

# Infant Toddler Development Training Module 4

## Module Description

The focus of this module is on curriculum with each infant and toddler's IFSP serving as the foundation for curriculum planning. Background is provided on the history and evolution of services for infants and toddlers with special needs culminating in contemporary blending of care and education for all infants and toddlers. The five lessons in the module focus on helping children reach functional outcomes. Although Lessons 2 - 5 focus on separate developmental domains to ensure that activities for each are clearly delineated, the module attempts to show the holistic nature of providing curriculum for infants and toddlers across domains, often simultaneously. Each lesson includes suggestions and reflections for the ITDS to appropriately coach and model developmentally and culturally appropriate practices for families and other caregivers.

## Required Readings

The required text for this module is: Sandall, S., McLean, M.E., Smith, B.J. (Eds.) (2000) *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*. Denver, CO: Division of Early Childhood. Learners will also need to access the Resource Bank for Adobe Acrobat (PDF) documents and website material. Learners should be aware that links to websites and additional articles are likely included within the various lessons of this module. Participants are expected to carefully read assigned materials and be prepared to answer questions regarding all content during the self-assessments and final evaluation.

## Module Objectives and Corresponding Florida Department of Health (FDOH) Competencies

1. Discuss the evolution of the blending of the fields of Early Childhood, Early Childhood Special Education and Compensatory Education to contemporary best practices for infants and toddlers with special needs in everyday routines, activities, and places. (FDOH - A1)
2. Demonstrate knowledge of relevant legislation impacting infants, toddlers, young children who are developmentally delayed/disabled and their families including, but not limited to: Individuals with Disabilities Education Act (IDEA, Parts B and C) and the Americans with Disabilities Act (ADA). (FDOH - A6)
3. Identify and apply knowledge of similarities and differences between Developmentally Appropriate Practices (DAP) for infants and toddlers without special needs and accommodations for infants and toddlers with special needs. (FDOH - F5)
4. Identify and describe assessment-based curriculum models for infants and toddlers with special needs and individualized curriculum models for all infants and toddlers from diverse cultural and linguistic backgrounds and with developmental differences.
5. Identify and use developmentally and functionally appropriate materials, equipment and environments that support motor, social-emotional, language, communication, and cognitive development. (FDOH - G11)
6. Identify the relationship of an infant/toddler's functional outcome goals on his/her IFSP created by the family and other team members with integrated interventions that focus on children's interests within the context of family preferences and daily routines, including natural interactions with family members and other caregivers. (FDOH - G11)
7. Demonstrate ability to provide periodic evaluations of the child's progress as indicated in the IFSP. (FDOH - G12)
8. Describe ways to assist the family in accessing services in the most natural service delivery environments including home, sitter's home, daycare home, family member's home, neighborhood play group, childcare with appropriate ratios of typically/atypically developing children, community setting, and other individualized options. (FDOH - G9)
9. Demonstrate ability to determine appropriate developmental interventions to be included in the IFSP that will reduce stress, promote self-regulation and interaction. (FDOH - F7)
10. Identify methods for assisting the family in accessing resources in the community outlined in the IFSP, while considering the unique needs of the family including emotional, language, cultural, religious, and geographic. (FDOH - G7)
11. Describe ways to use evaluation and assessment information to formulate outcomes and to identify effective strategies, activities and resources that address those outcomes. (FDOH - F3)
12. Demonstrate the ability, with the family and other team members, to develop a plan to deliver services in natural environments. (FDOH - F6)

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13. Identify ways to collaborate with service providers (including family members) and to evaluate appropriateness of curricula being used to plan for daily activities while considering the child's physical, cognitive, social-emotional, self-help/adaptive skills, and language development. (FDOH - G10)
14. Identify resources within the child's family and community. Provide examples of assistance for the family to integrate their infant or toddler into the most natural learning environment to the greatest degree possible using everyday routines, activities, and places. (FDOH - F4)
15. Demonstrate knowledge of the federal requirements and state regulations for transition. (FDOH - A7)

### Lesson 1

#### Introduction

This lesson provides the historical perspective and evolution of practices for infants and toddlers and their families as the legislation has been reauthorized. Research on best practices for infants and toddlers with and without special needs, including the research on family involvement in care and education, has moved the service delivery model towards embedding services in everyday routines, activities, and places (ERAP). This lesson presents an overview of strategies, established curricula, and national movements and organizations that serve as potential guides for Infant Toddler Developmental Specialists (ITDS).

