helpline and Inclusion Project is a free service for child care professionals that provides consultations, training, resources, and referrals to assist programs in meeting the needs of children with disabilities in typical child care settings.

Background

In 1999, Erie County, through the Coordinating Council on Children and Families, charged the community to come up with innovative prevention strategies to reduce school violence. Representatives from the Erie County Department of Social Services, the United Way of Buffalo and Erie County, the Early Childhood Direction Center/Kaleida Health, the Child Care Coalition of the Niagara Frontier, Early Childhood Departments from local colleges, Early Intervention, Head Start and others working with young children formed a working committee to meet the charge. Their combined knowledge and experience, as well as documentation from research studies, convinced the County that the most effective way to reduce school violence is to start with quality early childhood experiences and early prevention strategies for children ages 0-6. This charge was the catalyst for the creation of The Early Childhood Helpline – a collaboration between the United Way’s Success By 6, the Early Childhood Direction Center/Kaleida Health and the Erie County Department of Social Services to implement a strategic plan for meeting the needs of young children.

One of the biggest concerns raised by the working committee and the early childhood community was that young children with challenging behaviors and special needs in Erie County were being asked to leave child care centers, often moving from program to program, without getting the special education or mental health services they needed.

The primary goals initially developed for The Early Childhood Helpline were to work with child care providers and parents to identify children who may need special education and mental health services as early as possible, facilitate communication among the child care program, parents and service providers, and support child care teachers with strategies to meet the needs of the children. It was determined that a Child Development Specialist would be hired full time to work directly with child care programs to provide immediate support and resources while children were waiting for evaluations from early intervention or the committee on preschool special education.

Success By 6 recognized the benefits of collaborating with the Early Childhood Direction Center as they already served special needs populations. A partnership developed where Success By 6 provided the funding and the Early Childhood Direction Center provided the staff person. The original funding was through the Erie County Department of Social Services. United Way of Buffalo also contributed funding which helped to leverage additional dollars over the years from local and national foundations such as Bank of America, the Oishei Foundation, a Federal Early Learning Opportunities Grant and the Tower Foundation.

Program Implementation

The Child Development Specialist became a position within the Early Childhood Direction Center. The minimum qualifications identified for the position is a bachelor's degree in early childhood, child development, special education or a related field and experience working in a child care center. Additional requirements include: knowledge of developmentally appropriate practices, evaluation and assessment of young children, and experience with the preschool special education system.

In the spring of 2000, the first Child Development Specialist was hired and the Early Childhood Helpline opened for business. An intake form and observation procedures were developed. Also, resources about available services and classroom strategies were gathered and a lending library was started. Outreach and marketing to child care centers, family and group family child care programs, early intervention coordinators and service agencies was a main focus during the first year.

In 2004, the Early Childhood Direction Center received additional grant funds from VESID to enhance the Early Childhood Helpline services by providing more intensive classroom

assistance to child care centers. The Early Childhood Helpline and Inclusion Project began and the position title changed to Child Development/Inclusion Specialist. The enhanced program began with the recruitment of five child care centers to work with the Child Development/Inclusion Specialist for one year to improve strategies, policies and techniques for including children with challenging behaviors and special needs.

A second position was added in 2006 when the Early Childhood Direction Center collaborated with several local organizations to obtain a Federal Early Learning Opportunities Act grant. This grant funded a full-time Inclusion Specialist to provide on-site individualized consultations for child care providers with an emphasis on improving options and opportunities for children with disabilities in ten typical early childhood settings. The position was extended another year (through February 2008) with a grant from the John R. Oishei Foundation to work with an additional ten centers.

Because the Early Childhood Helpline and Inclusion Project is currently supported entirely through grants, there are no fees collected from the child care programs.

Outreach

A key component to the development and success of the Early Childhood Helpline and Inclusion Project is outreach. This is an on-going component that involves direct mailings, exhibits at conferences, involvement on committees and associations (e.g. Inclusion Committee, Developmental Disabilities Alliance of WNY, Preschool Task Force, Success By 6, the Association for the Education of Young Children, and so forth). Magnets, brochures and flyers have been developed to distribute throughout the early childhood community. (Samples are attached.)

Through this outreach, child care providers, parents or therapists contact the Early Childhood Helpline and Inclusion Project. The Child Development/Inclusion Specialist gathers information from the person calling by using an intake form for general information about the program, child, concerns, and type of assistance needed. On-site visits are usually scheduled within two weeks from the initial call. The Specialist has been able to keep up with requests for services, although there have been times when the demand for services has been high.

Site Visits

After an initial site visit is arranged, the Child Development/Inclusion Specialist uses a variety of checklists to observe the environment and child. A meeting with the child care staff is set up to develop effective inclusion strategies, such as modifying the environment, changing activities, transition techniques, behaviors plans, and so forth. The Child Development/Inclusion Specialist schedules regular 3-6 hour visits to the program throughout the year to model techniques, answer questions, support lessons and activities, and work with individual and small groups of children. Referrals to Early Intervention, Committee on Preschool Special Education (CPSE) and other support agencies are made as needed during the on-going visits. Also, the Child Development/Inclusion Specialist helps develop relationships and open lines of communication between the therapists and child care teachers. The benefits of push-in services are stressed to all those working with the children.

Examples of Helpline Calls

A recent call to the Early Childhood Helpline was from a teacher in a suburban child care center about a three-year-old boy, Bobby, who had recently started in her class. Using the intake form, information was gathered about the child's age, how long the child had been attending the program and the teacher's specific concerns. Bobby was exhibiting highly aggressive behavior including hitting, kicking, throwing toys, and biting. He also had difficulty staying on task and following directions. Bobby's language skills were excellent, but he exhibited delays in cognitive skills such as shape and color recognition, counting, matching objects and understanding concepts such as over, under, now, later, and so forth.

The Child Development/Inclusion Specialist scheduled a visit to the program within ten days and spent the morning observing the child using developmental checklists and anecdotal notes. The observation confirmed many of the teacher's concerns and a meeting with the teacher took place during nap time. Throughout the meeting, the Child Development/Inclusion Specialist worked with the teacher to outline a plan to help Bobby get the services he needed to be successful in the program. The plan included having the parents request a CPSE evaluation, connecting the parents with local family counseling agencies and making classroom modifications.

While the parents were working through the CPSE process, the Child Development/Inclusion Specialist worked with the teacher over the next month to modify activities for Bobby so that he could experience success. Activities included implementing appropriate strategies for Bobby to express his anger and offering him more choices in his daily routine. The majority of time was spent working on modeling and role-playing what to do when Bobby felt angry, such as using replacement behaviors. These included taking a deep breath and squeezing a ball. Staff also modeled and practiced using specific phrases such as, “That makes me mad” and “I want to play with that toy.” Bobby eventually received Special Education Itinerant Services (SEIT) and his family is working with a counselor. He continues in the program and still has some difficulty with aggressiveness, but there has been much improvement.

Another example of a Helpline call was about William, a three-year-old boy with significant speech delays who attends a rural child care center in Erie County. This center was one of the ten centers working in the Inclusion Project. The Inclusion Specialist observed that his inability to communicate led to frustrations that affected his behavior. The teachers in the program were struggling with how to best meet his needs. Because of his challenging behaviors and special needs, the staff were considering asking the parents to find another child care program.

The Inclusion Specialist assisted the teachers by first obtaining a copy of William’s IEP from his parents. The Inclusion Specialist read the IEP with the staff to help them understand William’s special needs and goals. This helped the staff modify lesson plans and activities to guide William in attaining the IEP goals.

The Inclusion Specialist helped the staff understand that William, at his own initiation, may need to leave teacher directed activities. One of the modifications made was teaching William self-regulation and self-help skills. When he felt overwhelmed, he could remove himself from the group and go to the large soft pillow area to be alone. With his sensory issues, he often needed to leave the group activities.

The Inclusion Specialist also helped the child care teachers and special education therapists collaborate through communication and push-in services. The push-in services allowed for role modeling of therapist techniques for teacher application. With the Inclusion

Specialist's assistance, William's behaviors improved, the teachers began working more closely with the therapists and he has remained in the program.

Training

Training is another component of the Helpline and Inclusion Project that is funded by the grants received. Workshops are offered for child care providers, therapists and parents and all workshops meet the Office of Child and Family Services training guidelines. Topics include: *Strategies for Challenging Behaviors, Getting Parents on Board, Red Flags-Recognizing Delays, Smart Inclusion, Partnerships Between Service Providers and Child Care Teachers, and Understanding the Early Intervention and Special Education Process.* The workshops are usually two hours and are offered on-site at the child care programs, usually in the evening. The workshops consist of a power point presentation, small group activities, handouts, and time for questions.

Program Evaluation

Program accomplishments are evaluated informally by noting changes made by teachers between visits, observation of child progress and improvement, and the child receiving special education services. As part of the formal evaluation, the Child Development/Inclusion Specialist completes a check list, following the provision of services, that compares progress made over the year. Additionally, an exit survey is completed by participants rating the services received.

Data from the past years have shown:

- Since 2000, 500+ visits have taken place in typical child care settings by the Early Childhood Helpline and Inclusion Project
- Since 2000, phone assistance to 700+ people working with young children has been provided
- 350+ child care staff have received training
- 54 children in 2005-06 have been referred for Early Intervention or CPSE services

- An increase in the number of Individual Education Plans (IEP's) on site at typical child care centers
- An increase in push-in services by therapists at child care centers

Anecdotal observations indicate teachers using more developmentally appropriate techniques and strategies such as redirection, small group and individualized activities, and smoother transitions. Also, there has been a decrease in the use of time-out and other negative behavior strategies. Teachers have used ideas from the Child Development/Inclusion Specialist to modify activities and the environment to include children with special needs.

High quality child care has many dimensions and does not happen without proper training and support. All children, both with and without disabilities, offer unique challenges to child care programs. There has been a systematic change in the early childhood community, due to the interventions provided by the Early Childhood Helpline and Inclusion Project. We are fostering the foundation for children to be successful once they reach kindergarten. Every day when parents are dressing their young children, driving them to early childhood centers, kissing them good-bye and trusting that their children are receiving excellent care, the Early Childhood Helpline and Inclusion Project are working behind the scenes to make this a reality.

Attachments:

Early Childhood Helpline and Inclusion Project Brochures

Intake Form

Authorization Form

Program Checklist

Participant Exit Surveys

Lending Library Titles

The Direction Center *Inclusion Project* Provides:

Free Consultation and
information on-site for:

Techniques and strategies for
including students with
disabilities into the regular
classroom environment

Behavior management techniques

Increasing family involvement

Parent education

Staff development and training

Environmental modifications

Individualized, confidential
sessions

Professional workshops

Information and referral for
families

EI/CPSE/CSE information
and support

*Attention Early Childhood
Providers:*

*Are you currently servicing children
with developmental disabilities or
delays?*

*Are you interested in servicing
children with disabilities within the
typical childcare settings?*

*Are you servicing children with
challenging behaviors?*

*Would you like to provide your staff
with resources and training to help
them include students with
disabilities into the regular
classroom environment?*

*Do you have questions about the
referral process, or how to get the
proper services for children
suspected with developmental
delays?*


*Do any of the children you service
require an Individual Family
Service Plan (IFSP) or an Individual
Education Plan (IEP)?*

**If the answer to one or more
of these questions is yes, the
Early Childhood Direction
Center can help!**

The Inclusion Project 2007

ECDC received a grant from
the *John R. Oishei Foundation*,
to assist early childhood
providers within Erie and
Niagara Counties.

Free, on-site individualized
consultations for *Early
Childhood Providers* with an
emphasis on improving
options and opportunities for
children with disabilities
served in typical early
childhood settings.

<p style="text-align: center;">MAILING ADDRESS</p> <p style="text-align: center;">Early Childhood Direction Center C/O Women and Children's Hospital of Buffalo 219 Bryant Street Buffalo, NY 14222-9988</p> <p style="text-align: center;">LOCATION</p> <p style="text-align: center;">Early Childhood Direction Center 3131 Sheridan Dr. Amherst, NY 14226 (People Inc. Building)</p> <p style="text-align: center;">Interest in the Inclusion Project for Erie and Niagara Counties</p>	<p>Inclusion Project Early Childhood Direction Center C/O Women and Children's Hospital of Buffalo 219 Bryant St. Buffalo, New York 14222-9988</p>	<p style="text-align: center;">Early Childhood Direction Center</p> <div style="text-align: center;">  </div> <p style="text-align: center;"><i>"We will point you in the right Direction!"</i></p> <p style="text-align: center;">Inclusion Project 2007</p> <p style="text-align: center;">A free resource for <i>childcare professionals</i> working with children with special needs</p> <p style="text-align: center;">880-3876</p>
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The Early Childhood Helpline

Provides FREE consultation and information on-site or on the phone for:

Early Childhood Development – physical, behavioral, cognitive and emotional issues

Developmentally Appropriate Practice and Early Childhood Curriculum

Working with Challenging Behaviors

Techniques and strategies for including students with disabilities into the regular classroom environment

Increasing family involvement

Classroom Environment and modifications

Referrals to Community Resources

EI/CPSE/CSE information and support

The Early Childhood Helpline

Provides FREE Professional Workshops

Staff development and training in:

- Strategies for Challenging Behaviors
- Getting Parents on Board
- Red Flags – Recognizing Delays
- Smart Inclusion
- Understanding the Early Intervention and Special Education Process

Phone: 880-3877

Fax: 836-1252

E-mail: tbanks@kaleidahealth.org

Tracey Banks
Early Childhood Direction Center
c/o Women and Children's Hospital of
Buffalo
219 Bryant Street
Buffalo, NY 14222-9988

The Early Childhood Helpline

Free, individualized consultations for family, group family and center based programs

"Monique" doesn't participate in any of the activities or play with the other children, how can I help develop her social skills?

"Jonathan" gets so angry, I'm not sure what to do.

I wish I understood how the referral process works for children who may need special education services.

Our center wants to be more inclusive but we're just not sure how to best meet the needs of children with disabilities.

If you've had similar experiences or thoughts, there's help just a phone call away! The Early Childhood Helpline provides assistance for the many challenges of working with young children.

An Initiative of:



Helping all children succeed for life.

and

The Early Childhood
Direction Center, Kaleida
Health



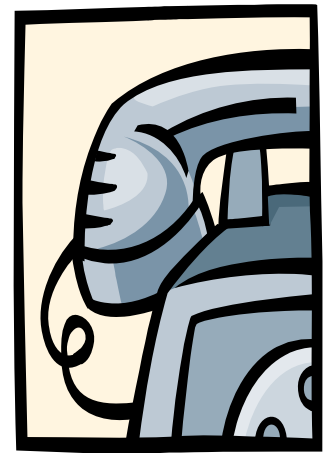
"We will point you in the right direction!"

and

Erie County Department of
Social Services

Early Childhood Helpline
Early Childhood Direction Center
c/o Women & Children's Hospital of Buffalo
219 Bryant Street
Buffalo, New York 14222-9988

Early Childhood Helpline



**A free resource for child
care professionals**

880-3877

EARLY CHILDHOOD HELPLINE INTAKE FORM

_____ Date: _____ Type of Program: _____
 Name & Title: _____
 Program Name: _____
 Address: _____ City: _____
 Zip Code: _____ Cross Streets: _____
 Phone: _____ Fax: _____ E-mail: _____
 County Subsidies: _____ License Capacity: _____ Ages of children: _____

Reason for call:

Things tried:

Schedule a site visit: _____ Date: _____ Time: _____

New Program: _____	Type of Visit	Referred _____ county subsidy _____
# children in class: _____	Child Specific _____	EI _____
	Training _____	CPSE _____
# teachers in class: _____	Gen. Observ. _____	CSE _____
	Q I P _____	Other _____
total # staff: _____	Pre/Post _____	

Notes and Follow-up

Authorization for Classroom Observation

3131 Sheridan Drive
Amherst, NY 14222
880-3877 (phone) 836-1252 (fax)
tbanks@kaleidahealth.org

(please print)

Child's name: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ Zip Code _____

Child's Date of Birth _____

How long has your child been attending this child care program? _____

Has your child attended any other child care programs? _____

Can the Early Childhood Development Specialist from the Helpline contact you directly for additional information about your child?

_____ yes daytime phone number _____

_____ no

This authorization, or photocopy hereof, will authorize an Early Childhood Developmental Specialist of the Early Childhood Direction Center to observe my child at

_____ (child care program name)

This is not an evaluation or assessment of the child.

