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# Early Intervention Infant/Toddler, Preschool, and Family Guidelines:



## Speech and Language Services



*Serving Children with Developmental Delays*

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## Early Intervention Infant/Toddler, Preschool, and Family Guidelines:

# SPEECH AND LANGUAGE SERVICES

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## PURPOSE

This guide is designed to give the reader information quickly and succinctly and includes multiple resources to secure further information and material. The guidelines include or refer the reader to legal requirements, suggest quality practices, and clarify activities related to speech services for eligible young children.

These guidelines are to be used in conjunction with the Early Intervention Technical Assistance (EITA) publication "Early Intervention Supports and Services" as well as the following regulatory documents:

| <b>Federal Law</b>   |   |
|--|---|
| Individuals With Disabilities Education Improvement Act of 2004        |   |
| <b>State Law</b>   |   |
| Pennsylvania Act 212 of 1990<br>Early Intervention Services System Act |   |
| <b>Pennsylvania Regulations</b>  |   |
| 0-3  | 3 to Age of Beginners   |
| Pennsylvania Early Intervention Services, Chapter 4226                 | Special Education Services and Programs, State Board of Education Regulations, Chapter 14 |

In addition, regulatory documents related to the practice of speech and language pathologists are to be used. They include:

| <b>National Level</b>  |
|--|
| ASHA Documents<br>Preferred Practice Patterns; Scope of Practice; Code of Ethics |
| <b>State Level</b>   |
| PA Act 63  |
| <b>Pennsylvania Regulations</b>  |
| <b>Licensure Regulations Chapter 45</b>  |

*This document is part of a series of guidelines. All guidelines have been approved by the Pennsylvania Departments of Public Welfare and Education, Office of Child Development and Early Learning.*

## INTRODUCTION TO THE SPEECH AND LANGUAGE SERVICE GUIDELINES

This document is designed to clarify Pennsylvania's current speech and language service practices and to guide Early Intervention teams as they discuss how to appropriately identify and provide services to young children with communication delays and/or disabilities.

These guidelines provide a synthesis of "recommended and evidence-based practices" to help Early Intervention teams make informed decisions and to increase consistency in service delivery decision making.

As members of Early Intervention teams, speech and language pathologists are entrusted with the early care and education of Pennsylvania's youngest children. These guidelines encourage speech and language pathologists to actively participate as members of early care and education teams that include parents so that the interconnectedness of language and learning is understood and considered in developing the Individualized Family Service Plan/Individualized Education Program (IFSP/IEP) and in delivering appropriate services.

### Definitions

According to the American Speech and Hearing Association (ASHA) speech and language deficits are the most common of childhood disabilities and affect about 1 in 12 children or 5 percent to 8 percent of the preschool population. In addition, the OSEP "25<sup>th</sup> Annual Report to Congress on the Implementation of IDEA" lists speech and language impaired as the most common disability label for young children. Speech and language impairments include a wide range of conditions that impact effective communication. As the term implies, they include speech disorders, which refer to impairment in the articulation of speech sounds, fluency, and voice as well as language disorders, which refer to impairments in the use of the spoken (or signed or written) system and may involve the form of language (grammar and phonology), the content of language (semantics), and the function of language (pragmatics). A more general way of describing these speech and language impairments is to classify them as communication disorders and their impact on both receptive (i.e., ability to understand what is said or to decode, integrate and organize what is heard) and expressive (i.e., ability to use sounds, rate, and rhythm during speaking, use appropriate tone and resonance and use sounds, word, and sentences to convey meaning) skills.

There is a distinction between speech and language delay and a language difference. A language delay is the emergence of language in typical patterns but it emerges late in development. A language difference is characterized by a variation in vocabulary, grammar, or sound structures. Often the language difference occurs as a result of shared social and/or cultural, ethnic factors and should not be considered a disorder (Prelock, Hutchins and Glascoe, June 2008).

Several terms are used throughout the document and are defined here to ensure clarity in communication.

Speech and language pathology services and supports: Identification of children with speech or language impairments; diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for the treatment of speech or language impairments; provision of speech and language services for the remediation or prevention of communicative

impairments; and counseling and guidance of parents, children, and teachers regarding speech and language impairments. It also refers to supports to Early Intervention teams for the prevention of academic/social difficulties. (ASHA 2005)

Evidence-based practice refers to an approach in which “current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making ...decisions.” (ASHA, 2005) In the Early Intervention setting, client refers to preferences and values of the family and child.