#### Learning Objectives

Upon completion of this lesson, you will be able to:

1. Discuss the evolution of blending the fields of Early Childhood, Early Childhood Special Education and Compensatory Education into contemporary best practices for infants and toddlers with special needs in everyday routines, activities, and places (ERAP).
2. Demonstrate knowledge of relevant legislation impacting infants, toddlers, and young children who are developmentally delayed/disabled and their families including, but not limited to: Individuals with Disabilities Education Act (IDEA, Parts C and B) and the Americans with Disabilities Act (ADA).
3. Identify components of the National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood (DEC) position statements on Best Practices for infants and toddlers with and without special needs.
4. Identify and apply knowledge of similarities and differences between Developmentally Appropriate Practices (DAP) for infants and toddlers without special needs and accommodations for infants and toddlers with special needs.
5. Identify and describe assessment-based curriculum models for infant and toddlers with special needs and individualized curriculum models for all infants and toddlers from diverse cultural and linguistic backgrounds and with developmental differences.
6. Demonstrate knowledge of home based and group-care based curriculum strategies for infants and toddlers with special needs.
7. Identify the relationship of an infant/toddler's functional outcome goals on his/her IFSP created by the family and other team members with integrated interventions that focus on children's interests within the context of family preferences and daily routines, including natural interactions with family members and other caregivers.
8. Assist the family in accessing services in the most natural service delivery environments including home, sitter's home, daycare home, family member's home, neighborhood play group, childcare with appropriate ratios of typically/atypically developing children, community setting, and other individualized options.

#### Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson for future reference. Some documents can be found in the Resource Bank. Others are available online.

- [Florida's Individualized Family Support Plan \(IFSP\)](#)

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- [Intervention Principles for Family-guided Routines](#)
- [Natural Environments](#)
- [Part I - NICHCY](#)
- [Practitioner as Coach: Our Role in Early Intervention](#)
- [Self-Evaluation of Family-guided Routines/Based Interventions](#)
- [The Individual Family Service Plan](#)

### Key Words

Definitions of key words are found in the glossary.

- Zero to Three
- Holistic Curricula
- Head Start
- Assistive Technology
- Age-Appropriateness
- Developmentally Appropriate Practices (DAP)
- Compensatory
- Coaching

### The Evolution of Best Practices for all Infants and Toddlers

The dynamic field of Early Childhood Special Education (ECSE) has its roots in the 1960's in parent fields of Early Childhood, Special Education, and Compensatory education, but the birth of ECSE as a field of its own came during mergers of these fields in the 1970's. Three national organizations were formed to support the needs of respective early childhood programs: the National Association for the Education of Young Children supports the field of Early Childhood (NAEYC); The Council for Exceptional Children (CEC) supports the Special Education field; Head Start and (since 1995) Early Head Start which was formed to provide compensatory and comprehensive child development programs that serve children from birth to age 5 and their families with low-incomes. Each organization strongly advocates for best practices with aggressive research campaigns and subsequent policy recommendations (Davis, Kilgo, McCormick, 1998).

The National Association for the Education of Young Children first begun developing and refining its position on Developmentally Appropriate Practices (DAP) for Young Children in the mid to late 1970's. The resulting definition of DAP and set of guidelines for best practices emerged with two components: Age-Appropriateness taking into consideration typical development in general preparation of the physical environment, but also Individual Appropriateness taking into consideration each child's unique development, personality, and family culture - clearly stating that programs should be responsive to individual differences. Both components grounded the first version of DAP (Bredekamp, 1987) and were later clarified in the revised edition (Bredekamp & Copple, 1998).



The first major law for children with special needs, PL 94-142, The Education of the Handicapped Act (1975) provided for the education of children as young as three years of age in the least restrictive environments with the underlying message that all people have the right to participate fully in community and family life yet left room for interpretation. Around the same time as the book, Developmentally Appropriate Practices, was published, PL 94-142 was amended by the PL 99-457 seeking full services for preschool, Part B and infants and toddlers, Part H. The emphasis in Part H (later changed to Part C) was on services in natural environments (everyday routines, activities, and places that ALL children and families might participate), but again the interpretations for application of the law varied.

