Early Intervention and Early Childhood Special Education

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Objectives

• OISM and Early Childhood Systems
• Define and understand the purpose of early intervention
• Define and understand the purpose of early childhood special education
What is the difference?

- Early Intervention (Also referred to as Part C Services)

- Early Childhood Special Education (Also referred to as Part B 619 services)
Early Intervention

- Services provided to families and children prenatal to age three who are at risk for developing a disability, have a developmental delay, or who have been diagnosed with a disability
- Early intervention consists in the provision of services such children and their families for the purpose of addressing the effects of a delay. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrence.
How Did Early Intervention Start?

• 1986 Federal legislations provide states with incentives for providing services to children under age three
  – The Education of the Handicapped Act Amendments of 1986
• 1997 States are now required to provide services to families and children who meet eligibility criteria (Referred to as Part C services)
  – Reauthorization of IDEA 1997
How does the Early Intervention System Work

Ohio’s Early Intervention System
How families are referred

- Child Find
- Physician
- Child Care Center
- Families Inquire about Services
Wait and See Model

- Many physicians will advise families to wait for their children to develop skills rather then referring to early intervention services

SO VERY WRONG!!!!
Key Players in Early Intervention Systems

- Service Coordinators
- Early Interventionist
- Occupational Therapist
- Physical Therapist
- Vision or audiologist
- Physician
- Speech Language Pathologist

FAMILIES
Entry Process

- Children go through a multi-faceted evaluation to determine if they meet eligibility criteria
  - A Service Coordinator will meet with the family and conduct the following procedures
    - Observation of child during play
    - Interview with family other individuals who are familiar with the child
    - Observation of parent children interactions
    - Developmental Evaluation

- Takes into consideration child’s development and family strengths and needs
How do children qualify for services

- Meet 4 or more risk factors indicators
- Or meet a specified percentage of delay
Delay Risk Factors (Ohio)

- Acute Family Crisis
- Adolescent Mother (20 or younger)
- Blood Lead Level
- Asphyxia
- Atypical Infant Behavioral Characteristics
- Chronic Otitis Media
- Domestic Violence of other regular disturbance to family structure
- Demographic Characteristics (unemployment, did not finish high school, single parent, Poverty)
Delay Risk Factors (Ohio)

- Family Has Inadequate Health Care or No Health Insurance
- Family income up to 185% of Federal Poverty guidelines
- Family Medical/Genetic History Characteristics
- History of child abuse or neglect, including physical neglect, emotional neglect, physical abuse, and sexual abuse
- Lack of Stable Residence, Homelessness or Dangerous Living Conditions
- Limited Prenatal Care – e.g.: four or fewer visits prior to 34th week of pregnancy OR whose prenatal care was not initiated until the third trimester of pregnancy
- Maternal Prenatal Substance Abuse
- Parent Has Four or More Preschool Age Children
- Parent or Primary Caregiver with Chronic or Acute Mental Illness, Developmental Disability or Mental Retardation
Delay Risk Factors (Ohio)

- Parent or Primary Caregiver with Severe Chronic Illness
- Parent/Child Separation
- Physical or Social Isolation and/or Lack of Adequate Social Support
- Serious concern Expressed by a Parent or Provider regarding a child’s development, parenting style or parent-child interaction (in relation to e.g.: child’s physical health status, emotional well being, atypical development)
- Severe Perinatal Complications – e.g.: prematurity, RDS; does NOT include very low birth weight
- Severe Prenatal Complication – e.g.: toxemia, placenta previa abrupt placenta, more than one infant in a pregnancy
- Small for Gestational Age
- Very Low Birth Weight (less than 1500 grams)
- Parent or Primary Caregiver with a Developmental History of Loss and/or Abuse
- Parent or Primary Caregiver with Drug or Alcohol Dependence
Main Factors that Put Children at Risk

- Low Birth Weight
- Prematurity
- Medical Complications
- Genetic Disorders
- Events During Pregnancy
- Environmental Risks
IFSP

- Every child who qualifies for services has an IFSP written for them
- Outlines the family and child’s strengths
- Goals for the child and family
### What type of services are available?