## GUIDING PRINCIPLES

There are certain principles that lay the foundation for making appropriate decisions regarding speech and language services and supports. These principles provide the basis for Early Intervention in Pennsylvania.

### Services and Supports are Provided in the Least Restrictive Environment (LRE) and/or Natural Environment (NE)



IDEA 2004  
300.114 Least  
Restrictive  
Environment (LRE)

Federal and state law, as well as Pennsylvania’s vision, requires that Early Intervention services and supports will be provided in settings where children would be if they did not have a delay or disability, to the maximum extent appropriate. In the Individuals with Disabilities Education Act (IDEA) this is referred to as the natural environment for infants/toddlers and the least restrictive environment (LRE) for preschool children. What these terms mean is that speech and language Early Intervention services and supports are provided within typical routines and activities whether at home or in the community. Examples of community programs include child care, Early Head Start, Head Start, private and public prekindergarten programs. Speech and language is part of social behavior and doesn’t exist in a vacuum. Therefore, the child’s environment is a crucial key to successful intervention.

### Services and Supports are Individualized

Comprehensive assessment and evaluation information is used to identify child and family strengths and needs. Services and supports are based on and responsive to identified strengths and needs of the child and family. Information is gathered from persons most familiar with the child such as the family, early care and education caregivers and health care providers. The information gathered is used to develop individualized goals and outcomes for the child and family. Specially-designed instruction, methodologies, and program modifications are used in tandem with Early Intervention supports and services. Decisions are not made by matching the child’s area of delay with a particular Early Intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.

## GUIDING PRINCIPLES (continued)

### Services and Supports are Family Centered

Families are integral members of the Early Intervention team. Together with the family, Early Intervention personnel make decisions regarding the design and content of the child's Early Intervention speech and language services and supports either in the NE or LRE. Early Intervention personnel build family and early care and education competence by identifying what they are already doing to promote the child's speech and language skills, by identifying learning opportunities in the child's everyday life, and by helping them use effective intervention strategies in those learning opportunities.

### Services and Supports are Team Based

Early Intervention teams are groups of personnel who have complimentary skills and abilities. Early Intervention teams work together in a variety of ways to achieve the goals and outcomes of the child and family. Speech and language pathologists are members of the interdisciplinary team that serve the child/family. The role of the speech and language pathologist may differ from team to team. Sometimes the speech and language pathologist's role will be as a direct service provider, and at other times they will be in the role of consultant and/or support to other services. How services and supports are provided may differ from team to team. Variables that effect the team composition include: the severity of the concern identified by the parents, the age of the child, and any known or potential diagnoses. The speech and language pathologist does not operate autonomously. A child's needs are best addressed by a team of professionals that includes the family and other caregivers.

### Services and Supports are Evidence Based

Making decisions regarding speech and language services and supports are rooted in practices which demonstrate efficacy and effectiveness. Speech and language pathologists are guided by ASHA's "Levels of Evidence" system to assist them in determining the quality of research behind best practices in services and supports. Specific documents reviewing the types of service delivery, supports, specific and general intervention practices have been included as appendices. Use of peer-reviewed research-based services and interventions are expected and required by law. (ASHA 2005)

## DECISION MAKING PROCESS

The decision making process is a team effort with the family as integral members of that team. After a comprehensive evaluation and assessment, outcomes/goals are established. During the development of the IFSP/IEP, the team discusses the services and supports essential to achieving the child and family outcomes. The speech and language pathologist, as a member of the team, (a) provides information regarding speech, language, social communication and feeding/swallowing risk factors, development, and disorders and, (b) participates in the design and implementation, directly or through consultation, in interventions that are coordinated within the overall IFSP/IEP.

Using the guiding principles, Infant/Toddler and Preschool Early Intervention teams determine frequency, intensity, and the service delivery method.