Parent/Guardian Signature

Date

Child Care Program Director Signature

Date

Inclusion Amendment Pre and Post Checklists

Center Name: _____ Director _____
Date: _____ Class _____

Observation Scale: 1 – not evident at all 2 – sometimes evident
3 – always evident N – not able to observe

Program Structure

Pre Post

- | | | |
|-----|-----|--|
| ___ | ___ | A daily schedule is posted using pictures and words and allowing for student flexibility and choice |
| ___ | ___ | Teachers are flexible enough to change planned or routine activities to follow needs and interests of children |
| ___ | ___ | More than one option for grouping is available to children most of the day |
| ___ | ___ | Several alternative activities are available for children's choice |
| ___ | ___ | Teachers respect the child's right not to participate in some activities |
| ___ | ___ | Activities are prepared before transitions to avoid prolonged wait time |

Environment (space and furnishings)

Pre Post

- | | | |
|-----|-----|--|
| ___ | ___ | A sufficient quantity of materials and equipment is provided to avoid problems with sharing or waiting |
| ___ | ___ | Private areas where children can play alone or with a friend are available |
| ___ | ___ | Children with disabilities have the adaptive furniture they need to to permit them to perform activities together with peers |
| ___ | ___ | Spaces in the environment permit child to feel safe and secure |
| ___ | ___ | Students are given opportunities for multi-sensory activities |

Problem Solving

Pre Post

- | | | |
|-----|-----|---|
| ___ | ___ | Staff teach problem solving by talking through issues with children |
| ___ | ___ | Figures and other toys available for use in working through issues |
| ___ | ___ | Use of posters and pictures as prompts to problem solving |

Inclusion checklist continued

Personal Care Routines

Pre *Post*

- | | | |
|-----|-----|--|
| ___ | ___ | Children are greeted warmly by staff |
| ___ | ___ | Each child greeted individually by name |
| ___ | ___ | If needed, upon arrival children are helped to become involved in activities |
| ___ | ___ | Toileting schedule meets individual needs of children |
| ___ | ___ | Students with disabilities are included at the table with peers during mealtimes and accommodations are made to assist students with special needs |
| ___ | ___ | Nap or rest time is flexible for students with individual needs |
| ___ | ___ | Early risers permitted to play quietly |
| ___ | ___ | Non-nappers are provided with a separate space for activities |
| ___ | ___ | Organized departure |

Interaction

Pre *Post*

- | | | |
|-----|-----|--|
| ___ | ___ | Staff help children develop positive social interactions |
| ___ | ___ | Staff listen and acknowledge children's feelings and frustrations and respond with respect |
| ___ | ___ | Child placed in the classroom with an appropriate mix of peers |
| ___ | ___ | Activities are structured so that teachers and children interact positively and frequently with each other |
| ___ | ___ | Children get to interact with different teachers and other adults throughout the day |

Behavior Management

Pre *Post*

- | | | |
|-----|-----|---|
| ___ | ___ | Expectations for behavior are appropriate for age and developmental level of children |
| ___ | ___ | Staff set clear, consistent, fair limits for classroom behavior |
| ___ | ___ | Children receive attention and/or rewards for prosocial acts |
| ___ | ___ | Children are frequently praised for specific positive actions |
| ___ | ___ | Peers are taught to ignore most negative behavior |
| ___ | ___ | Redirection is employed to have child stop negative behaviors |
| ___ | ___ | When a child is redirected to a new activity peers engage in that activity with the child |
| ___ | ___ | Staff use non-punitive discipline methods effectively |
| ___ | ___ | Individual activities are developed that support children with challenges |

Inclusion checklist continued

Parents and staff

Pre Post

- ___ ___ Parents are frequently involved in sharing information with staff, setting goals, and giving feedback about how a program is working
- ___ ___ Staff contribute to individual assessment and intervention
- ___ ___ Variety of alternatives used to encourage family involvement
- ___ ___ Much sharing of child-related information between parents and staff
- ___ ___ Staff/Center has knowledge of the IFSP/CPSE referral process

Support to Children

Pre Post

- ___ ___ Children are receiving any related services listed on either the IEP or the IFSP according to the agreed upon schedule
- ___ ___ Related therapeutic services are administered on a push-in rather than a pull-out basis.
- ___ ___ Staff have special goals for individual children
- ___ ___ Center participates in IFSP/CPSE meeting at least 50% of the time

Relationship with Service Providers/Community and Government Agencies

Pre Post

- ___ ___ Formal and informal collaborative agreements are established with agencies/providers to facilitate comprehensive service delivery. Agreements specify roles and responsibilities, referral procedures, communication mechanisms and other procedures to help meet the needs of children and families.
- ___ ___ Adequate time is allocated for frequent communication/information sharing with collaborating partners, including time for phone contacts, visitations and documentation of effort.
- ___ ___ Members of the staff participate in community-wide interagency councils and other community-wide planning initiative that improve the delivery of services to preschool children with disabilities and their families.
- ___ ___ Staff seek to problem solve with partners and other community-based professionals around identified concerns.
- ___ ___ Childcare providers and collaborating partners regularly share necessary information. Safeguards are in place to ensure confidentiality.

Survey Form

Your child care program received a visit from the Early Childhood Development Specialist during the past year. Your feedback and comments will be appreciated in helping to make any changes necessary to better meet the needs of the early childhood community as well as to document outcomes for our funding sources. Please take a minute to complete and return this survey in the postage paid envelope. Thank you for your time. Please call 880-3877 if you have any questions.

Type of service provided: Observation of a specific child Assistance with accreditation
 Consultation for general classroom tips Other (please list) _____

1. Did the Development Specialist respond to your request in a timely manner? Yes
 No

Comments: _____

2. Were you satisfied with the information provided by the Development Specialist? Yes
 No

Comments: _____

3. Will you make any changes as a result of the site visit? Yes No

If yes, what changes will you make? _____

4. Were any referrals made for additional services for the child(ren)?

Yes (go to question #5) No (skip to question #6)

5. Is the child(ren) receiving special services as a result of the referrals made? Yes No

If yes, what services is the child receiving? Early Intervention Counseling
 Committee on Preschool Special Education (CPSE)
 Speech/language Other _____

6. Is the child(ren) still enrolled and attending your program? Yes No

If no, why did the child leave the program? _____

Is the child attending another child care center family child care program
 special education program staying at home
 don't know other _____

Please feel free to add any other comments or suggestions (continue on back if needed)

Optional

Your name _____
Program name _____
Street _____
City _____ Zip Code _____
Telephone _____ Fax _____
e-mail _____

Inclusion Lending Library



Books

- ***A Place for Me: Including Children with Special Needs in Early Care and Education Settings*** by Phyllis A. Chandler
- ***When Teachers Reflect: Journeys Toward Effective, Inclusive Practice***
- ***Young Exceptional Children: Natural Environments and Inclusion***
- ***Young Exceptional Children: Teaching Strategies: What to do to Support Young Children's Development***
- ***Young Exceptional Children: Practical Ideas for Addressing Challenging Behaviors***
- ***Meeting the Challenge - Effective Strategies for Challenging Behaviours in Early Childhood Environments*** by Barbara Kaiser and Judy Sklar Rasminsky
- ***Challenging Behavior in Young Children - Understanding, Preventing and Responding Effectively*** by Barbara Kaiser and Judy Sklar Rasminsky
- ***Child Care and Children with Special Needs - A Training Manual for Early Childhood Professionals*** by Karen Sokal-Gutierrez, MD, MPH
- ***Early Learning Environments that Work*** by Rebecca Isbell and Betty Exelby
- ***At a Loss for Words*** by Betty Bardige
- ***The Out-of-Sync Child*** by Carol Stock Kranowitz, MA
- ***The Out-of Sync Child Has Fun*** by Carol Stock Kroatowitz, MA
- ***The Inclusive Learning Center Book for Preschool Children with Special Needs*** by Christy Isbell and Rebecca Isbell
- ***Follow Me Too, A Handbook of Movement Activities*** by Marianne Torbert and Lynne Schneider
- ***A Practical Guide to Solving Preschool Behavior Problems*** by Eva Essa
- ***Developmental Screening in Early Childhood*** by Samuel J. Meissels and Sally Atkins-Burnett
- ***The Exceptional Child: Inclusion in Early Childhood Education*** by K. Eileen Allen and Glynnis Cowdery
- ***101 Activities for Kids in Tight Spaces*** by Carol Stock Kranowitz
- ***Sensory Integration and Self Regulation in Infants and Toddlers*** by Gordon Williamson and Marie E. Anzalone
- ***DEC Recommended Practices*** by Susan Sandall, Mary Louise Hemmeter, Barbara J. Smith and Mary E. McLean
- ***Is It Sensory or Is It Behavior?*** By Carolyn Murray-Slutsky and Betty A. Paris
- ***Answers to Questions Teachers Ask About Sensory Integration*** by Carol Stock Kranowitz
- ***Help for Teachers of Young Children*** by Gwen Snyder Kaltman
- ***DC: 0-3R - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*** by Zero to Three
- ***DC: 0-3 Casebook – A Guide to the Use of Zero to Three's DC: 0-3R***
- ***New Visions for the Developmental Assessment of Infants and Young Children*** by Samuel Meissels and Emily Fenichell
- ***Caring for Infants and Toddlers in Groups*** by J. Ronal Lally, et. al.

To borrow books or videos contact:

The Early Childhood Direction Center
3131 Sheridan Drive, People, Inc. Offices, Amherst NY 14226
880-3877 www.wchob/ecdc.org 1-800-462-7653



Inclusion Lending Library

Videos

- Welcoming All Children: Inclusive Child Care
- Daily Dilemmas: Coping With Challenges
- Child Care and Children with Special Needs Part I: Inclusion Works
- Child Care and Children with Special Needs Part II: Working Together to Include Everyone
- What Do You Do With the Mad that You Feel
- The Out-of Sync Child (Sensory Integration Dysfunction)

The following videos are from the WNY Early Childhood Inclusion Committee:

- ◆ *Serving Young Children with Visual or Hearing Impairments*
- ◆ *Speech and Language Delays in Young Children*
- ◆ *How to Include Children with Developmental Disabilities in Child Care*
- ◆ *Serving Children with Motor Delays*
- ◆ *Serving Infants and Toddlers with Developmental Disabilities*
- ◆ *Push-In Services: Let's Make it Work*
- ◆ *Behavior Management Strategies for Young Children*
- ◆ *Do You Have a Child in Your Classroom that You are Concerned about His/Her Development? Come Hear How a Developmental Pediatrician Can Help!*
- ◆ *Partnerships Between Service Providers and the Child Care Community - Let's Build the Bridge of Success*
- ◆ *SOS Getting Parents on Board When You Suspect Problems*
- ◆ *School Readiness and Developmentally Appropriate Practice*
- ◆ *It's Play Time: How to Enhance Children's Play*
- ◆ *Preparing Your Center to Serve Children with Developmental Disabilities*
- ◆ *Developmentally Appropriate Strategies for Children with Challenging Behaviors*
- ◆ *Food Allergy Awareness and Management for Child Care and Preschool Settings*

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880-3877 www.wchob/ecdc.org 1-800-462-7653

**Using Visual Support Strategies (VSS) in Inclusive
Early Childhood Classrooms**

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Abstract: One practice barrier to including students with disabilities is the amount of verbal instruction used by educators. Birch Family Services, Inc. (Birch) has shown great promise in addressing this barrier through the use of visual support strategies (VSS). Birch has found that some students can be more successful in less restrictive environments when tools like visual schedules, instructions, communication systems and choice charts are used to assist them to transition between activities and participate alongside their peers. Birch educators have observed children who were struggling become successful after the introduction of VSS. VSS can be easily created and utilized in any setting.

Birch Family Services runs inclusive classrooms in New York City where students without disabilities play and learn next to children with disabilities. Visual support strategies (VSS) support successful integration and are used by all staff across all activities. Dependent upon the cognitive level of the children, VSS may be a three dimensional object or any one of a variety of two dimensional pictures. Prior to implementing VSS, all children should be assessed to determine appropriate type of support needed. VSS assist the children to follow directions, understand what they are supposed to do, understand how to complete tasks, transition smoothly and make choices with a similar level of independence as their peers without disabilities. VSS work not only for children who do not speak, but also for children who are verbal. Oftentimes children can speak but do not understand directions from others. The spoken word is viewed as transient, once it is out of the mouth it is gone. VSS provide permanency, allowing children time to process and refer back if needed. Viewing visuals as a universal language will allow us to include children with a variety of disabilities in an array of educational settings.

A typical day in a Birch classroom incorporates VSS across all activities. As children arrive, they may be greeted with a visual cue that allows them to travel independently to their cubby. The visual cue may be a picture of their cubby or a photo of themselves, often called a possession cue. Upon arrival at the cubby they find an exact replica to match, “telling” them that they have arrived at the correct location. Many students will also find an embedded or mini schedule near their cubby breaking down the unpacking routine into smaller, manageable steps. Upon completion of the unpacking routine the student may receive another visual support guiding him directly to the next activity or to the individual or group daily schedule to find out

what the next activity is. This VSS provides an element of predictability and routine which in turn assists in the independent navigation of the day.



The next activity is often circle time. VSS strategies are embedded throughout circle. The students sit in chairs that are “labeled” with their possession cues and may have a cutout of feet to visually show them where their feet belong. The teacher may use a job chart that includes photos of specific jobs and photos of all the students. The teacher will offer students the opportunity to choose jobs they would like and the students’ photos will be placed next to the job photo. The use of visual supports on a job chart allows a student to refer back throughout the day to assist with memory and aid in comprehension regarding his individual roles in the daily routine. The teacher might also use a class rule chart that has the written words supported with visuals to promote pro social behavior. A song or story board that has both words and visual supports is also used during circle time so that all children can participate equally.



At the end of circle time, students may be transitioned back to group or individual visual schedules which highlight the next activity. That activity, which also utilizes VSS, may be mealtime. Students have visually supported placemats with photos of necessary utensils to show where to place each item. Once again these VSS allow students to participate equally regardless of their abilities. Mealtime supports may include choice boards, for students to request what they want to eat, and mini or embedded schedules to show students the steps involved in clean-up after the meal. Once again, as with the end of any activity, the transition is visually supported. Students will either receive a visual support directing them to the next activity or they may be transitioned to their daily individual or group visual schedule.



In Birch's inclusive classrooms, learning centers are also visually engineered. Children use choice boards to choose the learning centers in which they wish to play or work. The choice board has pictures of all of the learning centers and children place their photos or possession cues on the choice board or at the learning center itself to show where they will go. Each learning center is equipped with visually supported written rules to ensure that students understand the rules within that center. There may be an embedded schedule to assist students with working or playing as independently as possible. All materials are labeled with both words and pictures to help children return items to their designated locations.

Dismissal is also visually supported. Line up cues, extremely effective visual supports, show the children exactly where to stand and provide personal space boundaries while they wait to leave the room. Line up cues may be a feet template or a name or photo card for each student.

For those students that have additional difficulty leaving, the teaching team may use social stories¹ with photo or line drawings to foster a smooth transition.



These are merely a few examples of how VSS may be used in an inclusive educational environment. In addition to the examples above, VSS may be used in bathroom routines, play yards, gyms, and thematic lessons. It has been Birch’s experience that when VSS are present and staff are properly trained to use them, behavior challenges are minimized, and the educational process becomes more enjoyable and productive for students. VSS allow most children to learn on an even playing field regardless of their abilities.

Training

To be most effective, training and support for staff that use VSS must be comprehensive and ongoing. Training should answer all of the “WH” questions for its participants:

- **Who** should be using VSS? Who should be receiving VSS?
- **When** should VSS be used?
- **Why** should we use VSS?
- **Where** should I be using VSS?
- **How** do I create VSS? How do I implement VSS? How do I know which VSS to use?

Critical to the effective use of visuals is ongoing, in-classroom consultation and supervision. On going support serves two primary purposes. First, it ensures that VSS are being implemented

¹ “Social Stories” are tools developed in 1991 by Carol Gray. These stories incorporate pictures and words to assist children with autism spectrum disorders to understand and deal with various issues/situations. Gray, Carol
<http://www.thegraycenter.org/socialstories.cfm>

effectively. Second, and equally important, is the support that staff receives to address the intensive initial creation of the visuals. Because VSS have been proven to be a critical component of instruction for people with autism spectrum disorders (ASD) and due to the current increase in the number of children diagnosed with ASD, there are a variety of training opportunities available regarding the use of VSS that may be generalized for use in an integrated setting.

Birch's Training Institute provides hands on opportunities for workshop participants to receive instruction in the use of a variety of software programs used to create visual supports. Training opportunities allow participants to follow the creation of a visual support from concept to construction. Additional training is offered by Birch to show participants how to utilize the visual supports created during the workshop. For additional resources to assist with training and the creation of visual supports, consult the attached reference list.

Costs

Although there are initial costs associated with implementing VSS, the benefits and long term use of VSS will far outweigh those costs. Initial costs include: purchase of software programs (e.g., Boardmaker, Intellipics, Photoshop, etc.); color printers; laminating machine(s) and film; digital camera(s); velcro; staff training; ongoing supervision and/or classroom consultation. If purchasing materials and software is not an option, visuals can be downloaded from the internet. See the resource list for additional information.

Replication

Replication of a program that uses VSS is a multi-step process that begins with staff development and purchasing the necessary equipment and supplies. Upon completion of these two steps, it is recommended that classroom staff begin by adding VSS to one portion of the day. Oftentimes the physical environment is chosen as a good place to start. Engineering the physical environment may include labeling significant classroom areas as well as individual classroom systems. For example: play bins, library shelves and cubbies. From there one area/activity should be focused on at a time. Recommendations include: circle time, bathroom, mealtime, learning centers, library, arrival and dismissal routines, gym and playground.

Conclusion

For most students, a teacher standing at the classroom door providing a verbal direction is sufficient for follow through. What appears to be non-compliance from the students with disabilities when these directions are given, is usually a lack of understanding. When this same teacher standing at the door pairs a verbal direction with VSS, she naturally minimizes frustration for her students as well as herself and increases success for all. At Birch, VSS have allowed children with disabilities to grow and learn alongside their typical peers in an inclusive environment.

Resources for Help with Creating and Using VSS

Examples of sites offering free visuals include:

<http://images.google.com/>

www.usevisualstrategies.com

www.dotolearn.com

<http://www.angelfire.com/pa5/as/boardmakerfiles.html>

In addition, Microsoft Word Clip Art also has visuals that can be printed, laminated and used as VSS.

For relatively low cost, one can purchase visuals from www.icontalk.com and www.usevisualstrategies.com.