In 1972, the Economic Opportunity Act Amendments required Head Start Programs to reserve at least 10% of enrollments for children with special needs to ensure that the positive efforts of Head Start would be available for young children with disabilities as well. This comprehensive program targets all children who are at risk for failure, so it seemed natural that children with diagnosed special needs who fit the income eligibility should be included in settings with their typically developing peers. The strong family roles in the entire Head Start operation combined with quality programming for children have

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been researched to show the long-term effects for ALL children, those typically developing and children with disabilities.

In 1977, the Zero to Three national, nonprofit organization dedicated solely to advancing the healthy development of babies and young children was founded by top developmental experts. Its purpose is to disseminate key developmental information, train providers, promote model approaches and standards of practice and work to increase public awareness about the significance of the first three years of life. There was a growing public sentiment and research to support quality care and education for young children beginning at birth - the earlier the better.

Other influences from such fields as psychology, social work, nursing, and audiology have also influenced service delivery for infants and toddlers. In general, many services from the 1970's through the early 21st century were directly provided to children by therapists, health professionals and special education teachers. Although Part C of the Individuals with Disabilities with Education Act provided the language for services to families and young children with special needs in natural environments, specialized curriculum training for families and other caregivers was not yet readily available.

While there were movements to unify or blend the fields of Early Childhood, Special Education and Compensatory Education, preparation in Special Education and in Early Childhood teacher education programs remained separate until the early 1990's. Separate preparation for teaching with different strategies and sometimes differing theoretical constructs regarding the best ways children learn kept the fields at odds when a child with a disability needed a service. Questions were asked such as the following:

1. Should the child be in a self-contained setting where he/she will get the specialized training needed?
2. How can a teacher, parent, or caregiver without specialized training give the child with special needs the attention and focused supports?
3. Would a program that espouses DAP really provide the adaptations for a child with special needs?

A few pioneering institutions realized that fundamental systems changes were needed to merge early childhood and early childhood special education teacher preparation so that both children with special needs and those typically developing could benefit from best practices - individually and developmentally appropriate (Blanton, L, Griffin, C., Winn, J. & Pugach, M., 1997; Hartle, Jones, Kemple, Rapport, & Correa, 1997; Winton, McCollum, & Catlett, 1997). This allowed for dialogue between the best practices in the fields of early childhood (EC) and early childhood special education (ECSE). Teacher beliefs were being shaped through experiences in various settings and with children both typically developing and those with special needs. Some of the hesitations and limited beliefs about learning were being dispelled while other individualized approaches for all children were being fostered.



At that same timeframe, The Division of Early Childhood (DEC) established a task force of families as well as teachers and other service providers to review and consider important care and education for young children with special needs and their families as a distinct group from older children. A set of recommended practices, DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and their Families (DEC Task Force on Recommended Practices, 1993) brought recognition to the importance of early intervention.

### Best Practices in Infant and Toddler Curriculum for all Children - DEC and NAEYC

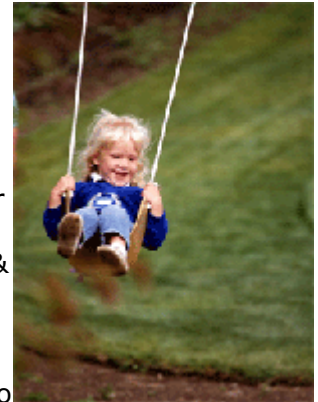
Services for infants and toddlers with special needs have realized other shifts especially in the role of the primary service provider. Assessment is more ecologically based, functional, and linked to programming. The primary service provider of an infant/ toddler with special needs is now taking on more of a consultant or coach role to families and caregivers. In so doing, this provides those who are with the infants and toddlers every day the needed skills and adaptive tools to embed learning goals into everyday routines, activities, and places.