### Methods of Service Delivery

Emerging evidence supports the use of a variety of service delivery methods as appropriate and effective for intervention with infant, toddler, and preschool children with communication disorders. When selecting the method of service delivery for a child, family and/or caregiver, it is important to consider the unique strengths and needs of the child, family, caregiver and communication partners, the optimal learning environment including the benefits of peer modeling and interaction, functional and meaningful contexts that support generalization, and integration of the team in the learning experience. The choice of the service delivery method is linked to the guiding principles in ways that support NE/LRE, individualization, team decision-making and evidence-based practices. In addition, due to the rapid developmental changes in infants, toddlers, and preschoolers, service delivery models that are flexible and dynamic will allow for change as the child's and family's concerns and priorities evolve.

Types of service delivery models in Early Intervention range from the traditional direct clinical model (i.e., pull-out) to more indirect collaborative approaches (see ASHA, 1993, 1996, 1999). Direct clinical models of service delivery can be done with typical peers or specifically with a child 1:1 under certain conditions (e.g., auditory training for a child who is Deaf or Hard of Hearing).

### Collaborative Consultation

Collaborative and consultative models are closely aligned with inclusive practices, services delivered in natural environments and least restrictive environments, and focus on functional communication during the child and family's natural daily activities and routines. The emphasis of these newer models moves to an integrated model that includes the child, family, caregivers, and the speech and language pathologist in a collaborative role. Direct, hands-on intervention can occur within an inclusive setting given advance planning and collaboration by the team. With consultative and collaborative models, team members work together to determine the most appropriate location or locations for services (e.g., home, child care, preschool classroom) and collectively select intervention goals and strategies. It is essential for the speech and language pathologist to recognize that ongoing communication is necessary among all team members to identify the child's needs and strengths and to monitor child progress whatever the service delivery model. Consultative services are designed to enable others to meet the child's communication goals. Consultation includes the provision of information and supports to the communication partners (e.g. parents, early care and education providers) to teach them how to use specific or general intervention strategies with the child to increase frequency, accuracy, or sophistication of communicative interactions. It may involve hands-on work with the child but is likely to include

## DECISION MAKING PROCESS (continued)

demonstration, coaching, joint practice, and feedback by the speech and language pathologist with the child and the communication partner. At times, to be an effective consultant, the speech and language pathologist may also need to be a contact for information sharing. In consultation, the speech and language pathologist uses knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may include, but is not limited to, supports to embed intervention into daily routines, supports such as pictures or assistive technology, suggestions for activities that promote the acquisition of certain functional skills, or modifications to an existing program and environmental arrangements. The flexibility of consultative services and supports is supported by the EITA publication "Early Intervention Supports and Services" (see Appendix III).

Parents may come to Early Intervention services with preconceived notions of the specific Early Intervention staff who will best meet their needs. They may have been told by a neighbor that because their child isn't talking, they must have a speech and language pathologist. They may have a prescription from their physician for a specific type and amount of therapy. The Early Intervention program, from first contacts on, should reinforce that there is not a direct match between the child's delay and the type of service that can best meet the child's needs. In fact, recent research indicates that parent implemented interventions are as effective as speech and language pathologist delivered services (Law, Garrett & Nye, 2004).

The IFSP/IEP team has opportunities to share information with parents as they develop the IFSP/IEP. Some of the key points to remember when discussing service options with families include:

- A child is eligible for Early Intervention services, not for specific types of therapies. While discussing the results of the MDE, the team should never say that the child is eligible for "speech services." Instead, team members should say "This child is eligible for Early Intervention services."
- While developing the IFSP/IEP, educate the family about the expertise of both a special instructor and a speech and language pathologist. Review the child's current skills that may make one staff person more appropriate than another.
- Remind the parents that their child's communication gains are constantly being monitored through progress monitoring on the IFSP/IEP. If progress is not being made or not being made as quickly as anticipated, changes can be made to the plan and the Early Intervention services.
- Services and supports need to be determined only after the development of outcomes has been decided.

**Direct service** may be appropriate when specialized approaches and techniques are needed that are individualized to the child and require the skills of a trained therapist to administer. Direct service can occur in an inclusive setting and may consist of any or all of the following components:

- Educational (teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently);
- Remediation or work on improving the child's capacity to do a component of the skill through use of therapeutic techniques;
- Expert alteration of the task; and
- Simultaneous provision of services and supports by two Early Intervention providers of differing disciplines during the same time period.