Additional Resources and Services for VSS

Hodgon, Linda (2007). Visual strategies for improving communication. QuirkRoberts Publishing. Troy, MI

Small, Mindy and Kontente, Lisa (2003). Everyday solutions: A practical guide for families of children with autism spectrum disorders. AAPC. Shawnee Mission, KS

Birch Family Services Training Institute – contact 212-616-1800.

**Integrated Toddler Play Group:
A Tale of Two Toddlers**

Martha M. Frank Ph.D., OTR/L

Whispering Pines Preschool
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Nicholas is 24 months old. He loves his small cars, trains and his collection of small plastic animals. But his parents have noticed that he seems remote at times and disconnected from others in the environment. They begin noticing that he is very different from other children his age. After seeing a series of professionals Nicholas is diagnosed with an Autistic Spectrum Disorder (ASD). His parents begin to look for opportunities to allow Nicholas to develop social, language and play skills like other children his age. Referred to play group by a therapist that comes to their home to work with Nicholas, his parents enroll him in the Whispering Pines toddler play group.

Jake is also 24 months old. He was born a month early but his development has been typical for his age and his language and social skill development has been above age level. Jake has some difficulty with gross motor skills, but his difficulty is not substantial enough to warrant any type of intervention. His mother looks for ways to expose Jake to a variety of learning opportunities with children the same age. She enrolls him in toddler play group.

The Whispering Pines curriculum is grounded in the educational premise that all children must be actively involved in the environment in order for learning to occur. Play and an enriched sensory environment are viewed as integral aspects in development and key facilitators for learning across multiple developmental domains. The process of play is viewed as facilitating the toddler's development of skills and understanding of concepts, while the products of their play provide the means for them to demonstrate their skills and understanding of concepts (Fromberg, 2002).

The program curriculum stresses the need to engage the toddler in developmentally appropriate experiences and interactions for growth in social-emotional, movement, language and cognitive areas. To do this, a challenging and engaging sensory environment with its foundation in play is provided so that toddlers with special needs, who make up 40 % of this group, have the opportunity to interact consistently with a peer group of typically developing toddlers.

Program Structure

The toddler playgroup is held in a medium size room (20' x 20') that is filled with toddler friendly equipment and materials. Each day, toddlers from 18 months through 36 months of age arrive for a two hour play group. Toddlers can enroll every day or for a single day; most attend 2-3 days each week. Some toddlers come to playgroup from a nearby classroom where they spend the rest of their day. Parents can enroll their child in the two hour playgroup, or have their child attend both the playgroup and a wrap around program in one of the other classrooms.

Toddlers with special needs are enrolled based on the program capacity and the ability of the program to meet their special needs.

For toddlers with special needs, enrollment is funded through the Early Intervention (EI) Program of the New York State Health Department. Families of these toddlers are not required to pay any additional fees. For the remaining toddlers, there is a prorated fee schedule in place that is based on the day care rate provided by the New York State Office of Children and Family Services. The rate varies by county; in Schenectady County, the rate is \$25 per day based on a five hour day. Therefore, the rate for the two hour program would be \$10 per child. Families are responsible for paying these fees.

The maximum group size is nine, with three staff members (a teacher and two aides). The teacher in the toddler playgroup has special education certification and the aides are required to have agency provided training offered as a series of continuing education programs on topics such as “Promoting Social Emotional Competence” or “Floortime Play Activities.” Therapists provide most of their services to the toddlers with special needs within the playgroup setting, providing additional opportunities for staff to engage and learn about the toddlers receiving these services. We have found that this information from individual therapists serves to enrich the entire playgroup and the activities offered, as the staff focuses on the individual needs of all toddlers in playgroup and how best to meet these needs. The net effect is that all of the toddlers benefit from the expertise shared.

Nicholas’s and Jake’s first day.....

Let’s climb a mountain and explore with our senses.....The first activity of the day is a guided play time (30-40 minutes in length). The room is organized to facilitate the play activities that will entice the toddlers to explore and engage. In addition to both a movement and sensory activity, selected toys, related to the theme of the week or a specific play skill that needs to be addressed, are available on mats during guided play time. A suspended platform swing is used periodically for children to climb in and out of and gather to share a favorite toy with a friend or two. The toddler bookcase is always open and frequently paired with a drawing/coloring/painting activity at a nearby table. For parallel play to occur, toddlers must be in proximity to one another and have access to similar type toys. Foam Mountain and the

Sensory Table create these spaces that facilitate proximity and encourage parallel play, imitation and taking-turns with objects.

The toddlers love “Foam Mountain,” a grouping of various sized foam blocks and wedges that can be arranged in many different configurations. This flexibility is important so that a “just right challenge” can be offered to the children as they develop skills and strategies. Foam Mountain provides a lure for toddlers who might be reluctant to explore space, climb or play in close proximity to other toddlers. There are cozy corners to sit in and opportunities to stop at any level and look out at activities in other sections of the room. The key to success at this time of day is to engage the toddlers by enticing activities and the right amount of support. With this support, toddlers are able to refine and develop movement skills that enable them to feel confident and self-assured as they use their sensations to explore the challenges of Foam Mountain and other activities.

Jake is guided over to Foam Mountain by his mother, who is invited to stay for as much of the morning as she wishes. Jake immediately joins in the climbing game finding a truck at the top to reward his efforts.



Foam Mountain offers children the challenge to climb, explore shapes and colors and play in close proximity to other children.

Across the room is the “Sensory Play Table.” In our toddler room, a water table by design becomes a table with ever-changing sensory activities that entice children to explore and engage with other children in side by side play with similar toys. Today there is shaving cream, made green to go with the color of the week. Various sized plastic animals are in the shaving cream, some buried and some in sight. The overall structure and schedule of the group is important in providing the toddlers with a predictable routine, while the theme of the week provides toddlers with opportunities to generalize key concepts, across time. Themes, in this case the color green, are basic concepts that are expanded and built upon throughout the week and over the course of the year.

The Sensory Table activity has been customized for Nicholas’ first day, based on information from his parent. The goal is to use familiar and in this case preferred activities (plastic animals) to facilitate Nicholas’ engagement in the play group. This parallel play, playing beside, but not necessarily with another toddler in a similar activity and imitating some actions is an important developmental step for children who are diagnosed with an ASD.

On other days the Sensory Table might contain white sand that has been dampened with water, rice, beans, or a gooey mix that contains round shapes of various textures and sizes to go with a theme of “Things that are round/circles.” This type of flexibility in activity stations is critical to appropriately challenge toddlers. In the winter, snow might help children explore the concept of cold, with snack time offering warm soup in contrast and circle time using a book that reinforces these concepts.



Messy and wonderful---the added sensory experience of the shaving cream increases the toddler’s attention and focus and also provides opportunities to play side by side.

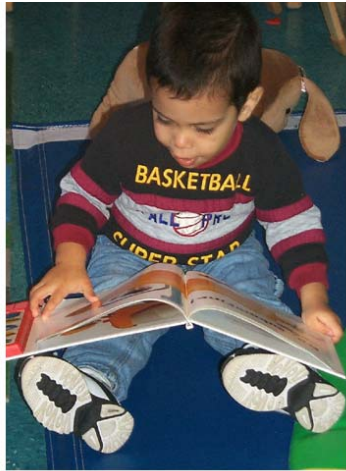
Let's read a book.....Circle time is the second activity time of the day (15-20 minutes in length). Circle time is a time for toddlers to greet friends and staff, learn to focus and attend, take turns, and transition from one activity to another. Simple songs and rhythms are introduced with many opportunities for expression. Frequently, the "hoola hop board," a small jumping board, is used along with a song, with each child getting a turn while a morning greeting song is sung. The combination of movement and music is a powerful motivator for toddlers.



Use of music and movement provides a motivating and exciting way to help children learn about taking turns and making transitions.

In addition to music, songs and movement, a book is almost always used at circle time to engage the toddlers. The book selected is related to the theme for the week. After circle time, it is put on the toddler bookshelf so the toddlers can read this or other theme related books during other times in the morning or during guided play time on another day. Props are always used with the books, which are selected to engage and facilitate appropriate emergent literacy skills in toddlers. The structure of circle time is supported by use of small toddler chairs which provide the toddlers wiggly bottoms with the sensory support they need to assist in focus and attention. Our hello/goodbye songs help the toddlers to learn important social communication skills. Toddlers learn gesturing, signing, language, rhyming, body parts and socialization through song play. In addition to circle time songs, each transition from one activity to another also includes a special song which alerts the toddler that it is time to make a transition and helps them to organize the day and self regulate.

Transitions are very difficult for Nicholas, who prefers to stay absorbed in self directed activities. Use of songs and a predictable structure in the play group help Nicholas to engage, self regulate and become successful in making these transitions. Jake, who is very social and has no difficulties with transitions, is frequently paired with Nicholas as a model. On this first day Jake and Nicholas are guided to the snack table together by a staff member. At snack time, Jake provides a model, prior to making requests of Nicholas. Over the course of the year, the staff notices a friendship developing, with the two boys observed in the same areas of the room during playtime without prompting from the staff.



The importance of reading books and providing many opportunities to create drawings and print in ways connected to the function and purpose of written language cannot be overstated to those working with toddlers.

How about a snack...

Snack time is the third activity of the day (15-20 minutes in length). Snack time provides an opportunity for children to experience different types and consistencies of food in a safe environment with the goal of broadening the child's experiences and repertoire of food. Many of the toddlers with special needs have a limited repertoire of foods that they will eat. They may be sensory defensive and demonstrate an aversive reaction to certain textures, smells, and colors of food. An oral motor program is provided each day prior to snack to enhance sensory awareness and processing. The oral motor program consists of a variety of fun and engaging sensory based activities like blowing bubbles or blowing through a straw to make a cotton ball move, followed by motor imitations that get the toddlers mouths "warmed up" and ready for snack and conversation. We use a book of digital photos of currently enrolled toddlers making silly faces as one of these motor imitation activities. With all of the sensory inputs at snack time, it is also a perfect opportunity to work on social and language skills.

Jake is very thirsty after all of his “mountain” climbing and chatting during circle time. He immediately requests a drink. The teacher acknowledges this request, repeating the words and providing Jake with the sign for juice, while handing him his juice. The teacher uses this opportunity to ask Nicholas if he also wants some juice, since he has been intently watching. Nicholas has only a few words he uses, so the teacher provides him with a physical prompt using the sign for juice with the word. Her efforts will be rewarded later in the month when Nicholas is able to spontaneously sign for a drink at snack time.

Later in the week, Nicholas’ occupational therapist will push into this snack group and make some recommendations about his sensory program. His speech therapist prefers to work with Nicholas individually in a quiet area of the room, so she sees him during the small group time at the end of the day. These service providers contribute ideas which add to the richness of the program provided to Nicholas and to all of the toddlers.

Following snack time is a short transitional play time (10-15 minutes in length). Toddlers are supported in reading books or playing with a few selected toys on the mat. Toileting/diaper changes happen during this time.



Snack time provides an opportunity for children to practice skills, socialize and try new foods.

Let’s get messy..... Table Time follows this short transitional time (15-20 minutes in length). This portion of the playgroup is the most structured activity of the day. The toddlers are given the opportunity to engage in fine motor, multisensory table top activity. Being still and attending to activities that are structured can be very difficult for many toddlers so it is important that the design of these activities entice the toddlers to want to stay at the table. Participation in a structured activity helps the toddlers to learn to take turns with materials and toys and to attend to a task in a purposeful manner. Most important, they learn that coming to the table for an activity is enjoyable and fun.

The most successful structured activities are closely related to the theme of the week. Making a bunny using cotton balls and then decorating a hat for the bunny to wear is a popular springtime activity. Toddlers have an opportunity to follow directions, work on sequencing and show off their individual artistic talents. The toddler's creation is then proudly displayed in the room and they are eager to show this off to their family and friends. Keeping these activities connected to the broader based theme for the week is important in setting a context for the toddler so the activity is purposeful. Any activity that combines a variety of sensory choices ends up being a big hit with the toddlers.

If a toddler is having a difficult time attending to or engaging in the more structured activity, staff will first attempt to modify the activity. This is most often very successful because of the focus on the individual needs of each toddler. Sometimes, a few short breaks away from the activity allow the toddler to rejoin the group and complete the activity. If these strategies are not successful, then the toddler is offered a choice of a quiet activity like reading a book.

Closing time.....To end the day, the toddlers and parents who have arrived for pick-up participate in a closing circle activity and song (5-10 minutes in length). Several songs are used during the year; toward the end of the year, toddlers are asked to select a song from the picture binder of songs we all know. Toddlers learn to be helpers, choosing favorite songs/activities and learning about differences in choices and tolerating change. Parents are kept in touch with daily activities via a notebook designed specifically for the toddler playgroup.



Circle time gatherings are greatly facilitated by the use of small chairs. Toddlers are enticed to come to circle by the activities presented--and never forced to sit in chairs.

By the end of the year Jake and Nicholas frequently walk side by side going to their cars with their parents. Next week is Jake's birthday. He made sure that his friend Nicholas was invited.

Play, in this sensory rich environment, provides the experiences toddlers need to learn social skills, self-control and share space and ideas with others. Toddlers engage in play activities that stimulate their senses as they actively explore objects and their own capabilities in exploring space. They play beside each other and may imitate the actions they observe in peers. Their play contributes to the development of physical skills, social competence, intellectual growth and to their ability to pay attention and understand routines (McCune & Zanes, 2001).

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Signing with Infants and Toddlers

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Introduction

Children under the age of three typically do not develop the good communication skills needed for keeping order in a busy classroom environment. Although children start to develop receptive language skills as early as six months of age, expressive language typically develops later, between 12 to 18 months. Conflicts arise when the language learner wants to make his or her needs known, and is not able to. Sign language is often used in special education classrooms to jump-start verbal language in children with speech delays. As an agency that serves children with multiple needs, we wondered how the use of sign would benefit young children with and without disabilities. Wayne County Action Program explored the use of sign language in toddler classrooms and found examples of success.^{1,2}

Program Description

Wayne County Action Program, Inc. – Early Head Start serves thirty-two children between 6 weeks and 3 years of age in four classrooms. Each of the classrooms has two teachers. Two of the classrooms have two teacher aides as well because the two rooms are open extended hours (6 am to 5 pm). A teacher and her aide can start the day, with the other teacher and her aide coming in later to work until closing.

Our program encourages the enrollment of children with disabilities. Of these children, 25-35 percent receive special services through itinerant therapists. In the 2004-2005 program year, the percentage was very high in all rooms, with exception of the room with the youngest infants. 15 out of 24 (62%) of the children had been identified in need for services in the three classrooms. Nine of these children had language delays. Many of these toddlers had language delays and became impatient and frustrated when they could not make their needs and wants known.

Curriculum Design

To implement sign language in the classroom setting, the Baby Signs curriculum¹ was introduced. Rather than focusing on which sign is the ‘correct’ way to say something, the curriculum approach focuses on the success of using ‘any’ sign to communicate. It encourages

¹ Baby signs, How to talk with your baby before your baby can talk, Linda Acredolo & Susan Goodwyn.

² <http://www.newswise.com/articles/view/?id=SIGNLANG.OSU>

adults to notice when a child uses his own (revised or made-up) sign, and to adopt this new personal sign with the child. We decided to see for ourselves if this approach could help our infants and toddlers express their needs and lower the frustration level.

Staff Training

First, staff needed to be trained in basic sign language. Although many staff members were already using signs with songs, as they sang with children, more was needed for effective communication. Teachers needed a foundation to work from. A Speech Pathologist from a local agency provided a two-hour training for all of our education staff, which included about 100 American Sign Language (ASL) signs. Each participant received a booklet of drawings of each sign that was taught. The trainer demonstrated these signs and gave examples of situations where many of them would be especially useful. The signs were separated into these categories: alphabet (useful as children explore print), numbers and colors (concepts we teach from infancy), classroom words (i.e.; book, puzzle, dance, toy), me & my family (i.e.; me, baby, mommy, grandpa, friend), and important power words (i.e.; help, want, all done, please, stop, wash, play, sleep, eat, hungry, drink, happy).

The training also included the “Baby Signs”: Quick Reference Guide.³ There were some differences between this curriculum and ASL. For example, in the Baby Signs guide, “drink” looks like drinking from a bottle (as an infant or toddler might do). In ASL, it looks like drinking from a cup. The trainer explained that there are many variations in the way different words are signed, and that children may make up their own. Teachers should then follow the lead of the children. This helped staff see the need for flexibility and the need to approach signing from the viewpoint of an infant or toddler. It also helped staff see that they can relax a bit and that they do not have to be perfect in the way they sign.

At the end of the training, time was set aside to practice until each person felt confident with using signs. Printed “reminders” were provided, so that staff could continue to practice together. Following the training, staff felt prepared to introduce signing to their children. As time went on, when training participants had questions about specific signs, they were able to approach itinerant therapists or other staff that are well versed in sign language for clarification.

³ Baby Signs®, Inc. <http://www.babysigns.com/index.cfm/fuseaction/aboutus.main/home.cfm>

Putting it into Practice

‘Sign reminders’ (drawings) were added to the word labels posted on walls and furniture. Postings were also placed on the doors to the classroom so that parents and visitors were informed. It is important for our program to keep parents involved, so that when new signs are taught to children, materials are sent home to parents to inform them of what their children have learned.

In the classroom, teachers use their spoken language while also signing, giving children language input through visual and audio modes. This is also a strategy to encourage children who are reluctant to speak aloud. Teachers might structure a group signing activity around farm animals. The children enjoy learning the signs for animals, with ‘duck’ being the clear favorite. Our staff regularly teaches new signs, or series of signs, based around lesson themes. Such themes might include winter, family, or counting games.