This is much the same general way families and caregivers' scaffold (support and encourage) infants/toddlers who are typically developing in play and daily living routines, but with added attention



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to details, specific language, additional sensory (taste, touch, smell, hear, see) stimulations, additional repetitions, and time, and often adaptive or support materials (See Early Steps Service Delivery Policy and Guidance, 2004). Other trends in both fields directly meet the dynamic changes in our culture and are also based on the advent of more research on appropriate practices, medical advances, and information on how the brain works (Shore, 1997). The NAEYC's first edition of DAP provided a more discrete view on what practices were and were not appropriate. NAEYC has shifted from an either-DAP-or-not-DAP way of thinking about practices for young children and rather considers a wide range of practices. These practices include both direct adult guidance and practices that are child-centered in which children make choices and direct their own learning. The most recent edition of DAP illustrates situations in which directive assistance from adults is necessary for a child's success (Bredekamp & Copple, 1998). ECSE shifted from exclusively using rigid, controlled and adult-directed



instructional practices to include the use of naturalistic (DAP) practices, so that children develop the same self-sufficient functional outcomes as their peers who are typically developing. In contemporary practices, more similarities among the fields of Early Childhood, Special Education, and Compensatory education can be found than differences. All children are children first, before the consideration of their special needs or economic disadvantages. Many of the same policies and practical strategies related to DAP can apply to ALL infants/toddlers with adaptations for individuals' development and culture (Bredekamp, 1993, Gonzalez-Mena, & Bhavnagri, 2000).

Below are some of the commonalities (Bredekamp & Copple, 1998; McWilliam, 2000; Noonan & McCormick, 1993; Ostrosky & Sandall, 2001; Sandall, McLean, Smith, 2000; Woolery & Wilbers, 1994;).

- Play-based learning in small groups, rather than one-to-one instruction
- Small group activities are preferred to support social competency development
- Objectives for activities are to support learning and development, however the IFSP objectives for infants/toddlers with special needs that are embedded into everyday routines activities and places should allow for more specific, identified, and defined goals
- For infants/toddlers with special needs, the focus is on interactions rather than end products, like DAP
- Adult responsiveness to the child's interests and needs, supporting learning through scaffolding with least intrusive strategies considered first and working towards more intrusive as needed
- Assessments in both DAP and ECSE are to be more natural and in context with the child's regular functions, play, and daily living activities.
- Children are actively engaged in learning and participate as fully as possible in decision-making
- Both DAP and ECSE practices recognize the importance of children's families as their child's first teacher, yet ECSE practices extend the roles of families to advocacy and other direct roles in their children's lives.



While there are similarities in EC and ECSE practices, three fundamental differences between the focus of the EC and ECSE best practices should be considered (Davis, et. al, 1998; Johnson & Carr, 1996):

- EC tends to provide more child-centered versus family-centered services. Both DAP and ECSE practices recognize the needs for professional training of caregivers for out-of-home care, yet ECSE recognizes the need for families with infants/toddlers with special needs to have specialized training as well in planning and implementing activities.
- Further ECSE care and education also assumes more skilled professionals, such as physical therapists and other health professionals may need to assume roles in program planning, implementation, and adjusting.
- EC best practices (DAP) assume that the development of the child plays a

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more central role in exploration and motivation while ECSE provides for the fact that there is more variation in individual infant/toddler with special needs motivation and skills to exploration. Infants and toddlers with special needs may need more direct support, encouragement, and reinforcement to balance a child's less developed motivation through exploration. Infants and toddlers who are low-responders due to disabling factors, may have difficulty initiating an activity (i.e., does not see the activity or does not recognize the value of a toy) or may not have accessibility to an activity (i.e., low muscle tone for grasping).

We know that without guidance and support, the caregiver or parent may not realize how to make adaptations for a child with special needs in everyday routines, activities, and places, (Johnson, Christie, & Yawkey, 1999): Below is a list of suggestions.