However, even when direct, hands-on services from a speech and language pathologist are provided, the SLP is still part of a team of caregivers or other professionals and will need to collaborate and communicate with all members of the team.

Regardless of whether the services and supports are direct or consultative, services should be provided by the speech and language pathologist within everyday occurring activities in the home, community or preschool setting. Working collaboratively with all team members is reflective of best practice.

### Intervention Approaches

Evidence-based practice has increased our awareness of the multitude of intervention approaches available and appropriate for early communication intervention. In general, early communication, speech and language intervention strategies can be conceptualized as those that (a) support acquisition and use or (b) enable children to expand their communication, linguistic or speech repertoires through techniques including: gestures, sounds, words, grammatical structures, and grammatical morphemes. Examples of supportive strategies are responding to a child's communication attempts, engaging a child by following his or her lead, allowing sufficient time for a child to respond, encouraging peer interactions, choosing activities and materials of high interest to a child, and providing opportunities to communicate within the context of everyday activities and routines. Enabling strategies are more explicit and may include expansions of a child's utterances, peer models, cloze procedures, explicit models of linguistic behavior, descriptions, comments, definitions, and use of direct cues and prompts within the context of an ongoing activity. Supportive strategies are important to give parents and caregivers the opportunity to follow through with goals when the SLP is not present. Both supportive and enabling strategies are appropriate for direct and consultative methods of service delivery and have evidence supporting their use by parents, teachers and caregivers.

Enabling strategies fall along a continuum between responsive and directive interactions and are designed to increase the frequency and complexity of a child's communication and language. Responsive strategies are designed to encourage the child's engagement and interaction, to provide opportunities for child-initiated and directed behavior, and for reciprocal and balanced turn taking with communication partners. With directive strategies, the speech and language pathologist leads the interaction by selecting and expecting specific and predictable child behaviors, and supports the child in the interaction to gain the desired response. Some strategies, individually and in combination, provide varying amounts of responsive and directed interaction to promote communication competence and may be described as more naturalistic. At present, conclusive data is not available to guide selection of the most effective approach and/or strategy for infants and toddlers with varying types of delays and disabilities (McCauley & Fey, 2006; Yoder & Stone, 2006). Further, it is clear that no single approach or strategy will be equally effective for all children or their families, and not all children in outcome studies have benefited to the same degree (B. J. Smith et al., 2002; Yoder & Stone, 2006).

## DECISION MAKING PROCESS (continued)

### Conclusion

The role and expectations of the speech and language pathologist in Early Intervention has changed and continues to evolve. These guidelines represent current practice and guidance for Early Intervention teams as they have discussions with families about how to appropriately identify and provide services to young children with communication difficulties.

In compiling these guidelines, Pennsylvania has considered balancing the needs of all those who will be affected by them, including children, families and caregivers. Use of these guidelines, along with the EITA publication “Early Intervention Supports and Services” will assist teams in designing quality Early Intervention for young children with developmental delays and their families.

These guidelines represent state-of-the-art Early Intervention quality practices in a rapidly evolving field. The reader should make every attempt to stay current with practices for young children. Recommended resources include:

The American Speech-Language-Hearing Association

[www.asha.org](http://www.asha.org)

The American Speech-Language-Hearing Association is the professional, scientific, and credentialing association for more than 127,000 members and affiliates who are speech and language pathologists, audiologists, and speech, language, and hearing scientists in the United States and internationally.

The Pennsylvania Speech-Language-Hearing Association

[www.psha.org](http://www.psha.org)

The Pennsylvania Speech-Language-Hearing Association is a professional society of scientists, clinicians, teachers, and others who have common concerns and interests in the field of human communication disorders. The Association is affiliated with the American Speech Language Hearing Association and is recognized by the Legislative Council of ASHA as the official organization representing speech pathology and audiology in the Commonwealth of Pennsylvania

The National Early Childhood Technical Assistance Center

[www.nectas.unc.edu](http://www.nectas.unc.edu)

The National Early Childhood Technical Assistance Center supports the national implementation of the early childhood provisions of the Individuals with Disabilities Education Act (IDEA). Their mission is to strengthen systems at all levels to ensure that children (birth through five) with disabilities and their families receive and benefit from high quality, culturally appropriate and family centered supports and services.