Staff also uses signs to resolve conflicts between children. When a toddler signs “stop” to his peer, the peer may choose not to ‘hear’ it. A teacher would then direct the situation by saying, “I saw your friend say stop... What do you think she was trying to say?”

Mealtimes are often difficult when children either want more food, or want to be done eating and leave the table. In both situations, staff can see the child’s needs quickly and respond immediately.

Within two weeks after signing was implemented, the children learned and applied the signs that were taught and began indicating their needs to their teachers. Popular signs that were used spontaneously were “hungry”, “bottle”, “mine”, “up”, and the favorite: “stop”. When one teacher told a child to finish with an activity because it was time to eat; the child signed to her, “No. You stop.” He made his point. He was not yet ready to clean up.

Children quickly began signing to each other, which improved social relationships in the classroom. Toddlers also began to sign to their parents, who then had to learn the signs. There is “happy talk” and ongoing exchange with signs during mealtimes, organized group activities, and story time. We found children enjoy the use of signs while singing, allowing for movement with the music.

Project Outcomes

Changes in Children

Some people fear that if a child with language delays is provided sign language, he / she may not begin using his voice. We have not found any evidence to support this fear. Two years after initial program implementation, two of the original nine infants and toddlers receiving speech therapy no longer qualify for services because their language skills improved. Four of them continue to receive speech therapy as preschoolers. The other three have left our program.

Two of the toddlers had extreme delays in their language development. They embraced the visual language learning as heartily as the children who were developing typical language skills. It was as if the use of sign language leveled the playing field. They participated to a higher degree than before in large group discussions. When the teacher pointed to a picture and asked, "What is this?," they answered in sign just like the other children. If the teacher had accepted a verbal answer only, they would have chosen not to participate.

One child who had very low expressive language skills as an infant is now in Head Start as a three-year old. This boy now has stronger language skills, but still uses his signs too.

A child who is currently enrolled (age 36 months) with severe speech delays is more adept socially than when he first entered the program (unable to sign). He took a long time making friends because he could not communicate with them. Now, after learning to sign, he understands when his peers talk or sign to him, and uses his signs to speak to them. It is probable that without these skills, he may not have formed many friendships. This example alone supports the efforts of the program to use sign, because it has made our classroom into an inclusive environment.

It is difficult to measure reductions in frustration levels. In researching ways to measure this, one way is to look at the reduction of injuries (those that leave marks on skin or require first aid). Our program used this evaluation method in the four classrooms to find out whether or not there was a decrease in the documented number of behavioral incidents (e.g. pushing, hitting, biting) between 2004 and 2006. There was no change. Despite the lack of quantitative data, there is anecdotal evidence that sign does reduce frustration levels. Teachers report that signing has helped improve the general mood in the room because children are better able to express themselves through sign and can be more easily redirected when teachers use it.

Staff and Parent Evaluation

Staff and parents were surveyed after the first year of using sign. All adults have seen their children use sign throughout the day, both at home and at school. All agreed that use of sign gave their child more control in his or her environment and all would recommend that other programs with infants and toddlers use sign language too.

Conclusion

After seeing the success with infants and toddlers, we thought that children with speech delays in the 3-5 year old classrooms would also benefit from sign, since about a third of these children receive special services. The success of implementing sign has led to the Head Start Teachers being offered training on the use of sign.

Other programs could easily begin a similar project. As a starting point, they should research which signing approach would work best for them. There are many printed materials available, such as “Baby Signs,” to use for reference on learning sign. The materials are visual and make learning fun and easy for adults and children. Specific signs can be chosen based on what programs see as necessary to meet their children’s needs. For example, consider what activities, foods, and toys your children enjoy. Also consider areas that create conflict. If the project is embraced like it was here, there will be nearly immediate results for both children and staff. Programs that try signing with infants, toddlers, and preschoolers will better meet the children’s needs by enriching their language skills with the introduction of sign.

Inclusion Classroom:

A partnership between a Head Start program and an ARC

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Introduction

Studies document that parents of children with and without disabilities generally support the concept of inclusion. "In the past few decades, the integration of children with disabilities into general education classrooms has become an accepted principle."¹ Studies have noted some concerns that parents (both with and without disabilities) have about their children not having access to needed services or supports due to inadequate staffing or program resources.² According to research, one successful approach to providing instruction to meet individual student's needs is through team teaching.³ Supporters of team teaching point out that teachers, who engage in this approach, are able to provide instruction in their areas of expertise as well as share teaching responsibilities and learning with other teachers.⁴

As more and more classrooms become inclusive, teachers are seeing a growing need for supports. This was the case for the Wayne County Action Program and is especially true when teachers have higher percentages of children that have needs for multiple services. In order to keep meeting the needs of all children, schools and program administrators need to provide adequate supports for their teaching staff. A partnership for a jointly run inclusive classroom could be one solution to provide additional support. Under this design, a team teaching approach would be used and would include the regular education teacher and the special education teacher jointly planning and teaching all the students. Each teacher is responsible for different aspects of the curriculum.⁵

Program Description

The Head Start program in Wayne County, NY serves rural families from eleven school districts. Typically, about twenty percent of the children ages 3-5 are identified with special

¹ Mercedes S. Tichenor, Bette Heins, and Kathy Piechura-Couture, "Parent Perceptions of a Co-taught Inclusive Classroom," Education 120.3 (2000): 569.

² Mary Ellen Seery, Pegi M. Davis, and Lawrence J. Johnson, "Seeing Eye-to-Eye," Remedial and Special Education 21.5 (2000): 268.

³ Mercedes S. Tichenor, Bette Heins, and Kathy Piechura-Couture, "Putting Principles into Practice: Parent Perceptions of a Co-taught Inclusive Classroom," Education 118.3 (1998).

⁴ Mercedes S. Tichenor, Bette Heins, and Kathy Piechura-Couture, "Putting Principles into Practice: Parent Perceptions of a Co-taught Inclusive Classroom," Education 118.3 (1998).

⁵ Mercedes S. Tichenor, Bette Heins, and Kathy Piechura-Couture, "Putting Principles into Practice: Parent Perceptions of a Co-taught Inclusive Classroom," Education 118.3 (1998).

needs before classes begin in September. After performing developmental screenings, many children are referred for interdisciplinary evaluations through the school district and are later identified as needing special services. By the end of each program year, about thirty five percent of the children receive at least one type of therapy. Some classrooms have very high ratios; up to seventy percent of the children receive some type of direct support.

One obstacle for providing services to these children is that children who are identified as needing special education services late in the program year are unable to receive needed service due to a lack of space and the lack of available enrollment slots. The Committee on Preschool Special Education (CPSE) has no choice but to put a child on a waiting list and provide itinerant services until space is available. The result is that Head Start is not equipped to meet the needs of these children.

In order to address this problem of space, a partnership was formed with the ARC. Wayne County ARC houses the county's only special education pre-school center and was looking to open a satellite classroom. Through coordination meetings with the ARC, the idea developed to form a partnership for a joint inclusive classroom. The classroom would be implemented in the Head Start setting. This option would support a higher staff ratio and would include: a General Education Teacher, a Special Education Teacher, and two Teacher Aides. Eighteen children would participate including nine Head Start children, and nine children that qualify for special education. Children would be supported by a teacher ratio of 9:1:1. The curriculum and expectations for children would be modified according to individual needs. The goal of this structure is to provide positive peer interaction with full supports for all children.

The development of a satellite classroom would allow for flexibility to reserve space to enroll a Head Start child who is identified in need of special education services later in the year. Also, by having a special education teacher in the classroom, the Head Start staff would have skilled support in classroom management.

Planning

ARC applied for daycare licensing as a satellite special education classroom that would be located in the Head Start center. School districts in the area were informed of the venture through various means of outreach. As a result of publicity, two districts agreed to consider

enrollment for children who met eligibility criteria at the satellite site and agreed to transport the children to the site.

In order to meet Federal Educational and Privacy Rights legislation, parents of all children in the joint classroom signed consent forms for limited information to be shared between programs. This allowed any staff to call parents in case of emergency or in the event of an early school closing.

Administrators began meeting several months before the classroom opened to plan and coordinate agency policies, fiscal responsibilities, classroom activities, and materials that would be used. Division of roles included the following: ARC provided a Special Education Teacher, and a Teacher Assistant. Head Start provided a Teacher and a Teacher Aide. Eventually the county approved use of a 1:1 Aide for one child, and a 2:1 Aide to assist two other children.

Since enrollment of the children was split by program (fifty percent from ARC and fifty percent from Head Start), each teacher was primarily responsible for assessment, attendance, contacts with families, and access to child files for their respective programs. Each teacher would also conduct their own Parent-Teacher conferences and progress reports.

During assessment for enrollment, teachers took into account factors critical for successful inclusion such as: gathering information about the student's capabilities, obtaining information about the Individualized Education Plan (IEP), and obtaining information about the student's health, needed accommodations, and behavioral needs. Collaboration occurred in the implementation of classroom activities. Joint teaching strategies would be employed for group activities and for overseeing the safety of all children throughout the day. Staff scheduled alternating days where they would take the lead in organized group activities. Since both programs used the same High Scope curriculum, the educational adjustments to curriculum were few. Core features of the High Scope curriculum include the concept of active learning for children, a "plan-do-review" sequence related to play in daily routines, use of small-and large-group times, and outside time.⁶

⁶ **High/Scope Curriculum** -High/Scope Educational Research Foundation. Copyright © 2005.

<http://www.highscope.org/>

Putting it into Practice

Teachers from both programs met with parents at the beginning of the year, by either making home visits together or by meeting parents at the center. Parents were encouraged to participate in the inclusive classroom activities. Most parents responded enthusiastically.

Under the designed structure, Head Start children attended the program four days per week, and ARC children attended five days per week, leaving Fridays with a smaller group of children enrolled. This schedule allowed more time and flexibility for collaborative planning.

Over the course of classroom implementation, collaboration between teachers improved. The teachers prepared their lesson plans together and chose activities based on individual needs of children and specific IEP goals. The Head Start staff especially benefited from the modeling of activities and accommodations completed by ARC staff. Head Start staff learned to relax their expectations in order to customize activities according to children's needs. They gained experience with transitioning activities, such as allowing for adequate time for children to be ready to join their peers in organized activities.

Shortly after the year began, four new students enrolled in the program including two Head Start children from neighboring programs. This increased the ratio of children receiving special services to eleven out of eighteen.

Assessment of the Head Start children showed growth in all areas of development, especially in social relationships, language, and communication. Without the collaborative classroom, the two children that transferred from the neighboring program would not have been able to access services. This success alone fulfilled our mission of keeping children enrolled in the program while still meeting their needs.

Challenges and Key Lessons Learned

In both programs, some of the children had higher levels of need than expected. Our experiences indicate that some of the children from the ARC program might have thrived in a more structured placement. More careful screening and selection of children would have been helpful based upon the level of need that surfaced.

Another unforeseen difficulty was that communication between classroom staff across programs was difficult. Administrative visits were not well organized, and often happened during the busiest times of the day. Regularly scheduled staff conferences across all program levels would have provided ongoing support.

More space for classroom activities and storage for program equipment would have been beneficial. Because of the staff ratio (six professionals required to run the program and the eighteen children enrolled), the room was often crowded. If another program chose to implement this model, changing the staff ratio to 8:1:2 would reduce the number of children to sixteen, which would improve the activity level and operation of the room dramatically.

Issues of program reimbursement also presented a challenge for program implementation. ARC can only be reimbursed by the county for services rendered. That means that when a child is absent, the services have not been delivered and are thus un-billable. For the Head Start program, many program costs are met by the number of services provided (e.g. meals that we serve). There is heavy emphasis on keeping attendance and enrollment full. If enrollment numbers fall, program funding is cut based upon the decrease in enrollment numbers.

Both programs invested more financially than originally planned. For Head Start to continue this program, more aggressive fundraising would be necessary. At the time, ARC also saw a shift in its enrollment numbers within the county. This shift in enrollment required ARC to concentrate on filling enrollment requirements within their own agency, which meant diverting funds for rental of the satellite classroom to other program costs. As a result, the decision was made to discontinue the joint classroom after the first year.

Program Evaluation

Participating parents and staff were surveyed at the end of the program year. Similar to documented research, parents reported increases in self-esteem, social skills, and academic achievement for their children as a result of participating in the joint inclusive classroom. Surveys indicate unanimously that other programs should try this idea.

All of the parents stated that their child's experience in the room was very good and that the teachers were supportive. All saw growth in their child. One parent stated that she "wished her child could have joined the classroom earlier," because her son had difficulties in his former preschool and had adapted well in this classroom.

Staff agreed that the strongest component of the joint inclusive classroom model was the teamwork of the classroom staff. Staff agreed that the weaker points of the model were the planning and communication between programs, which could have been remedied with increased planning for administrative visits and regularly scheduled staff meetings. All involved would

have been happy to continue a second year of the program in order to build on first year successes.

Conclusion

This model of a joint inclusive classroom and team teaching could benefit other programs. In addition to addressing the barriers of space, joint classroom instruction has documented benefits for children with and without disabilities by expanding classroom expertise. It provides hands-on training and collaboration between special education and regular education teachers and provides a high quality inclusive environment for all children.

The Zoo Program

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The Early Childhood Direction Center (ECDC), Mid-South Region, is based at the Southern Tier Independence Center (STIC) in Binghamton, NY. Staff from the ECDC, STIC, and the Education Department of Binghamton Zoo at Ross Park created a partnership that offered an inclusive learning experience for young children.

The “Zoo Program” was offered to children with and without disabilities, ages 2-5. The program served up to 18 children during the sessions. Children with a wide range of disabilities participated in the program. All children learned and socialized with each other through staff supported stories, crafts, movement, and supervised animal handling. Each week featured different animal themes as the basis for the activities. Children attended one-hour sessions, once a week, for six weeks. Two separate sessions were offered each week. At one session, children participated with their parents or caregivers at the Education Building of the Binghamton Zoo at Ross Park. At the other session, children from an integrated preschool came to the Zoo with their preschool staff (or we traveled to their site). When integrated preschool classes participated, teachers, paraprofessionals, and therapists all assisted to support children in activities.

Background

Parents of young children often look for community-based programs or classes their young children can attend that are fun, educational, social, recreational, and inclusive. The Early Childhood Direction Center (ECDC) seeks to expand and improve inclusive opportunities for young children with disabilities throughout our region.

Binghamton Zoo at Ross Park was seeking to expand work with community groups while raising the self-confidence and comfort level of their staff (docents) as they presented to children with special needs. The Zoo-Mobile educators travel to schools and community events to foster interest in animals, conservation, and preservation of the zoo itself. A meeting between an ECDC staff person and a Zoo educator opened the door for a collaborative project that would offer an inclusive learning experience for young children.

Since the ECDC is based at Southern Tier Independence Center (STIC), the thought of including co-workers with disabilities was always part of the initial and ongoing planning. STIC staff is often called upon to provide disability awareness training, and several staff people were excited about participating in this community-based program for young children.

Sharing our mutual goals and developing a cooperative venture for young children in our community appealed to us all. We held two common beliefs:

- ◆ all children can learn and play together at their own pace, and
- ◆ inclusion can be facilitated and supported in a community setting when the partners are all committed to seeing it happen.

Project Preparation and Roles of Collaborators

Planning meetings with participants from the different agencies were held in the Fall of 2005, when responsibilities for different aspects of the program were established. ECDC staff offered organization, lesson plans, and publicity; Zoo staff handled registration and supplies; STIC staff committed time and assistance before and during the multiple six-week sessions. Participants emailed each other regularly as plans were developed and carried out.

The core planning group consisted of two ECDC staff members (one of whom was an early childhood special education teacher), a music therapist trained in assistive technology, and a staff person from the Zoo's Education Department. As the primary organizers for the project, ECDC staff designed each week's lesson, selected library books, planned artistic activities, and coordinated communication among the presenters. Binghamton Zoo provided both an accessible location (Ross Park Education Building) and trained animal handlers from the Zoo-Mobile. The music therapist planned the music and brought her guitar each week.

STIC staff, who have disabilities, helped in several ways: some wrote movement poems that described the visiting animals, some served as guest readers, and some assisted with music and art activities. A movement poem is a children's verse, often with rhyming words, that incorporates acting out facial expressions in conjunction with hand and body movements. The movement poems were culled from children's books or nursery rhymes, from people's teaching repertoire, and some were newly created to correspond with visiting animals.

ECDC staff printed copies of songs and movement poems for the children to take home each week. The Zoo-Mobile offered a broad range of visiting animals and shared their knowledge of them (including reptiles, amphibians, mammals, and birds). In addition, the Zoo staff provided basic craft supplies, which were occasionally supplemented by the ECDC.

ECDC staff found guest readers from the STIC staff and scheduled them in advance. A contact at Binghamton Zoo would tell us what animals were available. Sometimes a "planned"

animal would be sick and we would have to be flexible and substitute. Theme weeks were designed around two different animals each week and children's books that corresponded to the visiting animals were borrowed from the local library.

All the Zoo educators and visiting teachers were trained by ECDC staff to increase their disability awareness. ECDC staff offered assistance to the Zoo staff on becoming familiar with American Sign Language. In addition, the ECDC staff was willing to organize, write lesson plans, and demonstrate inclusive learning practices.

Structure of Program and Outreach

The Zoo Program used books, art, and music activities, which revolved around changing animal themes, with a few program elements being repeated in later sessions. Approximately eight children attended the program weekly, but at times, larger numbers of children came from the integrated preschool program. Sometimes siblings accompanied the children and parents. Flexibility was important as weather sometimes affected numbers of participants. Two ECDC staff, two zoo staff, a guest reader (from STIC), a music therapist, parents or preschool teachers and aides comprised the adult support.