- **Spaces** - less crowding, more soft items, tape on floor to know where to sit, and tables high enough for wheelchairs
- **Time** - flexibility to allow for child's natural rhythms or extra time to complete a task
- **Transitions** - these are specific and predictable with ample warning when making a change to another activity or daily routine
- **Materials** - interesting to each child, pieces large enough to hold, Velcro adaptations to help play toys stay in place, knobs on puzzle to ease access of the pieces, and another adaptation to make a toy accessible
- **Directions** - some materials have more concrete signals of the intent of use for infants/toddlers ready for directions, more specific verbal, visual, or tactile prompts can be used to illustrate the toy's use
- **Special Designed Assistance** - child may benefit from adult or peer modeling of a task, verbal guidance, or physical support such as touching/ tapping or laying the adults hand over the child's to illustrate the task
- **Special Positioning** - child may need to be moved and use specialized equipment (e.g., positioning board or chair to stand, sit, lie on a particular side to participate in the play).
- **Assistive Technology** - high- or low-tech devices can be used to facilitate children's communication and interactive skills. For basic Assistive Technology information, Abledata is the premiere source. It contains over 19,000 listings.

The latest revision of DEC Recommended Practices in Early Intervention / Early Childhood Special Education (Sandall, McLean, Smith, 2000), reflects the connection between DAP and young children's special needs and provides research-based guidelines for families and professionals in seven topic areas:

1. Assessment
2. Child-Focused Interventions
3. Family-Based Practices
4. Interdisciplinary Models
5. Personnel Preparation
6. Policies, Procedures, and Systems Change
7. Technology Applications

These provide general guidance on practices for services for children birth to age five.

### Play-based Infant and Toddler Curriculum - What is it?

Curriculum for infants and toddlers transcends a school-based definition of curriculum to teach specific subjects to include everyday routines, activities, and places that infants/toddlers participate in, with adults, siblings, and other children. While some activities are planned based on best practices for infants and toddlers, the planning for activities remains "a place to begin" and is flexible and responsive to each infant/toddler's personality, development, and family culture.

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### Curriculum development must start with:

- observation of the child behaviors,
- family routines, and
- childcare center routines as applicable.

Given this, planning should be done with information that considers the most child-initiated learning possible. Activities should be dynamic interactive experiences built on young children's interests, curiosity, and motives as well as the families' goals and concerns. Curriculum must address social and emotional, physical, and motor, communication/language, and cognitive areas of development. Play is the infant/toddler's inherent medium for learning and by supporting the child's play patterns, the child will develop, learn, and adapt in all those developmental areas. (Lally, 2004; Gonzalez-Mena, 2004; Bergen, Reid, Torelli, 2001; McMullen, 1999; O'Brien, 1997; Johnson- Martin, Jens, Attermeier, Hacker, 1991).

What is play? Play is something almost everyone can relate to doing at some point or many times in their lives. It serves as both a verb and a noun - it is a relative activity - shifting to the context of the situation. Scholars have studied play from many different perspectives - solitary play to play with peers and more skilled partners, looking at the contextual factors that affect play, considerations of motivations to play, comparisons of humans and animals and more. Most scholars agree on the following qualities:

- **Voluntary** - freely chosen, desire is strong
- **Meaningful** - involves deep mental activity that seems to take over so much that the people involved in play block out everything else around them
- **Symbolic** - representation of behaviors and actions are evidence, "As if..."
- **Rule-governed**, but rules explored - as they play people conform to conventions of life as they know it, but explore life as they would like it to reach for new goals and rules...taking it to another level or dimension
- **Pleasurable** - you can see it on their faces. While seriously engaged, they are happy...
- **Episodic** - they are involved in mutually developed "scripts" of play and negotiate and respond contingent to others, to objects in the play

### "I am not always sure how to define it, but I know it when I see it..."

Play is one of the seven conditions for learning. The conditions listed below are critical for simplifying, motivating, and challenging children's real learning. They are essential if caregivers and/or parents want to truly engage children in making comparisons and experiencing relationships, rather than just memorizing and reciting information. This engagement is referred to as "making meanings". (Fromberg, 2002).

1. Induction (comparisons between/among objects and ideas to make new discoveries),
2. Cognitive Dissonance (surprise and intrigue. So how did that happen...?),
3. Social interaction (ideas bounced around people with richer outcomes than any one person could have developed along),
4. Physical experiences (Get in there and move things around to learn to work children's muscle memory - the younger the child, the more important the need to learn through actions),
5. Revisiting (Hum...I used to think this, but when I looked again...),
6. Competence (I can do this! and this skill helps me learn the next skill),
7. Play.