The Frank Porter Graham Center

[www.fpg.unc](http://www.fpg.unc)

The Frank Porter Graham Center consists of more than 200 researchers, students and staff working on projects dealing with parent and family support; early care and education; child health and development; early identification and intervention; equity, access and inclusion; and early childhood policy. Their work crosses many disciplines—anthropology, audiology, biostatistics, education, epidemiology, nursing, occupational therapy, pediatrics, physical therapy, psychiatry, psychology, public health, social work, sociology, and speech and hearing sciences.

The Pennsylvania Training and Technical Assistance Network

[www.pattan.net](http://www.pattan.net)

The Pennsylvania Training and Technical Assistance Network (PaTTAN) is an initiative of the Pennsylvania Department of Education, Bureau of Special Education. PaTTAN supports the Department of Education's efforts to lead and serve the educational community by offering professional development that builds the capacity of local educational agencies to meet students' needs. PaTTAN's primary focus is special education. However, services are also provided to support Early Intervention, student assessment, tutoring and other partnership efforts, all designed to help students succeed.

TaCTICS

<http://tactics.fsu.edu>

TaCTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services) is an outreach training project funded by a U.S. Department of Education Grant. It will share tools useful in skillfully navigating the path toward provision of Part C Services using the child/family's daily routines, activities, and events as a context for assessment and intervention.

Recognition and Response

[www.fpg.unc.edu/~randr/](http://www.fpg.unc.edu/~randr/)

Recognition and Response is designed to help early childhood professional and parents recognize children who show signs of learning difficulty and respond in ways that help them experience early school success. It consists of four components: (1) screening, assessment, and progress monitoring (recognition), (2) research-based curriculum and instruction for all children and validated interventions for individual children who need additional supports (response), (3) an intervention hierarchy, and (4) a collaborative problem-solving process that involves teachers, specialists, and parents.

Center for Evidence-Based Practice

<http://challengingbehavior.fmhi.usf.edu/>

Effective January 1, 2008, the Center for Evidence-Based Practice: Young Children with Challenging Behavior became the Technical Assistance Center on Social Emotional Intervention for Young Children, or TACSEI. TACSEI is a continuation and expansion of the work of CEBP and gives decision makers, caregivers and service providers an enhanced awareness and understanding of, and ability to use evidence-based practices for improving the social-emotional outcomes for young children with, or at risk for, delays or disabilities.

Research and Training Center (RTC) on Early Childhood Development

[www.researchtopractice.info/](http://www.researchtopractice.info/)

The major aim of the Research and Training Center (RTC) on Early Childhood Development is to implement a coordinated and advanced program of applied research on knowledge and practice that improves interventions associated with the healthy mental, behavioral, communication, preliteracy, social-emotional, and interpersonal development of infants, toddlers, and preschoolers with, or at risk for, developmental disabilities.

The Pennsylvania Learning Standards for Early Childhood

[http://www.pde.state.pa.us/early\\_childhood/lib/early\\_childhood/Early\\_Learning\\_Standards\\_August\\_05/](http://www.pde.state.pa.us/early_childhood/lib/early_childhood/Early_Learning_Standards_August_05/)

The Pennsylvania Learning Standards for Early Childhood are designed as a framework for quality in prekindergarten programs and to provide guidance about what children should know and be able to do when they enter kindergarten. These Standards may be downloaded, in their entirety from this web site.