For some very young children, the Zoo Program was the first group activity they had ever attended, so we required parents to stay for the hour-long programs. For other youngsters, it was a field trip experience, as their integrated preschool classes (accompanied by teachers, therapists, and paraprofessionals) traveled to the zoo site. When lack of transportation created a temporary barrier, the program presenters and visiting animals traveled to children at their integrated preschool.

Families learned about the Zoo Program through ads in Parent and Toddler, a local publication listing events for young children. The program was also advertised in the STIC newsletter, which is widely distributed among families and providers who serve children with disabilities. Outreach to our local integrated preschools brought in additional participants. The Zoo collected a \$40.00 charge per child for a six-week program. A multi-child discount, a reduced fee for preschools, and Zoo scholarship funds helped reduce the fees as needed. Some children participated in more than one six-week session.

Project Activities

Each week's class was a carefully planned series of experiences, structured to be consistent and repeated in the ensuing weeks. Each week had different theme activities, different visiting animals, and different art projects. Examples of the theme weeks included the hedgehog and the swan, the kestrel and the sheep, and the tree-frog and the bunny. All activities were very carefully planned as ECDC staff knew who was coming, what the children's needs would be, and how every child could be supported through the experience. The activities were open-ended and focused on the creation process instead of the final product. The emphasis was on having fun and participating at any level.

Children began each visit with a "When I Sing/Sign Your Name" activity. Every child's name was sung and signed using the American Sign Language alphabet. Some children would whisper their names, some would shout, some would clap – it varied weekly and all responses were accepted. This introduction time was followed by a movement activity to a poem that described the week's animal visitors.

Sometimes the children then played a guessing game with hidden toy replicas of the expected animal visitors. The Binghamton Zoo staff followed this game by introducing two animal visitors and teaching the children about each one. Often, the animals could be touched and held as Zoo staff compared and contrasted how reptiles, small mammals, and birds looked, felt, and moved.

Activities were short, varied, and relaxed. In addition to the sensory experience with the animals, the art projects generated their own sensory experiences. Craft activities were always open-ended; the process, not the final product, was celebrated. One popular art activity involved making snakes out of large, thick pipe cleaners and very large macaroni (ziti) pieces. We found that even very small children with fine motor issues enjoyed threading the large macaroni; and thick pipe cleaners, which are easy to handle, made it simple. Some of the children made "Itty-Bitty" snakes with just a couple macaroni pieces. For children who wanted to make a more complex snake, pipe cleaners could be intertwined or connected at the ends to make it longer; macaroni could be painted and the clothespin head could be given eyes and tongues, etc.

The children created and experimented with supplies while enjoying the process, being a little messy, and having fun. While some children made art projects, some just liked to play with the materials. For the art projects, a variety of materials were used, some prepared ahead of

time. One day the children made masks. While some children wanted to glue feathers and sequins on the masks, others were happy to just apply stickers. Having a variety of materials and choices gave everyone a “way” to complete the project.

The selected music and songs encouraged clapping, marching, and other movements. New words were created for familiar tunes. There were occasions where the craft activity was replaced with a marching band of children and little instruments. The children loved to dress up for “parades” in scarves and feather boas. Children were encouraged to participate in any way that they could, with adults getting down on the floor with them on the rug.

Utilizing the specialized skills of some STIC staff, the hour-long program was rounded out with books related to the visiting animals, songs, and art activities. Theme weeks and all activities were structured to provide a range of ways that children could participate. For example, if a movement poem asked the children to lift their arms high, lifting only a little or adult supported lifting was fine. The children were always encouraged to help each other throughout the activities.

Description of a Theme Week

One week the theme was bearded dragons and unicorns. A staff person taught the children a unicorn movement exercise that could be done by children standing or sitting (if the child used a wheelchair). The children also learned the bearded dragon stretch (a series of movements that accompanied the bearded dragon rhyme):

“I’m a lizard from Down Under;
I sport a scaly beard;
I’m a little dessert dragon
Who looks kinda weird!”

The rhyme had four more verses composed by a STIC staff person who loves reptiles.

Following the movement exercise, children played a guessing game (guess the hidden toy under the fabric square- – a bearded dragon beanie baby). The Zoo staff then showed the children a real bearded dragon lizard, explained its habitat and needs, and let the children touch the lizard. Adults then assisted the children with an art activity where children made dragons out of play dough. The music therapist followed by teaching the children “The Unicorn Song” by Shel Silverstein. Finally, Lynn Cherry’s book, The Unicorn and the Dragon, was read using

an augmentative communication device that had been pre-programmed by the Assistive Technology (TRAID) Director from STIC. While an ECDC staff person turned the pages of the book, the children took turns coming forward and pushing buttons on the device that read the story. Children and parents took home their play dough dragons, a recipe for homemade play dough, a local library list of books about dragons, and copies of the unicorn song they had just learned.

Disability Awareness

The STIC staff also provided many teaching opportunities that promoted disability awareness for children, family, and staff. Disability information came out in natural ways over the course of the program through guest speakers and through contact with animals.

In addition to sharing experiences with each other, the children observed the many ways that their guest readers participated in the activities. One guest reader from STIC brought her service dog. This person had written many of the movement poems and was an animated and enthusiastic teacher and helper. Another STIC staff person who uses a wheelchair asked a child to help him with the story when it was time to read. A little girl stood beside him turning the book's pages while her hand rested gently on the wheel of his chair. When the Deaf Services Coordinator visited, she read and signed a story at the same time. When the STIC Executive Director visited one week, she read a story with tactile pictures and Braille words.

The participating music therapist, who is blind, sensitized children to disability issues in multiple ways. The children watched how she got into the building, found her way around the room, and helped with the crafts. She let them see and touch her cane. She was "one of the teachers." When she held the animals, she would let them move all over her and she would experience them with her other senses, often smelling them. She modeled how to experience the animals with more than your eyes.

Opportunities for teaching disability awareness also occurred when children were introduced to the animals. Often the visiting animals had disabilities, too. Explaining how an animal had come to the Zoo and describing their survival needs became part of the lesson (e.g. a bird with a broken wing that could not survive in the wild came to the Zoo-Mobile as a foster animal and stayed).

While the activities highlighted the differences between the animal visitors, they also pointed out how they all had some of the same basic needs. The theme of how we are different yet the same informed the whole project. Disability awareness was casually incorporated into each class, as it was acceptable to look and ask the readers about their wheelchairs, service dogs, or equipment. Children, parents, and teachers observed and learned ways to adapt activities so that all could participate.

Parental Reaction

Parents often expressed how well their little ones did in small group settings. Some parents came because of concerns about their children's development and concerns were expressed to each other and to ECDC staff. "He is so quiet and shy – is that typical?" "She is so active. Is that normal?" Sometimes, at the end of the hour, parents asked ECDC staff about child development and their children's needs. Zoo staff continued to play with children in order to give these parents some time to ask for information or guidance.

The program became a forum for parents to share and talk about their children and ECDC staff were open and supportive. We found that giving information in a non-diagnostic, non-clinical way sometimes led to referrals for assessments or early intervention services. Questions about other family members' needs sometimes arose, too. Each week parents left the program sharing information with each other.

Replication

This program could be replicated in other communities. It could take place at a museum, science or discovery center, nature center, or farm. The length and scope of a similar project would likely vary based on the established relationships and collaborations between programs, and the available time and energy of the planners. Themes would depend on the nature of the program location and knowledge of the collaborators. Our experience has shown the involvement of people with disabilities and other adults as teachers and promoters of disabilities awareness has been a critical component of success. Sources to recruit volunteers could include the local Independent Living Centers, Senior Centers, etc.

Publicity via local newspapers, newsletters, school bulletins, radio and television could generate participants. Curricular planning and support could come from early childhood educators or programs. Consulting with musicians, artists, or therapists would be a positive addition.

Over the past year, ECDC staff has built on this experience by participating in children's library fairs, a local bookstore story and craft night, and an inclusive community-wide arts project (the Magic Paintbrush Project). The mission of the Magic Paintbrush Project is to support community engagement by bringing together children (both with and without disabilities), their families and artists to create imaginative artwork. For additional information see: <http://www.magicpaintbrushproject.org>.

The keys to success for this collaborative project between ECDC, STIC, and the Binghamton Zoo include:

- ◆ a common belief in the value of inclusion
- ◆ accessible locations
- ◆ reliable and committed presenters and organizers, and
- ◆ a willingness to share the responsibilities.

Finding people who are committed to the same goals, looking for good publicity (newspaper and television stories), and opening experiences to all children are components of success.

It has been our experience that appealing to a wide audience increases the participation of children with disabilities. For example, advertise in publications that are read by parents of all preschoolers, not just publications focusing on Early Intervention or Special Education Preschool settings.

It is important for children of all abilities to spend time together and equally important for parents of young children to see adults with disabilities serving in valued, meaningful roles. We believe this project gave the young children a head start on acceptance. Our program taught these children that differences are not a big deal. We believe in inclusion, and this program provided the opportunity to demonstrate it in many ways.



Sample Document

Early Childhood Activity Program
At
Binghamton Zoo at Ross Park

Introduction to the Program

We welcome you and your child(ren) or students.

Our objectives:

1. Offer inclusive experiences for young children, their parents, and teachers.
2. Provide a safe environment for all participants.
3. Create an interactive learning situation.
4. Enhance awareness of people who have a range of abilities.
5. Increase knowledge about our animal neighbors.
6. Provide resources for activities.

**Supporting Inclusion Through
Mixed-Age Grouping**

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During free choice time at the Astor Early Childhood Program in Poughkeepsie, four-year-old Leila shows three-year-old Jamie how she learned to write her name over the summer. Leila smiles proudly as she carefully finishes the final “a” and Jamie responds with a nod of admiration as they walk over to the block corner. At the Child Developmental Center in the Hamptons, Anjelica enters the classroom looking uncertain. It is her first day. She walks tentatively to the center of the circle rug and plops to the floor, exhausted from the effort. Sebastian walks over and sits on the floor across from her and smiles broadly. Wordlessly, he stands up and reaches out a steadying arm and hand in hand they walk to the table to join the other children for snack. So go the days in early childhood inclusion classrooms. Only through careful observation does one realize that these classrooms are also mixed-age. In mixed-age programs, all children, regardless of age or developmental level, are valuable contributors to the vitality of the class.

Introduction

Although grouping children with age mates is most common in early childhood education, the Child Development Center of the Hamptons, St. Francis School of Poughkeepsie and the Astor Child Development Program are excellent examples of programs that believe mixed-age grouping within quality early childhood programs leads to successful inclusion. Educationally, the terms mixed-age and multi-age “are used to emphasize the goal of using teaching and curriculum practices that maximize the benefits of interaction and cooperation among children of various ages” (Katz, 1992). In New York State, early childhood mixed-age classrooms consist of children 2 years 8 months until they are ready to enter Kindergarten. State regulations do not allow infants to be part of mixed-age classrooms, and toddlers may only be a part of these classrooms at the beginning and end of the day (New York State Office of Children and Family Services).

Astor Early Childhood Program

Astor Early Childhood Program in Dutchess County provides comprehensive early childhood developmental preschool services and early intervention services to children ages 0-5 years and their families. The Early Childhood Program includes Head Start, Early Head Start, Day Care, Adult Learning Center and Special Education Services at seven locations. Services include education, health, nutrition, and social services. Children with disabilities are served within a fully integrated setting.

The Child Development Center of the Hamptons

The Child Development Center of the Hamptons serves 125 children from birth to 5 in an inclusive setting. The program, founded in 1997, offers mixed-age preschool classrooms. Each classroom has a teacher dually certified in early childhood and special education. There are two assistants assigned to each classroom and if necessary, students with special needs may have the additional support of a one to one aide to facilitate their participation in the classroom day.

St. Francis Hospital Preschool

St. Francis Hospital Preschool, founded in 1981, is the largest private provider of preschool services in Dutchess County. Evaluation and instructional services are provided for 400 children from birth through five with an emphasis on the three to five year olds. St. Francis has a multidisciplinary staff and uses a child-centered team model to provide intervention in speech, motor, cognitive and social domains. St. Francis provides a center-based mixed-age inclusive program with specific strategies and family support for children diagnosed with or presenting characteristics of Autism and PDD.

What happens within a mixed-aged early childhood classroom is similar to that of an age-based classroom. Skilled teachers set up their classroom environment and plan the curriculum so that children with a wide-range of social, language, physical and cognitive skills and knowledge are successful. In the mixed-age classroom the age range is deliberately increased to enhance the experience of both the older children and the more novice “youngsters.” Although believing mixed-age grouping is beneficial to all, program directors using this alternative grouping see that it is highly effective for the inclusion of children with both identified and non-identified special needs. The differences between age-based and multi-age groupings appear subtle; however they are significant. Margaret Slomin of St. Francis says that “mixed-ages grouping pushes us into a deeper understanding of how children develop and their individual differences.” This “push” addresses what we work so hard to do in our early childhood practice, which is to increase our understanding of child development so that we can more carefully care for and teach all children.

Program directors and teachers who have developed and worked in mixed-age group programs offer the following strategies for those considering multi-age grouping and to teachers who want to better meet the diverse developmental needs of young children in their classrooms.

Embrace the extended teacher/child/parent relationship

As in Waldorf and Montessori programs, by design the teacher in a mixed-age group program remains with the children for more than one year. Having the same teacher for several years allows for a deeper parent-teacher relationship, as the teacher has watched the child grow and develop. More time can be given to new families, since the teacher does not need to spend time getting to know an entire group of parents and children each year. The investment of time in such things as initial home visits has greater payoff since the relationship will last for more than a year.

A teacher in a mixed-aged classroom describes her time with her children “more like a film than a snap shot. I see them change over a longer period.” Interacting with a child in the classroom for several years not only allows for a deeper understanding of a child’s skills and knowledge, but also assists in the development of a more supportive relationship between school and family. As a child with special needs grows, new challenges arise for the child and the family. For example, a larger five-year-old with motoric involvement requires different responses and assistance from the parents and teachers than when the child was not yet three. Both the family and the teachers may need to make structural, programmatic, and social changes to continue providing a supportive environment for the child. Going through the changes with familiar people is comforting.

Evaluate evolving program quality

The first step in establishing a successful mixed-age classroom is to strengthen the overall quality of the early childhood program. All that we know about setting up a quality early childhood play-based classroom also applies for a mixed age group classroom. The activities should be infused with rich language, motor, cognitive, and social experiences. Switching to or beginning with a mixed-age model does not make an early childhood program high quality; however, within a high quality program, the mixed-age model encourages an acceptance of a wider range of developmental concerns. All children in a mixed-aged setting present different

levels of development within all of the previously mentioned domains. This variety of experiences, skills, and understandings is a continual reminder to the teacher to plan for a wide range of experiences in all developmental areas. Having guided early childhood practitioners for years, the criteria in *“Developmentally Appropriate Practices in Early Childhood Programs Serving Children from Birth Through Age 8”* (Bredekamp & Copple) continues to assist teachers in mixed-age groupings.

Encourage child interaction through careful planning

In early childhood education, the classroom, outdoor space, schedule, transitions, and materials are utilized to encourage the successful inclusion of all children as they gain new skills and knowledge. Within a mixed-age classroom, it is necessary to have materials that serve a range of developmental needs clearly displayed and accessible. Materials considered continuous, such as sand, water, and blocks, allow for children to work at their own level while observing others who may be more skilled. When using more discreet materials such as puzzles, materials are carefully laid out progressing from less to more complex. This allows a child to work at their own level, while also allowing for working on more complex tasks with more-abled peers. A good example of this structure is demonstrated by the Montessori programs, where carefully designed materials are at the center of the philosophy and encourage interaction among children (Montessori). Mixed-age classroom teachers have benefited from the study of the Montessori philosophy and have incorporated many of their techniques.

Scheduling within the mixed-age classroom requires special attention and is designed to meet the needs of each group of children. As the school year progresses, gradual changes are made so that the April schedule differs from the schedule used in September. It is desirable to have longer periods of free choice time, where the older children model for the “youngers.” However, groups of children with more intensive needs may require additional interventions such as more teacher direction, grouping of children by levels of skills and knowledge, and /or specific pairings across age groups. Daily transitions, a difficult time in many classrooms, are made easier when children who have already spent time within the classroom model the routine.

Although programs feel pressure for more time in structured learning activities (e.g. development of literacy skills), it is crucial to maintain a significant portion of outdoor time in inclusive classrooms. Early childhood is a time when children learn outdoor and playground

skills, which are essential for play in the neighborhood and for recess when in the graded classrooms. The mixed-age grouping more closely models the reality of neighborhood play, with children playing with others of differing ages and abilities.

Increase knowledge of child development and its relationship to assessment

As in all early childhood classrooms, children in mixed-age settings benefit from story time in small groups, which more clearly reflect the structure in which stories are told and read by adults in home settings. Being a successful teacher of young children requires a deep understanding and working knowledge of child development. A teacher with an understanding of the expansive four-year-old nature, for example, can appreciate the continual interruptions about snow, getting wet, and how cold it is when trying to read *The Snowy Day*. The skilled teacher gently guides her four-year-old audience back to the story, appreciating this expansiveness that goes along with being four. Through her choice of books, skillful reading, and allowing children to model for their peers, the teacher is responsive to those who have not yet reached this developmental stage, while also being mindful of the five-year-olds who may get annoyed by the distractions.