- Assistive technology
- Audiology
- Family training and counseling
- Health Services
- Medical Services
- Nursing
- Nutrition
- Occupational therapy

- Physical therapy
- Psychological services
- Service Coordination
- Social Work
- Direct services for the child
- Speech language pathology
- Transportation
- Vision Services
Where are services provided?

- Home visits
- Center based visits
- Center based programming
- Hospital
- Child care center
How are services provided?

- Capacity building within the family
- Embedded during daily routines and play
Are early intervention services effective?


When do children stop receiving services

- Discharged
  - Child is meeting developmental milestones and there is no risk for delay
  - Family no longer is interested in services

- Children transitions to preschool special education programming

- Children transitions to community based programming
Early Childhood Special Education

Services are provided to children between the ages of 3 and 5 who are found qualified under Part B of IDEA Federal Law.
How are children found eligible?

- Must find a large delay in one area of small degrees of delay in two of the following areas
  - Communication skills including form, content, and use of language but not solely in speech
  - Articulation or phonology;
  - • Hearing abilities;
  - • Motor abilities;
  - • Social-emotional/behavioral functioning; or
  - • Vision abilities;
  - • A deficit in cognitive ability with one or more of above areas or a documented deficit in adaptive behavior
  - A deficit in adaptive behavior with one or more of above areas or a documented deficit in cognitive ability.
Key Players

- Intervention Specialist/Special Education Teacher
- Administrator
- Related Service Provider
  - OT
  - PT
  - SLP
- School Psychologist
- Family
• Developed for all children between the ages of 3 and 5 receiving preschool special education services
• Goals focused on the educational needs of the child to maximize participation in the general curriculum
Common types of services provided

- Direct and indirect service delivery
- Occupational Therapy
- Vision therapy
- Physical Therapy
- Speech language Pathology
- Assistive Technology
Where are services provided

- Preschool Special Education Classrooms
- Itinerant Services
  - Home Based
  - Community School
- Private/specialty schools
- MRDDs
How is ECSE different from School Age Services?

- How eligibility is defined
- Family focused practices
- Service provisions
- Where services are provided
Best Practices in ECSE

- Developmentally Appropriate Practices
- Family Focused Practices
- Continuum of Instructional Strategies
Developmentally Appropriate Practices

- Match early childhood practices to the way children learn
- View the time of early child as not discrete age/grade levels
- Create classrooms that encourage exploration and facilitate learning and development
- Consider parent involvement as a critical element in the curriculum
- Use ongoing evaluations for decision making and curriculum development
How are intervention and instruction provided?

- During daily routines and activities
- Planned Activities
- Child directed activities - PLAY
Creating a Family Centered Process

- Informants
- Recipients of Information
- Active Participants

Families are seen as their child’s first teacher
Families as Informants

- Family values, priorities, and routines
- Child’s interests and preferences
- Goals for the child’s development
- Insight for guiding and supporting development
Families as Recipients of Information

• Supports for children’s development at home and in the center

• Progress children are achieving

• Future plans
Families as Active Participants

- Designing individualized curriculum plans and supports
- Implementing your child’s program
- Evaluating the success of the program and your child’s progress
Useful Websites

- Division for Early Childhood
- Zero to Three
  - http://www.zerotothree.org/site/PageServer
- National Association for the Education of Young Children
  - www.naeyc.org
Ohio Early Learning Websites

- Help Me Grow
  - [www.ohiohelpmegrow.org/](http://www.ohiohelpmegrow.org/)

- Office of Early Learning and School Readiness, ODE
  - [www.ode.state.oh.us](http://www.ode.state.oh.us)

- Ohio Child Care Resource and Referral
  - [www.occrra.org](http://www.occrra.org)