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## APPENDIX I

### Continuum of Changing Expectations, Roles and Responsibilities of the SLP

Adapted from Kansas Speech and Language Guidelines

| From   | To   |
|--|--|
| Language and learning are linked   | Language and learning are interdependent   |
| No or little attempt to prevent or assist children prior to referral for early intervention or early childhood special education | Prevention is integral to role of SLP. Early identification, early intervening and response to intervention are recognized as essential. General education intervention plans devised by intervention team and implemented with the primary purpose to intervene early and pre-empt delays and academic failure. |
| Disability determination process separate from other developmental and educational processes                                     | Problem-solving process used throughout early intervention, transition to and school improvement efforts (planning for districts, schools, groups of students, or individual students beginning with general education intervention)   |
| Standard assessment battery unilaterally determined by SLP   | Team, with family as a contributing member, considers family concerns, existing data and determines what additional information is needed, who and how it will be collected to enhance the family and team's working relationship  |
| Assessment measures prescribed and focused strictly on the child/student   | Authentic assessment data gathered by team appropriate to family priorities and concerns for the child/ student, expectations of family, everyday routines and activities, communication partnerships, curriculum, instruction, and classroom environments   |
| Arbitrary application of psychometric data   | Determination of need, supports and services based on family priorities, everyday learning opportunities or if in a program, the curriculum and program standards  |
| Treat delay or disability outside of child and family's identified natural context   | Natural environment and family preferred contexts guide intervention; as child transitions, general education curriculum is supported within services provided by the SLP and team members   |
| Speech and language services provided solely by SLP (specialist model)   | Family members, SLPs and other team members form a continuum of service delivery options (SLP as collaborator, facilitator of service delivery). Parent, caregiver, and teacher implemented interventions are embedded throughout the day in naturally occurring routines and activities.                        |

APPENDIX I (continued)

| From  | To   |
|---|--|
| Perceives SLPs' caseload as the number of students served in direct intervention        | SLPs' workload determined by analyzing all of the responsibilities required to ensure that students receive appropriate quantity and quality of services under NCLB and IDEA 2004  |
| Standard service time arbitrarily used for most children and students                   | Family priorities and research basis for individualized supports, service time and delivery; use of options in service continuum   |
| Team members function as autonomous disciplines   | Validation of interdependence of team members; teams with family guiding make decisions, not individuals   |
| IFSP outcomes, or goals and objectives are discipline specific                          | Integrated goals and objectives written based on family priorities for independence, engagement and present levels of developmental performance and family/curriculum expectations |
| Family members' role as recipient of information presented by professionals             | Family members' role as active participants in planning, implementation, and problem solving.  |
| Focus on mechanics of speech, language and communication                                | Focus on functional and meaningful outcomes, quality, and efficacy of communication as an interrelated domain  |
| Interventions and therapy activities are chosen by the SLP from an array of suggestions | Use of peer-reviewed research-based services and interventions are expected and required by law (IDEA 2004)  |

## APPENDIX II

The [Center for Early Literacy Learning \(CELL\)](#) is a research-to-practice technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs, Research to Practice Division. The main goal of CELL is to promote the adoption and sustained use of evidence-based early literacy learning practices by early childhood intervention practitioners, parents, and other caregivers of young children, birth to five years of age, with identified disabilities, developmental delays, and those at risk for poor outcomes.

The mission of the [Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#) is to enhance children's success in school and life by promoting evidence-based social, emotional, and academic learning as an essential part of education, from preschool through high school. The collaborative publishes and disseminates information on what works in SEL, and works closely with educational leaders to bridge science and practice by putting research and theory into action in real world settings.

The [Center on the Social and Emotional Foundations for Early Learning \(CSEFEL\)](#) is a five-year project designed to strengthen the capacity of Head Start and child care programs to improve the social and emotional outcomes of young children.

The Early Childhood Research Institute on [Culturally and Linguistically Appropriate Services \(CLAS\)](#) is a federally-funded collaborative effort that identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds.

# EARLY INTERVENTION SUPPORTS AND SERVICES

There are many effective, research-based approaches to the delivery of Early Intervention services; all with different names and definitions. Regardless of the names, these approaches have common core principles that are the foundation of Early Intervention supports and services in Pennsylvania. These core principles include the following:

**Early Intervention provides supports and services to infants/toddlers and preschool age children with disabilities and their caregivers so that they may help the child grow and develop.**

## What it looks like:

- Early Intervention personnel design supports and services so that family members and early education programs are actively engaged in promoting the child's learning and development. Starting with the family's entry into Early Intervention, personnel use strategies to engage and involve all caregivers.
- Whether working with family members and/or other early education programs, Early Intervention personnel use methods that build on principles of effective adult learning. Early Intervention personnel demonstrate techniques, observe the caregiver's practice and provide constructive feedback. To increase caregiver's competence and facilitate learning, Early Intervention personnel provide information, problem solve, and teach new strategies. They rely on family members and other caregivers to provide relevant information regarding the family's culture, as well as the child's developmental strengths and learning style.
- Early Intervention personnel build families' and early education providers' competence by identifying what they are already doing to promote the child's learning; by identifying learning opportunities in the child's every day life; by creating additional learning opportunities for the child; and by helping them use effective intervention strategies in those learning opportunities.