In the mixed-age model, it is not only important for teachers to embrace a wider range of development, but to understand that children have different interaction levels and needs at different phases of development. As an example, Reet, a four-year-old boy with a severe auditory loss, needs additional guidance to maximize his socialization with other children. The teacher carefully sets up activities that are not dependent on acute listening so that Reet can more easily work with other children. In this way, Reet can become the mentor to the younger children as he is the one more able to complete the task.

A teacher steeped in child development focuses on creating a positive environment where all children can be successful. His or her understanding of child development assists in the development of more creative adaptations. For example, a teacher within a mixed-age group describes the adaptations she makes as the “least obtrusive for maximum involvement of all children.” As in all classrooms, within a mixed-age inclusion classroom it is important to “focus on what children can do, not what they can not” says Margaret Slomin of St. Francis. Instead of

focusing on limitations that prevent the child from inclusion, the teacher identifies strategies that will promote successful inclusion.

Since children do not grow in an even, continuous manner, seeing children over a longer period of time can allow for better developmental assessments. A teacher who works with a child for two or more years is in a better position to evaluate the child's cognitive process and to prevent fragmentation or unnecessary repetition of instruction (Milburn). Teachers warn that it is important not to compare children of differing ages to the same measure. Allowing three-year-olds to be three and not expecting them to be four is critical for a successful, nurturing, inclusive environment.

Pay careful attention to grouping

During free choice, meeting and large group times, early childhood teachers pay careful attention to how the individual children are forming as a group. Depending on the time of day and activities, the groups seem to shift. Children firmly at the stage of cooperative play may find it easy to incorporate a younger three-year-old in dramatic firefighter play, but have a more difficult time when more sophisticated fine motor skills are needed.

In the mixed-age classroom, special consideration is also given to the formation of the group before the start of each year. At the Child Development Center of the Hamptons (CDC), Director Janice Goldman states that one of her most important jobs each year is the placement of children into their four preschool classrooms where there is a 50/50 ratio of children with special needs. At the CDC, children come in for a day in the spring so that the staff can observe and get to know the child before he or she is placed in a classroom. They look for a mix according to gender, activity level, and language. Children who have been in the class for a year are most helpful in setting the tone for the entering children.

Increase communication and respect between the teachers and the specialists

Communication between teachers and specialists is a hallmark of successful inclusive classrooms. A benefit of a multi-age inclusion classroom is that there is extended time for teachers and specialists to work together around the needs of one child and the teachers and specialists can work in a more transdisciplinary fashion (Kilgo). Programs that have psychologists, speech and language, occupational and physical therapists on staff find that

sharing a common program philosophy is a plus for the child, parents and professionals. In programs without such services, teachers and specialists need additional time to develop an understanding of philosophy and a trusting relationship with the specialists. Provider agencies can help by providing consistent talented specialists.

Conclusion

The use of mixed-age grouping does not ensure quality inclusive classrooms, but with careful planning it can provide an alternative that widens the acceptance and experiences of children with a wide-range of abilities. It is not known if the long term effects of mixed-age groupings differ from that of peer-based groupings, however, experiences are afforded to children in mixed-age groupings that are not available to those exclusively with peers. As in peer-based groupings, an understanding of child development and quality early childhood education is essential in establishing successful mixed-aged classrooms.

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**Collaborative Classroom-Based Intervention
with Kindergarten Aged Students**

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Introduction

Success in kindergarten is heavily weighted on a child's ability to understand and utilize oral language skills. Unfortunately, not all children who enter kindergarten are ready for this challenge due to a variety of factors. Developmentally, children are making dramatic changes between the ages of four and six. Vocabulary expands rapidly, grammar becomes more advanced both in the structure and length of utterances, and the ability to understand as well as think about language becomes more fully expressed (Luria, 1971). Perceptual, fine, and gross motor skills, which are distinctly intertwined with language skills, also develop at a significant rate during this period. Socio-economic status can also play an integral role in the development of language and school readiness skills, as children from homes that offer a variety of language rich experiences and opportunities come to school more knowledgeable. Kindergarten teachers, although highly skilled in identifying the presence or absence of readiness skills, do not necessarily have the training in developing the needed language and motor skills for those who are unresponsive to traditional classroom instruction

The reauthorization of Individuals with Disabilities Education Act (IDEA) in 2004 by Congress changed the law in how to identify children with specific learning disabilities. One of the goals was to reduce the number of "false positives," whereby children who are considered "low achievers" or who have not had access to quality instruction are not identified as needing special education services. The changes in legislation support children with true disabilities since it calls for the provision of early intervention. It calls for schools to adopt Response to Intervention (RtI) models that require high-quality instruction, ongoing student assessment, multi-tiered interventions, and special education placement on the basis of ability to learn. RtI is not unique to special education, but can be used for any student who experiences academic difficulties. The strength of RtI is that it merges special education into regular education, involving everyone in the academic setting, and follows the overall policies of No Child Left Behind (NCLB) legislation for the prevention of academic failure. Children do not need to be referred out of the classroom to have their needs met. When a child is not progressing, it is the instruction that is modified or changed so that the child can succeed.

The early intervention in the RtI model tends to prevent more difficulties, since intervention occurs as concerns arise. Research has demonstrated that identification and treatment of children who are at-risk for later reading difficulties can begin as early as the first

month of kindergarten (Catts, Fey, Zhang, Tomblin, 2001). Instructional practices that accelerate the learning of children with disabilities, as well as those at risk for suspected disabilities, are considered best practice.

A collaborative classroom-based intervention program was piloted during the 2005-2006 school year in the Rochester City School District in Rochester, New York. This urban district is the third largest in the state of New York with over 34,000 students. Within the student body, there is a large amount of diversity with students from over 28 different countries speaking over 35 different languages. There is also a substantial number of students who receive free lunches due to low income.

This article will discuss the pilot program components, detail how they were executed, identify the collaborative strategies that were implemented with teachers and related service staff to support children “at risk” and children with disabilities, highlight the relationship to Response to Intervention (RtI), and distinguish the model components that can be replicable to other settings. It should be noted that although this intervention occurred within a Kindergarten setting, many of the strategies employed could be replicated within a pre-school environment.

Project Planning and Implementation

The elementary school referred to in this article is only one of the almost forty elementary schools in the district. Staffing for the collaborative classroom-based intervention program was determined centrally and each participating building received a specific time allotment for a speech pathologist, special education teacher, and an occupational therapist based on the enrollment of children in their kindergarten program. The kindergarten teacher also played an integral role on the team. Since no one discipline has enough expertise to fulfill the responsibilities required to provide a comprehensive educational program, the collaborative teaching model allowed each professional to contribute based on their expertise and knowledge.

With four kindergarten classrooms in the building, three general education classrooms and one LEAP (Learning through English Academic Program) class, time was allotted each class to receive approximately three and one half additional hours of classroom support per week, in addition to approved services for students with disabilities, via the Individualized Education Plan.

The speech pathologist provided two hours a week of support to the classroom teacher, the special education teacher provided one hour per week, and the occupational therapist was involved one-half hour per week. These professionals worked collaboratively together and in conjunction with the kindergarten teacher to provide an enriched learning environment to enhance language, pre-literacy, motor skills, and general academic readiness.

Over the first two months of the program, roles of the team members were established. The general education teacher was responsible for the content of the general education curriculum, the scope and sequence of the content area, and identifying skills that students should attain. For example, the literacy program followed by the kindergarten teachers established that all sounds and letters of the alphabet would be introduced in a specific order, which was not alphabetical order, and would be completed by the end of the second marking period.

The special education teacher's role was to determine modifications or adaptations and differentiate instruction to address those students who presented "at risk" or who had identified special education needs. The speech pathologist provided consultation and intervention in facilitating naturalistic language, promoting vocabulary and basic conceptual skills and modeling phonological and phonemic awareness skills. The occupational therapist modeled and provided consultation on promoting development of pre-writing and fine motor skills, identified and implemented low technology solutions for students "at risk" or those with identified special education needs, and modeled instructional methods for printing.

All team members were expected to reinforce the strategies recommended by fellow team members to facilitate learning and carry over of learned materials. Collaborative teaching decisions and planning times were determined and each classroom developed a slightly different "personality," which depended on the relationships, strengths, preferences, and needs of the staff members that were involved. Collaborative lesson plan forms were developed to provide a vehicle for all stakeholders to share in the preparation and execution of team taught lessons. These forms were not mandated, but were available for use.

The model was split into three tiers. The first tier of response to intervention involves all students undergoing a screening process with the general responsibility falling on the shoulders of general education. In conjunction with Tier 1 of RtI, all kindergarten students were screened in September to identify those "at risk" for school failure. There were approximately 75 students

screened, of which three were already identified as students with disabilities. The kindergarten children, as a group, were predominately minority children from lower income families. The LEAP class had children from a variety of African and Asian cultures who were learning English as their second language. A variety of screening tools that demonstrated diagnostic utility for predicting performance were delivered to the students, including a receptive conceptual test (Bracken Test for School Readiness) given by the speech pathologist, an early literacy screening given by the special education teacher, and a fine motor screen given by the occupational therapist. The general education teacher used observation and anecdotal evidence to identify strengths and weaknesses of their students. The results were tabulated and shared collaboratively.

Classroom instruction by the intervention team, within general education, was initiated in October, upon completion of the screening protocols. All children participated in the collaborative academic support program, which created a standards-based, enriched learning environment. The curriculum focused on developmentally appropriate language concepts, phonemic awareness, and vocabulary skills. Each week, specific developmentally appropriate skills were presented and supported by all the professionals involved in the program. Skills were infused throughout the day to provide multiple presentations to the students for reinforcement and carryover. For example, if the concepts of the week presented by the speech pathologist involved “top and bottom,” the classroom teacher would reinforce those words as (s)he instructed the class to write their name on the TOP of the paper or the word TOP would be discussed in the phonics lesson as an example of a word that begins with a “t” sound, or the occupational therapist would have the children place blocks on “top” of a box or practice handwriting by making letter “t”s. This infusion could also be carried over to the physical education, music and art teachers in the building. Materials were shared among professionals and at the end of the year, a parent night was organized to provide families with a staff designed game board that contained playing cards representative of all the skills that were taught throughout the year. The skills included rhyming, beginning and final sounds, numbers, concepts, following directions, letter identification, and fine motor tasks.

By the end of the first semester, through ongoing assessment by the collaborating participants and observation, it was determined which students were “at risk” for academic failure. Responsiveness to classroom instruction was monitored to identify students who

struggled to meet general education requirements. Tier 1 responders were students whose responses met standard achievement through observation and classroom assessment. If these children were to be given a standardized achievement test in an academic area (i.e. reading or math), they would score above the 16th percentile. These children continue to receive quality instruction in general education following the provisions of No Child Left Behind (NCLB).

There is frequent monitoring of their progress and if, at any time, there appear to be concerns, they would continue on to the next level of intervention. But, generally, Tier 1 responders are the students who are able to participate and succeed in their general education program and do not need any additional assistance.

Tier 2 intervention is the next level for children who need more intensive intervention; these are the students who are exhibiting some instructional weaknesses. Tier 2 intervention began after approximately ten weeks of instruction. It is essential that students be given adequate time to respond to the curriculum before they are considered for additional intervention in order to rule out lack of school experience or life experiences due to culture or poverty. These students became the primary focus of the collaborative intervention program and were seen in small group instruction by the professionals involved in the program. The focus of the program remained the same, which was to develop measurable gains in basic concepts, phonemic awareness, vocabulary, motor skills, and overall academic readiness. The intensity of the intervention increased since the attention of the special education teacher and related service providers were solely focused on the Tier 2 children. These students received targeted interventions to strengthen language and motor skills that provide the groundwork for literacy.

Frequent monitoring of Tier 2 students identified those who were not responding to this level of intervention and documentation was adequate to advance them to Tier 3. Tier 3 would involve consideration for a referral to the Committee on Special Education (CSE) and an individualized comprehensive evaluation.

Children already identified with Individual Education Plans (IEP's) received additional services, beyond those provided within their IEP. For those students who did not meet the benchmarks of the curriculum even with the additional support in the classroom, adaptations and modifications to accelerate learning were developed for them. Several children were also considered for programs such as Academic Intervention Services (AIS) or Educationally Related Support Services (ERSS). These services provide additional instruction which supplements the

general curriculum and assists students in meeting state learning standards. By utilizing the staff within the school building, these services provide additional support by developing individual goals to remediate academic difficulties through regular education without the need for classification.

Model Challenges, Evaluation, and Lessons Learned

The struggles of this program were typical. First, it was very difficult to find the additional time throughout the week to plan collaboratively. Time restraints always seemed to be a limitation. Second, the collaborative model was difficult for some professionals and some classrooms were more collaborative than others. Despite these difficulties, the first year's results were very promising.

At the end of the school year, post tests were delivered by all the professionals and the results were significant. The kindergarten students demonstrated a 32% increase in scores on the Bracken Test for School Readiness. Since good oral language skills in early primary grades are a good predictor for development of literacy skills, it would also be expected that these children would do well on academic readiness. There were a few children who continued to struggle with literacy and curriculum skills. Within the Response to Intervention process, the final tier would be the investigation of the designation of a disability, most likely a learning disability, and special education placement. Children who did not respond to Tier 2 intervention received a comprehensive individualized evaluation following all the procedures stipulated under IDEA. Significant data, available from a year's worth of intervention strategies provided by regular and special education specialists, could be part of the documentation in the evaluation process. This is a program that needs to be continued for at least two to three more years to demonstrate the long term results for the students who receive intensive early academic intervention

Replication in a Preschool Setting

This program contained several model components that would be easily replicable in other settings, particularly preschool settings. The majority of the goals involved in this collaborative classroom-based program centered on language and motor skills, which are primary to preschool instruction. Strong abilities in these areas are predictive of academic success in later years. Preschool educators could replicate this program beginning with screening tools that are applicable to their children and then follow-up with a curriculum that

identifies key concepts, vocabulary, phonemic awareness skills and motor skills presented in a variety of approaches and infused throughout the program.

Students should be assessed periodically utilizing normative or criterion based tools to determine improvement. Children who struggle with the curriculum could receive additional support in small groups. A best practice would be for the group to be taught at least three times a week for thirty minute sessions by a certified teacher or aide who could implement a scientifically validated, standard tutoring protocol. Resources for this program do not need to be complex or expensive. Materials can be purchased at early learning stores or discount stores, but for the most part should be available within most homes or preschools. For example, spatial concepts can be taught using an obstacle course. Learning becomes fun by throwing the beanbag “in” the hoola hoop, crawling “under” the table, and crawling “out” of a tunnel. Movement is essential and there are a myriad of children’s compact disks that contain songs that promote learning through music. Listening skills can be promoted utilizing musical instruments such as tambourines, drums, and cymbals. Children do not realize that they are developing early phonemic awareness skills by identifying the presence or absence of sounds and being able to identify what sound they heard. Worksheets, although useful in their own way, should really be a last resort for lessons. Preschool programs should access related service providers such as speech pathologists or occupational therapists for their expertise in language and motor development.

Conclusion

The strengths of this program were several. First of all, there was the collaborative support of multiple disciplines, each bringing their own expertise, knowing that no one professional has all the knowledge to provide comprehensive educational services by themselves. Secondly, there was assessment driving instruction –the needs for instruction were determined and what was implemented reflected sound instructional design principles. Thirdly, there was monitoring of responsiveness to classroom instruction. Finally, there was a significant amount of infusion of the curriculum throughout the student’s day via multiple representations and multiple repetitions. This resulted in responsiveness to instruction, thereby maintaining students in a general education setting.

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**Integrating Learning Standards and IEP Goals into
Early Childhood Curriculum**

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Abstract: This article will address inclusive practices in early childhood education programs by describing a pilot project that focused on incorporating both Individualized Education Plan (IEP) goals and NYS Learning Standards into developmentally appropriate activities for young learners.

The importance of high quality practices in early childhood has been a topic of attention in recent years. An integral part of this attention is a two-fold interest in incorporating Individualized Education Plan (IEP) goals for preschoolers with disabilities into learning opportunities taking place in natural environments, and linking learning standards into the every day experiences offered in early childhood programs. Interest in learning standards - general goals for all students' learning - has been occurring across the nation at both the school age and preschool level.

While New York State Learning Standards do not address preschool curriculum directly, the education community is very conscious of the importance of the early years for learning and encourages programs to make connections between the goals of early childhood programs and the Standards. As part of this emphasis, the New York State Education Department supported a state-wide training program in 2003. Entitled "*From the Beginning...Linking the NYS Learning Standards with Preschool Curriculum,*" the program emphasized the match between learning standards and what special education early childhood educators were already offering to young learners through developmentally appropriate activities. Rather than creating a new overlay of responsibilities, the training program encouraged teachers to see the natural links between their current curriculum practices and the NYS Standards in the areas of English Language Arts, Math and Science.

Full day trainings and resource sharing took place across the state through Tinsley Institute for Human Services and other trainers in order to introduce the NYS Learning Standards at the preschool level. In addition, follow up mini-grants made it possible for individual programs to examine their own classrooms and collaborative partnerships in light of the Standards. As part of the training, early childhood special educators looked at sample lesson plans and reflected on classroom practices. They found, for example, that children's discovery play with magnets was a natural fit with the *Key Ideas* listed in the NYS Science Learning

Standards. The training helped teachers to make connections between the more formal school age language of the NYS Standards, with terms such as “inquiry” and “analysis,” and the language of the early childhood curriculum, with its emphasis on guided and discovery learning. Also helpful to teachers, the training made connections between the curriculum and goals on several levels. For example, *Story Circle*, the daily practice of settling in with a good book, can satisfy the early childhood goals of emerging literacy, individual IEP goals related to attending, and the broader goals of understanding and using language in the context of the English Language Arts Standards, as illustrated in Table 1.

Table 1: Sample Activity with Multiple Goals

Activity	Early Childhood Goals	Learning Standard	IEP Goal 1
Story Circle	Emerging Literacy Will increase vocabulary Will answer simple questions	English Language Arts # 1 Students will read, write, listen and speak for information and understanding.	Improve Attending Will remain seated and focus on speaker at book time for at least five minutes.

These kinds of insights were in keeping with the overall goals of the training:

- to increase understanding of the New York State Learning Standards at the preschool level,
- to increase participant skills in translating the Standards into curriculum, instruction and learning,
- to infuse standards-based activities across developmental domains, and
- to assist participants in improving skills to assess the progress of young children with disabilities in meeting the Learning Standards.

Follow up projects were important to encourage special education early childhood service providers to come up with their own strategies for helping staff to integrate early childhood concepts, IEP goals, and Learning Standards into their on-going practices.

Pilot Project Planning

One such follow up project was carried out by Capital District Beginnings in Troy, New York, working with local Head Start programs and child care providers in the Capital District region. The pilot project took place during the 2004-2005 school year with two goals in mind: 1) to assess the effectiveness of teachers in including the NYS Learning Standards in the areas of math and literacy into weekly planning; and 2) to devise a system of collecting data to track student progress in acquiring skills and knowledge directly related to the math and literacy standards. Much discussion took place among teachers as to how to integrate this new awareness of the Learning Standards into activities already taking place in the classroom. The idea was not to create more paperwork, but to broaden teachers' understanding of what they were already accomplishing with children.

This pilot project was spearheaded by a committee from Beginnings, the special education partner, composed, in part, of teachers who had been part of the initial state-wide training. The volunteer teachers were already familiar with looking at early childhood activities in light of IEP goals, and the project was aimed at taking their understanding a step further, to include both IEP goals and learning standards in their planning and activities. Their familiarity with the NYS Learning Standards and commitment to addressing standards at preschool was helpful in this process. Two areas were chosen, English Language Arts and Math, because of the importance of these curriculum areas and because teachers wanted to work at a scale small enough to carefully document their own experiences and child progress.

Eight special education early childhood teachers participated at the project start-up. Progress tracking for sixteen children was initiated in September 2004. Six teachers and eleven children remained until the end of the project in May. Teachers were aware of the continuum of services and purposefully chose a range of programs for implementation: integrated center-based classrooms, one self-contained classroom located in a community setting, and an itinerant teacher providing home and community-based special education services.

The goals of the pilot project were similar to those in the state-wide training; in addition, the participants planned to write developmentally appropriate lessons that infused the learning standards into early childhood activities, and to monitor teaching practices and children's progress. Planning and implementation took place in several steps.

First, the core group of teachers working on the Pilot Committee re-familiarized themselves with the NYS Standards using materials from the original “*From the Beginning...*” training. The original training had offered sample lesson plans, video examples and discussion sessions that encouraged teacher to look at their own classrooms and curricula for opportunities to implement the Learning Standards and individual goals. Teachers were introduced to the structure of the New York State Learning Standards. Each standard is represented across three age levels: elementary, intermediate and commencement, and includes statements, key ideas, performance indicators, and evidence. This framework is illustrated in Table 2.

Table 2: NYS Learning Standards Framework

Learning Standard	Science Learning Standard # 4: The Living Environment
Statement	Students will understand and apply scientific concepts, principles and theories pertaining to the physical setting and living environment and recognize the historical development of ideas in science.
Key Idea	Plants and animals depend on each other and their physical environment.
Performance Indicator	Students describe how plants and animals, including humans, depend on each other and the non-living environment.
Evidence	This is evident when students can take turns caring for and can describe the needs of the classroom’s pet.

(<http://www.emsc.nysed.gov/deputy/Documents/learnstandards>)

From the Beginning...Linking the New York State Learning Standards with Preschool Curriculum. (2003).

In Step Two, the Pilot Project teachers shared the plan with their early childhood partners and families, and prepared the documentation forms needed to monitor their project. Specifically, they discussed the connections between the standards, IEP goals and early childhood curriculum, and created two forms for monitoring their efforts: a tracking form to record individual child progress (*CALS: Child Assessment of Learning Standards Form*), and a *Tally Form* to record classroom-wide opportunities to address the standards. The *Tally Form* is a simple frequency count table and was designed for use with weekly planning forms already in place in the classrooms to help the staff keep track of which Standards were being addressed. The *CALS Form* allowed teachers to document activity settings, learning opportunities and child

behaviors that directly addressed the Standards for individual children. (Samples of the CALS Form and Tally Form are included in this article.)

The core group of special education teachers introduced the project to the early childhood cooperating teachers and families through informal discussion, sharing written materials on the standards and the pilot project, and through a poster presentation as part of a Head Start Open House. The posters depicted children and children's work relating typical learning experiences to the NYS Learning Standards and stressed the continuity between the standards and early childhood curriculum. For example, a photo was shown of children at the classroom sensory table digging in the snow, while another child was pictured mixing paint at the easel. A description of the Math and Science Standards linked math and science learning to preschoolers' "real life experiences and hands-on experiments."

Teachers in the core group wrote formal one-page lessons plans in the areas of English Language Arts and Mathematics in order to illustrate the applicability of learning standards to typical classroom experiences. In recognition that teachers do not often write formal lesson plans, the teachers kept the format to a single page and included the headings: *Title, Learning Standard, Lesson Objectives, Materials, Procedures, and Assessment*. In addition, for those lessons that needed to be modified to address children with special needs, a section called *Accommodations* was included. The intention was to create a Lesson Plan Bank that would be helpful to future teachers in making the connection between early childhood curriculum and learning standards. (A sample lesson plan is included with this article.)

Carrying Out the Pilot Project

Step Three took place after the introductory phase was over. In this step, teachers actively planned using learning standards and monitored the progress of children and their own experiences. During weekly planning, classroom teams selected three activity times per day to target: circle time, small group and a daily activity of their choice, and then discussed those activities in terms of learning standards. At the end of the week the teachers used the *Tally Form* to record the numbers of actual opportunities provided that clearly connected classroom activities and standards. Teachers were able to reflect on which standards were being readily addressed and which might require targeted planning, and adjusted their planning for the following week accordingly. In other words, if teachers found that opportunities to use language

for social interaction (English Language Arts Standard Four) was limited, they might plan an activity around dramatic play or use language to problem solve and/or share with peers.

When using the *Child Assessment of Learning Standards Form* (CALs), teachers noticed that often the same activities addressed multiple goals – for example, water play might offer opportunities for measurement (Math Standard), turn-taking and language directed to peers (IEP goals) and participating in groups (an early childhood program goal). In addition, child portfolios were created to document children’s activities and to support the anecdotal observations made by teachers on the CALs Form. Each core teacher did this for two children and the group as a whole discussed whether this level of documentation would be necessary or a reasonable workload expectation for class-wide documentation. In addition, work towards individual IEP goals were also tracked through progress notes and portfolio work. The portfolios contained samples of children’s work such as drawing and early writing, photographs of projects, such as a completed block castle, and photos of events such as field trips.

In Step Four, the end of year review, teachers got together to share their experiences and found several common themes. First, although teachers already had several years of experience tracking child progress on IEP goals and working with early childhood teams to integrate those goals into weekly planning, adding learning standards was sometimes problematic. This perception seemed to be related to lack of familiarity with the standards rather than dissonance between learning standards and early childhood goals. As a new skill, it was difficult to keep specific learning standards in mind, and teachers found that it was very helpful to start on a small scale by selecting a few standards and becoming very familiar with those standards across the classroom experience – from teacher-planned activities to incidental teaching during free play. Second, though teachers had some concerns about more paperwork, they found that the two forms used and the child portfolios compiled during the Pilot Project helped them to monitor their efforts, aided in self-reflection and gave them a deeper understanding of children’s progress. This was especially true for the portfolio samples of children’s work. Teachers also found that the project helped them in increasing their awareness of the NYS Standards and increased their confidence in their ability to integrate both standards and IEP goals. Implementation was simplified when teams were smaller. For example, the itinerant special educator easily added anecdotal records to on-going progress notes.

At the same time, some challenges and limitations were noted. Teachers found that adding standards to the discussion at planning time led to more discussion and sometimes teachers disagreed about how to integrate standards into child-directed learning. These disagreements often hinged on philosophical differences about how best to balance child-directed versus teacher-directed activities, a familiar topic in many early childhood programs. In some ways it was helpful to explore differences and in some ways it created pressures on an already busy schedule. In collaborative classrooms, it is not unusual for teachers to find, through discussion and experimentation, that multiple goals can be met in both child-directed activities (such as the water table) and teacher-directed activities (such as story time) when teachers have time to plan ahead for multiple goals and to reflect afterwards with each other on children's progress.

As is often the case for teachers with multiple responsibilities and busy schedules, simply finding the time to plan, monitor their efforts, and track child progress was a concern. Interestingly, of the standards tracked, teachers found it easier to incorporate the English Language Arts Standards into teacher-directed group activities such as "circle time." Math Standards were more often addressed during small groups and incidental teaching (e.g. learning centers). Overall, teachers found the program successful, noting that children made progress, the curriculum was enriched and teachers became more aware of the connections between the curriculum, children's individual IEP goals and the learning standards. For example, in the dual goal areas of English Language Arts and improving story sequencing, as called for on a child's IEP, one preschooler was able to move from simply labeling the characters and objects in a story (a bridge, a troll, and a goat) to acting out and retelling the story of the *Three Billy Goats Gruff* in sequence, thereby satisfying goals in both areas. Teachers were able to share progress with the family using real examples, and helped the family to understand the connections to kindergarten.

Project Summary and Recommendations

Based on the experiences of the Pilot Project year, several observations and recommendations can be offered regarding integrating Learning Standards and IEP goals into early childhood learning activities. First, early childhood curriculum and the NYS Learning Standards can be made accessible to all children in ways that are both developmentally appropriate and that offer preparation for future learning. This means that children and teachers do not need to make choices to work on IEP goals or learning standard goals or participate in

classroom activities; often goals can address the same areas of development and rely on the developmentally appropriate experiences offered in early childhood programs. Second, classroom staff can successfully adapt their ongoing curriculum and activities to incorporate learning standards by examining and refining their *current* practices. Once they become more familiar with the standards, early childhood special education and regular education teachers often find that they are *already* working on learning standards in their classrooms. Third, during the pilot project, teachers found that it was helpful to progress slowly – to review the standards as a whole and *then* to select a few goals on which to focus. They also found it was helpful to align the learning standards with their current practices. For example, by adding a line for learning standards on the weekly planning form or expanding portfolio collections to illustrate work related to curriculum goals, IEP goals, and learning standards. They also found that by helping parents and fellow teachers to understand the NYS Learning Standards and by providing examples of how children learn as they play, teachers improve their own understanding of developmentally appropriate practices for all children.

SAMPLE LESSON PLAN

Lesson Title: Making an Ocean Scene

Learning Standards:

Science: Standard 4 –The Living Environment

Children will understand and apply scientific concepts, principles and theories pertaining to the physical setting and living environment.

Mathematics: Number Sense & Operations

Children will understand numbers, multiple ways of representing numbers, relationships among numbers, and number systems (PK.N.1)

Lesson Objectives:

1. Children will name and classify sticker-pictures of animals/plants as ones found “in the ocean or water” or “not in the ocean or water”.
2. Children will tell “how many” animal/plant stickers they have in each category.
3. Children will retell the steps of making an ocean scene in the correct sequence.

Materials:

Children: blue construction paper, oatmeal, glue, ocean animal and plant stickers.

Teacher: three ocean scenes in step-by-step stages: plain paper, paper with oatmeal (as the ocean floor) glued on, paper with oatmeal and stickers.

Procedure:

1. The teacher reads the book “Rainbow Fish” by Leo Lionni to the class – introducing new terms such as “ocean”.
2. The teacher tells the children they are going to make their own ocean pictures and need to decide what kinds of plants and animals belong in the ocean using stickers/pictures/figures.
3. The teacher shows the step-by-step ocean cards to show the children the procedure.
4. The children make their own scenes, with the teacher and peers helping with figuring out what does/does not belong in the ocean.
5. The children count and tell peers and teachers “how many” they have in each group.
6. The teacher reviews the steps of the activity and the names of the plants and animals with each child as he/she completes the project.

Adaptations:

1. IEP related to classification: teacher will practice and review with limited kinds of items (types of fish vs. bike, tree, etc.)
2. IEP related to numeracy: teacher will practice counting with child and limit numbers to sets of three.
3. IEP related to sequencing: teacher will provide visual picture cards of steps.

Assessment:

Teacher observation, anecdotal record.

Child Assessment Learning Standards (CALs) Form

Child: _____

Data Collected

Program: _____

Sept

January

June

Curriculum: _____

(If specific one in use)

Learning Standards Key:

ELA 1 Language for Information & Understanding
Evaluation

ELA 3 Language for Critical Analysis &

ELA 2 Language for Literary Response & Expression

ELA 4 Language for Social Interaction

MST 3 Mathematics

Activity Setting	Learning Opportunity (Sample Task)	Standard	Child Progress (Attach Documentation)
Housekeeping	Playing restaurant & writing menus	ELA 1 ELA 4	Made marks on a pad while another child ordered, repeating back the foods the other child listed (order page and photo attached)

Additional Comments:

Learning Standards Tally Form

Activities	ELA-1	ELA-2	ELA-3	ELA-4	MR	NN	O	MMR	M	U	P/F
Circle Time											
Small Group											
Other (story, etc.)											

Learning Standards Key:

ELA 1 Language for Information & Understanding
ELA 2 Language for Literary Response & Expression
MR Mathematical Reasoning
NN Number & Numeration
O Operations
MMR Modeling/Multiple Representation

ELA 3 Language for Critical Analysis & Evaluation
ELA 4 Language for Social Interaction
M Measurement
U Uncertainty
P/F Patterns & Functions

Date:

Classroom:

Directions: Tally numbers of planned opportunities to work on learning standards based on classroom planning.

Structured for Success:
Building Inclusive Experiences for Preschool Children with Disabilities

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Introduction

Wildwood School serves students with autism, neurological, learning and developmental disabilities from ages 3 through 21 in self-contained special education classes. As an integral part of programming, all students have many planned opportunities to develop age-appropriate skills in a variety of community and inclusive settings. The model described below demonstrates how inclusive practices can be supported for children with more intensive needs.

At the preschool level, students have the opportunity to develop social, language and academic skills with same-age peers in a daycare classroom that serves typically developing children across the hall. The daycare classroom serves up to 12 three and four-year old students. Students may be full time or part time from three to five days per week. Staffing includes the daycare program director and two assistants.

The students in the self-contained preschool classroom typically range in age from three-years old to five-years old and all attend five days per week. Five-year olds are served as part of the continuum of services and programming provided here at Wildwood for students up to the age of 21. Sometimes five-year olds remain in the pre-K classroom for an additional year, other times they transition to a primary classroom at Wildwood, depending on individual student need and appropriateness of the peer group.

The class ratio of the preschool classroom is nine students with one teacher and four teacher assistants. Speech, occupational, and physical therapy services are provided through both push-in and pull-out models, and a social worker is assigned to serve all students and families in that classroom.

Almost all of the students are diagnosed with PDD/NOS or Autism Spectrum Disorder. A few children have a unique neurological syndrome diagnosis. All students have a high degree of behavioral support needs. Behavioral needs are met through a combination of a high staffing ratio supplemented by push-in therapy services, a strong sensory integration program carried over by classroom staff, and the support of a staff behaviorist and school psychologist.

The classroom day runs from 8:30 to 2:00 pm for preschool students in the special education classroom. Activities include arrival routine/free play; circle with name recognition, weather and calendar concepts; rotations which include small group activities in oral motor, fine motor, and literacy; a large group music and movement activity; snack and lunch; afternoon learning extension activities in small groups and a weekly large group cooking activity. The

speech pathologist and social worker work closely with these nine students during those multiple activities. They therefore have considerable opportunity to identify the strengths and needs of each student, and to determine which students would likely benefit from the structured inclusion experience with daycare students.

Developing an Inclusive Experience at Wildwood:

Identification of Students for Inclusion

Generally, the special education teacher, social worker and speech therapist identify two to three students for the inclusion experience at the beginning of the year. They choose students based on observable factors which include, but are not limited to, the student's ability to take risks and try new things, a relatively positive sense of self-esteem, interest in peers and tendency to observe peers, an openness to adult-facilitated play, and an ability to be able to learn and follow rules. The degree to which the students with special needs are verbal is not a significant factor in determining whether or not the students might benefit from the inclusion experience. The social worker and speech therapist are highly trained in the development of language and processing skills and are able to provide appropriate language supports and scaffolds such as PECs (The Picture Exchange Communication System) and VOCAs (Voice Output Communication Aide).

During Phase One, as described later in the article, the speech pathologist and social worker make a determination as to whether or not the student might continue in the daycare experience as it would evolve during the remainder of the year. During Phase One, if the student with special needs was unable to feel comfortable with the daycare students, unable to get over an initial shyness, or was too internally driven to be able to interact with the environment, the speech pathologist and social worker would decide that the particular student probably was not ready to benefit from the inclusion experience.

During one of the initial supported play experiences in the daycare room (Phase Two), A.H., a verbal but impulsive child with little sense of appropriate peer play, was playing with two daycare students with a set of trucks and cars on a road rug. A.H. grabbed a truck he fancied from his daycare playmate. The playmate said very appropriately, "Hey, that's my truck! Here, you play with this one instead". Through this interaction, and many like it, A.H. learned that language, not physical actions (e.g. hitting) could express displeasure, and was introduced to the fine art of negotiation ("You play with this one instead").