**Early Intervention provides individualized supports and services to infants/toddlers and preschool age children with disabilities and their families.**

## What it looks like:

- Information is gathered from persons most familiar with the child such as parents, caregivers, and health care providers. When additional information is needed further assessment is completed.
- This information is used by IFSP/IEP teams to develop individualized goals and outcomes for the child and family.
- Supports and services are identified and linked to the goals and outcomes.
- Specially designed instruction, methodologies, and program modifications are used in tandem with Early Intervention supports and services. They are linked to the outcomes or goals and are described specifically so that anyone implementing the plan can understand what to do to support the child. Specific types of methodologies that are commercial or require specialized certification may be appropriate for an individual child, but they are not listed by name on the plan; rather the strategies used are described. Because approaches can vary

based on the strengths and needs of the child and family, and because no one methodology can meet all the needs of an individual child, it is better to describe the characteristics of the intervention than list it by a name. This allows the Early Intervention team to customize strategies to meet the needs of the child and not be locked into a prescribed program.

- Progress is monitored on the IFSP/IEP goals and outcomes to determine the effectiveness of the services and supports, to make any necessary modifications or changes, and to assess further needs on an ongoing basis.

**Early Intervention supports and services are embedded within learning opportunities that exist in the child’s typical routines, within the home and community activities and/or early education programs.**

### What it looks like:

- Routines and community activities may vary with the age of the child, the interests of the family, and with the changing availability of community and family resources. The typical routines and activities of early education programs also vary with the age of the child and the curriculum used in the program. Early Intervention personnel provide supports and services in an ever-changing variety of settings.
- Early Intervention personnel should have conversations with the family and/or early education providers to identify typical routines and activities. The routines and activities may include child-initiated play activities, daily care routines, other family routines, community activities or early education activities so that services and supports can be delivered within the context of the routines. The conversations should include discussions that identify the typical sequence of the activity/routine and the materials used. The conversations should also help family members and early education personnel identify which routines are working as well as other routines that may become priorities for Early Intervention services and supports.
- The materials and the sequence of actions relevant to the routine need to be identified – particularly the items and events that are readily available within the child’s natural environments and/or early education settings. In this way, carefully planned, explicit instruction can occur within the context of the routine or activity.
- Using readily available materials, the natural sequence of the routine, and embedding supports or strategies into the child’s preferred activities, will provide frequent opportunities for functional and meaningful practice using natural reinforcers that are motivating and likely to occur repeatedly.
- Early Intervention supports and services focus on problem solving in respectful ways with the family and/or early education programs to identify strategies to enhance the learning opportunities within identified routines. Strategies may include modification or adaptation of the materials used, the sequence of a routine, or providing the early education provider with teaching strategies that can enhance the child’s participation within natural and least restrictive environments.

**Early Intervention supports and services build on the existing family, community, and early education resources.**

### What it looks like:

- Early Intervention personnel have conversations with the family and/or early education provider about both the formal and informal resources that exist within their family, neighborhood, and greater community. Conversations can include discussion about resources that the family is currently using and those that the family needs. Conversations regarding cultural considerations important to the family are essential when reviewing and identifying resources. The information

## APPENDIX III (continued)

about formal and informal resources should be updated frequently and used to guide services and supports.

- The IFSP/IEP can include documentation of both the formal and informal resources that exist or

are needed by the family. The IFSP/IEP can also describe how these resources will be used as part of the coordinated services and supports that are needed to ensure that the child's and family's needs are met.