Goals of the Inclusive Experience

Wildwood identified the goals of the structured experiences for 3 of our students with disabilities this particular year. Eventually, two of the three students participated fully in each phase. One student was deferred to the following year when he gained more maturity and self-confidence. One of the goals of the model for students with disabilities is to develop increased social competence and self-esteem. The model, particularly in Phase Two, focuses on students developing more age-appropriate play skills, since play is the primary language and vehicle for learning for all young children. Finally, in Phase Three, staff focus on how a structured inclusive experience can help students meet the goals and objectives on their IEPs (Individual Education Plans), primarily in the areas of language, cognitive skills and social development.

Identification of Barriers

Young children with disabilities face significant barriers to successful experiences. For students with special needs participating in Wildwood's inclusive experience, barriers most often involve lack of sufficient age-appropriate language for natural peer socialization, lack of age-appropriate play skills, and low self-esteem compared to typically developing peers. For typically developing peers in the daycare classroom, barriers to successfully interacting with peers with special needs include the inability to accommodate to the extended auditory processing time many students with disabilities require, and the inability to persevere in play and social interactions due to the delayed response – or no response – from peers.

Identification of Necessary Program Components for Success

The special education and daycare team identified three major components as necessary for the success of the inclusion experience: daycare staff need to believe in the value of the inclusive experience not only for the students with special needs but also for the students without disabilities; both teams need to identify and schedule common times in both classrooms for the inclusion experience to occur; and daycare staff need to participate in general training about special needs students, as well as specific information on the students who will be coming into the daycare classroom. The daycare team included the director and her two assistants. The

special education team included the special education teacher, speech pathologist and social worker in the self-contained special education preschool classroom. Finding time to meet as a group was often challenging given the varying responsibilities and schedules of all members of both teams. Nevertheless, because of the commitment and belief in the importance of this intervention on the part of *both* the special education team and daycare team, staff made time to meet either early in the morning, during lunch breaks, or when the daycare students were napping in the afternoons.

Early in September an initial meeting was held with both teams at which the special education team described to the daycare team the three-phase approach and the goals of the inclusion experience. The special education team identified for the daycare team the intrinsic value of the play and social experiences already occurring daily in the daycare classroom and reinforced that young children learn best from other children, rather than from adults. Most important perhaps, the social worker and speech pathologist helped daycare staff understand that they were already competent in their interactions with children, but simply had to learn to modify what they already were doing to be effective with students with special needs.

It was important that the two teams, as much as possible, coordinate the scheduled activities of their day. A meeting was held the first week of school to identify common times such as early morning arrival/free play, circle time, snack, and afternoon nap/play/video time when an inclusive small group experience could be implemented outside the classroom. It was planned that these activities would happen at approximately the same time of day in both classrooms. This enabled the speech therapist and social worker to coordinate their schedules and caseloads together, and the special education teacher to develop her schedule so students did not miss important times in the special education classroom while in daycare.

Finally, times were identified during the first three months of school for the special education teacher, speech pathologist and social worker to present information and training to the daycare staff on the characteristics of the students with special needs, as well as the characteristics of the daycare peers that would most facilitate success. The special education team asked the daycare staff to identify children who were articulate and verbal, outgoing with other children, had good problem solving skills and were interested in a wide range of experiences. The team also shared information with daycare staff to help them understand the

characteristics of the participating students with special needs, offered specific strategies about how to work with the students and how to support interactions between students.

As students were integrated during Phase Two into the daycare classroom during free play and snack time, the social worker and speech pathologist modeled how to interact with the students with special needs and facilitated play with daycare peers. For more formal and generalized training on special needs, handouts were prepared by the special education staff for the daycare staff on specific topics such as expressive and receptive language, PECs use for communication, and sensory integration. (See attached document on receptive language.)

Several videos were also shown to daycare staff including Floor Time (Scholastic, Inc.) based on the work of Stanley Greenspan, Tape 3 of the Linda Hodgdon Visual Strategies Workshop: Samples and Examples of Visual Strategies (Quirk Roberts Publishing) and an in-house training DVD demonstrating effective play facilitation with students with special needs. The Wildwood DVD was especially helpful since it included video vignettes of special education staff playing with the students during free play in the special education classroom and in the gym during recess time. The speech therapist, social worker and special education teacher were able to point out to the daycare staff specific play interventions that were effective and elaborate on the student responses in the videotaped examples.

Description of Intervention

There were three phases of the inclusion intervention. During the first phase, begun in late September of 2005, the two students with special needs joined the daycare students for activities such as puppet shows, picnics, movies, etc. once per week, for a minimum of 30 minutes to allow for development of a gradual comfort level with new peers during the first two months of school. The key to this phase was “low-demand”; that is, students were not asked questions or prodded to interact with each other during these activities. The students with disabilities were supported by familiar staff during activities in the daycare classroom to help them gain a comfort level with the larger group of daycare students. It was during this first phase that one of the initially chosen three students was so uncomfortable and anxious, even with the support of familiar adults (the speech pathologist and social worker from his special education class) that the team decided on deferring the inclusion experience for him.

The second phase, begun at the beginning of November of 2005, involved having the two students from the preschool special education classroom visit the daycare classroom during unstructured playtime and snack time two times per week for 30 minutes for the next 2 months. The social worker and speech pathologist facilitated and modeled interactions for both daycare students and staff in very specific ways. They modeled how to gain the attention of the 2 students (for example, by physically touching the student while calling their name, waiting to get a response, then repeating the child's name while in close proximity). They also set up conversational topics where the students from the special education classroom could excel. For instance, one of the students with special needs could count up to 100, so the speech pathologist and social worker would ask leading questions or sing songs where he could display his skill, thereby fostering increased self-esteem. Daycare children were prompted to talk about and ask questions about Blues Clues – a favorite of the other student. By setting up play scenarios where the students with special needs could excel, daycare peers were more likely to see them as fun to play with, continue for longer times in play scenarios with them, and seek them out to join other play activities.

When one of the two students lost a tooth, the speech pathologist and social worker involved the entire snack table in a conversation about what the tooth fairy brings them, enabling the students to have a shared experience. During this second phase the special education professionals also facilitated parallel play situations between students with and without disabilities. Because the speech pathologist and social worker knew the interests of the students with special needs, they were able to set up play scenarios that were motivating and conducive to parallel play with a peer. Two motivating activities included playing in the sand table and playing with an alphabet puzzle. Staff would facilitate the parallel play by narrating what each child was doing and helping to expand on it. They would pose questions about the play, modifying the questions as needed for both groups of students. The key to success in this phase was for staff to have a well-grounded knowledge of students' interests as well as the professional expertise to facilitate and expand the play scenario based on the varying abilities of the students.

The final phase began in January 2006. This phase incorporated a structured, strength-based approach to small group activities that were developed and facilitated by the social worker and speech pathologist. Two students from the daycare were paired with the two students with special needs for a structured 30-minute cooking activity each week. The daycare staff, along

with the speech pathologist and social worker, worked together to identify the daycare peers based on their outgoing personalities, interest in new things and situations, and verbal abilities (for modeling purposes). Daycare peers were already familiar with the students with special needs from the prior four months spent in less structured activities in the daycare room.

The cooking activity was based around a monthly theme. (See the attached example of the visual pictures that corresponded to a transportation theme in the special education classroom that month.) Familiarity with the activity, the materials, and the language, including picture prompts, was developed for the two students in their own classroom earlier in the week in a small group cooking activity with the exact same components. Having had a dry run in their own classroom, the two students were more self-assured and comfortable later in the week during the same activity with the daycare students. The familiarity with the cooking vocabulary and concepts helped level the playing field for them. The students with disabilities were often able to “model” for the daycare peers an answer to a question, or give a response, based on their own familiarity with the activity components. This in turn, helped to increase their self-esteem and social skill development.

For environmental control and cuing, the cooking activity was held in a quiet small room (to eliminate distractions) which had a stove, refrigerator, sink and room for a small table and chairs. The fact that the room had items found in typical home kitchens provided visual clues for all students about the activity that was going to take place, and allowed for generalization of skills to a similar environment in their own homes. The four students all helped bring materials to the room and talked about what they were carrying. The daycare students responded very positively to the picture symbol prompts (Mayer Johnson, Inc.) for cooking materials and equipment and it helped them learn the vocabulary more quickly.

Students were grouped two on each side of a small table – each student with a daycare peer both next to him and across the table from him, to support modeling by the daycare students from both directions. The social worker and speech pathologist would ask questions of the daycare students first during the activity. This facilitated modeling and increased the likelihood that the students with disabilities would be able to respond correctly. For example, the adult might ask one of the daycare children, “What is this?” and receive the verbal answer, “A spoon”. “What do we use a spoon for?” “To mix”. Then, turning to one of the students with special

needs, the adult would say, “That’s right, we use a spoon to mix.....Johnny, what do we use a spoon for?” and the student would respond triumphantly, “To mix!”

Two students from the day care classroom were rotated on a monthly basis to provide for expansion and generalization of language and social skills and increase the likelihood of full time inclusion for both students the following year. At the end of each month’s rotation of students, a daycare staff member was invited to join the activity to observe the success of the intervention strategies used by the social worker and the speech pathologist. This modeling for the daycare staff person helped further develop their skills in being able to appropriately facilitate play between the students.

During the second half of the year, in addition to these structured cooking activities, both students with special needs continued to share free play and snack times in the daycare classroom. The social worker and the speech pathologist found toward the end of the year that the daycare staff were more self-assured in their interactions with the students with special needs during free playtime. They were better able to facilitate play for students through providing simplified verbal prompts, and modeling appropriate use of toys. They also responded more positively to the use of picture symbols during snack time.

Qualitative and Quantitative Proof of Success

The two students with special needs were assessed using two measures as a baseline in September, and during each phase of the intervention, to determine progress in the specific areas that we identified as barriers to successful inclusive experiences for preschool students with disabilities. Two measures were used: the SIB-R (Scales of Independent Behavior-Revised) and the ABLLS (Assessment of Basic Language and Learning Skills, by Partington and Sundberg). The Social Interaction and Communication sections of the SIB-R were administered, and the Play and Leisure Skills and Social Interactions sections of the ABLLS were administered both pre and post intervention. Students were also videotaped in the special education classroom with special education peers as a baseline, and at least twice during each of the above three phases to determine anecdotal progress.

Both students made growth on both measures of assessment from September to June and the anecdotal information supported the fact that the inclusion intervention was an important factor in that growth. When walking with special education staff through the hallway to gym or

music or the playground, the two students would stop, grab the staff person's hand, and point to the daycare room, saying things like, "play" or "more trains". At other times, they would stop in the hall and attempt to jump up to see into the window of the door to the daycare classroom. They really looked forward to going to the daycare classroom by January and would verbally request to do so, in marked contrast to their shyness and inability to participate the first few months of the year. They often asked questions about their daycare peers when back in the special education classroom, and spoke about the activities in daycare and the structured cooking activity.

By June, they would initiate play with a daycare peer, engage in parallel play with another student independently and at times even engage in cooperative play independently. They participated and followed directions in large group activities consisting of 14 students with minimal assistance by the end of the year. They learned organizational skills such as how to act in a group, stay quiet when the teacher was speaking, and how to be responsible for their own materials at snack and playtime. Expressive language skills increased in terms of increased length of utterances and increased vocabulary for toys and other items in the daycare room.

During the current 2006-2007 school year, one student now attends half day regular kindergarten and half day smaller language intensive class taught by a special education teacher in his own district. The other student is in a full day language concepts kindergarten in his home district with fewer students than a regular kindergarten and a higher staff to student ratio.

Summary

The three critical components that made the inclusion experience successful for the two students were, first, the availability of special education staff (social worker, speech pathologist and special education teacher) to work with both staff and students in the daycare classroom, the specific graduated phases of the interventions to target and overcome the usual barriers to successful preschool inclusion, and the structured, strength-based small group activity in the final phase.

It was critical to help daycare staff develop an understanding of the special needs of the students, without undermining their own self-esteem and confidence as caretakers. The formal training the special education teacher, social worker and speech therapist provided during the first two months of the school year was always combined with sharing positive examples of what

they had observed daycare staff doing during their regular classroom routines, and helping them connect this new information to what they already knew about working with young children. In addition, the training information was presented concisely in non-jargon format, and supplemented with real-life examples of the characteristics of some of the students in the special education classroom (the Wildwood Play DVD). The most powerful training done was the modeling by both the social worker and speech therapist in the daycare classroom of how to facilitate interactions with the two groups of students.

In retrospect, had time allowed, it would have been beneficial if, at the end of each inclusion session (which occurred twice weekly during free play and snack), the teams had time to review those situations. Another strategy would have been to videotape the free play and snack situations and have the special education team and daycare team review the tape once weekly after school to point out effective strategies being used to facilitate language and play.

Because Wildwood serves preschool students with complex needs, only three students were initially chosen for this inclusion intervention, and two eventually participated. For preschool students with less complex behavioral, social and language needs, certainly more than two students could be integrated into a similar daycare or nursery school setting. However, daycare staff “buy-in” about the value of this experience is a critical component, and can be supported with appropriate information and training.

Although nursery schools and daycare sites may not have the close physical proximity of regular and special education preschool classrooms that Wildwood School has, many of the same components of the intervention can be replicated. Special Education Itinerant Teachers (SEIT) and other related service professionals such as speech pathologists, social workers or occupational therapists can collaborate to replicate the phases of this intervention during their weekly direct service delivery for students in inclusive settings.

They can also design and present training information to the daycare or nursery school team. Making sure activities at the start of the school year are “low demand” for students is important to decrease anxiety and develop their sense of ease and comfort with students without disabilities (phase one). Identifying the students’ specific strengths and interests, as well as their special needs, enables the special education staff to structure the facilitated play experience and snack time with their peers in specific ways (phase two), and to develop the supports necessary for success in the structured small group activity (phase three).

For effective program replication, similar programs need to collaborate with staff who understand the needs of students with disabilities, have an understanding of basic child development, and who are versed in techniques and strategies that support interaction between students with disabilities and their peers. Wildwood hopes to continue and expand on the inclusive experiences for all our students, but especially for our youngest students, who often learn best from their peers.

Helping Children Understand Receptive Language

Auditory Processing

- Many students display some level of difficulty in processing, interpreting and then acting on verbal stimuli
- Processing can be delayed anywhere from a few seconds to several minutes

Developing Routines and Schedules

- Children learn to anticipate what is happening by the routines that are established and the sequence of tasks
- Children learn to associate activities and routines with a representational object
- The more you can develop consistent routines the better the children will comprehend

Following Directions

- To increase ability to follow directions, try implementing the following strategies:
 - Close proximity (eye level, near child)
 - Simplify the message (key words only)
 - Use visuals (pictures, gestures, sign, “go to” cards, etc.)
 - Use physical assistance (follow through on directions)
 - Reinforce the learning (do several times when applicable)

Gestures and Sign Language

- Gestures and signs can act as a visual symbol for an object or action:
 - Natural gestures
 - Signs
- For the most part signs are developed in a logical manner

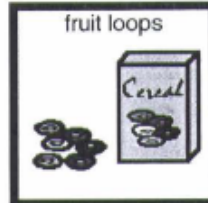
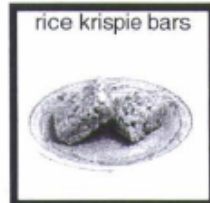
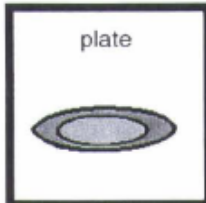
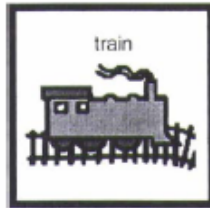
Using Sign Language

- Be consistent
- Be correct and precise
- Pair sign with spoken word
- Use in conjunction with object of action it represents

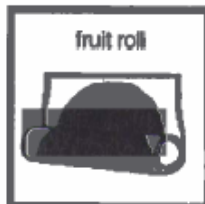
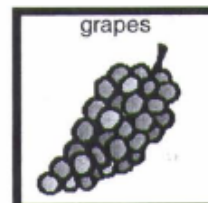
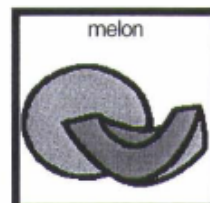
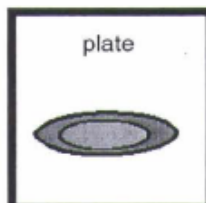
Pictures and Printed Words

- Can act as a visual symbol
- Carefully select pictures so that they have meaning to the child
- Printed words should include the key content word

Visual pictures used to assist with comprehension and expression in the Choo-Choo Train cooking group.



Visual pictures used to assist with comprehension and expression in the melon boats cooking group.



Cooking with Alexander, Christopher,
and my friends from Daycare!!

rice krispie bars



Give a Swiss Miss Roll or a Rice Krispie Bar to each friend.

toothpicks



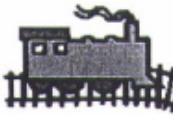
Put 2 toothpicks in the front and back & 1 on top of the Swiss Miss Roll/Rice Krispie Treat.

fruit loops



Put Fruit Loops on the toothpicks for wheels and on the top for a smoke stack.

train



Now you made a Swiss Miss Roll/Rice Krispie Train! Share with a friend and enjoy.

We made delicious edible trains with our friends from daycare and with Maureen and Dianna! We had lots of fun!! I can make them at home with you!! They were yummy!!

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