**Early Intervention personnel work collaboratively with the family and each other to provide coordinated, flexible, Early Intervention supports and services.**

### What it looks like:

- Once goals and outcomes are determined, IFSP/IEP teams make decisions about the skills and abilities that are needed to meet them. These discussions lead to the identification of the appropriate supports and services either in the natural environment or the least restrictive environment. These decisions are not made by matching the child's areas of deficit with a particular Early Intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- Early Intervention teams are groups of personnel who have complimentary skills and abilities. Early Intervention teams work together in a variety of ways to achieve the goals and outcomes of the child and family. Early Intervention teams should have planned opportunities for interactions so they can share discipline-specific information, provide cross-discipline training opportunities, and/or brainstorm new intervention strategies. Family members are always a part of the Early Intervention team.
- Joint scheduling of Early Intervention services is one strategy to ensure purposeful opportunities for teams to collaborate on achieving child and family outcomes. Other strategies include planned team meetings, shared communication logs, and/or sharing progress monitoring results.
- Early education personnel should be part of the Early Intervention team. This enables all members to elicit and share IEP/IFSP information, which in turn assists early education staff in the implementation of the IEP/IFSP. In addition, both the Early Intervention and early education staff benefit from each other's experiences and knowledge that transfers to all children. If personnel from the early education program are unable to be members of the IEP/IFSP team, parent consent may be needed to share information.

**Early Intervention supports and services focus on the family and child's transition between and among early education programs.**

### What it looks like:

- Early Intervention supports are fleeting in the larger context of the family's life and therefore should focus on ensuring that the few years in Early Intervention build competence across the family and child's lifespan. Reliance on other family and community resources builds the competence of families to be effective in helping their child grow and develop after Early Intervention services are no longer available or appropriate. Transition supports described in the IFSP/IEP should build on family, neighborhood, and community resources. Communication between and among all personnel who serve or may serve the child and family is essential to ensure smooth transitions throughout the early years.
- Transitions can often be difficult without planning and communication. Early Intervention personnel should plan and support the many transitions that occur in a family's life, including entering a new childcare program, entering or returning home from the hospital, moving to a new county

or state or exiting the Early Intervention program because they no longer need Early Intervention, exiting at age three to continue on with a pre-school Early Intervention program, or exiting preschool to school age programs.

- Good communication and timely planning is critical during the Early Intervention process as the child approaches age three. Planning for transition frequently requires multiple conversations with the family and sending team members before the actual transition meetings so that each member of the team understands the parameters of the process. All concerns about transition should be discussed, including: the steps in the process; a child's strengths, needs, and progress; concerns of the family; and possible transition outcomes. This information should be shared with the receiving agency. If it is anticipated that the child will transition to preschool Early Intervention, it is important that the family understand the evaluation and procedures. Concerns should be addressed openly to promote future successful transitions for all children and their families. If the concerns are not resolved, the team should seek additional guidance from supervisory staff and, if needed, state Early Intervention personnel.
- Feedback should be provided to sending agencies if procedures they are using or services that they are recommending regarding outcomes cause difficulty during the transition process. Any concerns at transition that result in mediation or due process should be immediately shared with the sending agency and preventative strategies should be developed.
- Eligibility criteria should be discussed when planning for preschool transition. The sending and the receiving agency should understand why the child has been determined eligible for Early Intervention. Teams may initially identify infants as eligible for Early Intervention through the use of clinical opinion when no test(s) are sensitive enough to determine a developmental

delay, despite the presence of developmental issues. However, as the child grows, the use of clinical opinion should be supported by test and progress documentation. A child cannot be eligible for preschool Early Intervention services based only on clinical opinion, so this topic must be addressed prior to any transition activities. If a child has been eligible in the infant/toddler Early Intervention program and there is a question about the child's continued eligibility in the pre-school Early Intervention program, the county must contact the preschool Early Intervention program to share evaluation materials in order to determine if additional evaluation is needed to determine eligibility.

- If a sending IFSP team is serving a family with a child who is approaching age appropriate development, the IFSP team should make every effort to determine if the child is still eligible for Early Intervention before transition occurs. This will prevent the unnecessary evaluation of a child. This may not be possible because of timing, family concerns, or other issues. In those cases, clear and active communication among all parties is paramount.
- Families should be given information about the sending and receiving agencies that support a smooth transition and respect the expertise and commitment of both agencies. Families should understand that both the sending and receiving agencies are working together in their best interest and that of their child.
- Local Interagency Agreements should address transition and describe the process to be used to resolve any conflicts.
- Early Intervention personnel should celebrate transitions with families. The transition of a child out of Early Intervention because he or she has developed many new skills and accomplished many outcomes should be a time for celebration.



*Serving Children with Developmental Delays*

## Office of Child Development and Early Learning