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Adults, whether families or other caregivers, have a crucial role in fostering infants/toddler's development through play and engagement in daily routines. Some general guidelines that adults should espouse and implement to care for, teach, and promote development are below:

1. provide positive care and education from a consistent limited number of adults
2. make it a point to know each infant/toddler if in group care or, if a parent, their own infant/toddler well in relationship to knowledge about child development
3. be sympathetic to the wide diversity of development and cultural diversity of children and families
4. provide appropriate activities within a flexible, yet predictable schedule
5. provide an attractive, inviting, and safe physical environment for play and daily routines
6. supervise children's activities, respecting their increasing need for exploration, risk-taking, and self-regulation of behaviors
7. maintain an atmosphere that supports problem-solving and increasingly more challenging activities to stimulate growth
8. know when to be involved, direct, support, or guide children's play and daily routines and when to step back and observe to allow the child to take initiatives that are challenging, but not frustrating
9. work collaboratively and in a coaching model with other adults/family in the best interest of the infant/toddler
10. be willing to reflect on current teaching strategies to change or adapt in the best interest of each infant/ toddler
11. stay current in best practices for infant/toddlers as the field changes with additional research and proven practices
12. stay current in state and federal legislation and available services for infants/toddlers with special needs and linguistic differences.

### Curricula available for all Infants and Toddlers

Deciding on which curriculum to use is based on appropriate assessments. During the team meeting, professionals and parents engage in problem solving to arrive at the best curriculum or curricula to use for their child, using a systematic problem-solving method (McConnell, McEvoy, Carta, Greenwood, Kaminski, Good, & Shinn, 1998).

While no one curriculum may be applicable for the services needed to support each family's needs or child's interests, the following are two types of infant/toddler curricula:

1. curricula with corresponding assessment tools and
2. holistic curricula that individualize for ALL infants and toddlers and offer activities and advice that can be used in the development of the IFSP or daily activity planning.



### Curricula with Corresponding Assessment Tools

The following curricula are designed around an assessment tool. The team can address the family's desired functional outcomes with activities that correspond to the infant or toddler's strengths and areas of challenge determined by the assessment.

**Bricker, D., Cripe, J., Slentz, K.** (1993) *Assessment, evaluation, and programming system (AEPS) measurement for birth to three years*. Baltimore: Paul H. Brooks Publishing Co.

The AEPS test was designed to be used in conjunction with the AEPS Curriculum for Birth to Three Years or other similar curricula. It covers the developmental progress of children's functional skills in six key domains (fine motor, gross motor, adaptive, cognitive, social- communication, and social development).

**Pretti-Frontczak, K. & Bricker, Diane D.** (2004) *An Activity Based Approach to Early Intervention*, 3rd Ed. Baltimore: Paul H. Brooks Publishing Co.

This provides guidance for early childhood professionals to seamlessly link assessment, goal development, intervention, and evaluation for children from birth to age 5 - while developing



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individualized IEP/IFSP goals, creating multiple and varied learning opportunities, and working as a team. Activity-based intervention is defined as a "child- directed, transactional approach that embeds intervention on children's individual goals and objectives in routine, planned, or child-initiated activities, and uses logically occurring antecedents and consequences to develop functional and generative skills". Bricker and Cripe maintain that a true activity-based intervention model consists of four key elements:

- activities and actions initiated by children are more likely to attract and hold a child's attention and as a result maintain their involvement.
- training and intervention (addressing IFSP/IEP goals and objectives) are embedded within routine, planned, or child-initiated activities.
- involves the systematic use of appropriate antecedents and consequences which naturally occur during ongoing classroom activities.
- address skills for the child that are functional and generative.

**Johnson-Martin, N.M, Jens, K.G., Attermeier, S.M., Hacker, B.J.** (1991). *The Carolina curriculum for infants and toddlers with special needs*, 2nd Ed. Baltimore, MD: Paul H. Brookes.

The third edition, scheduled for 2004 publication includes 24 logical teaching sequences covering five developmental domains: cognition, communication, social adaptation, fine motor, and gross motor.

Curricular sequences each consist of an introduction that explains why that sequence is important; suggested adaptations for children with visual, motor, and hearing impairments; and a list of behaviors associated with that sequence. For each behavior, users get a criterion that pinpoints the objective, a list of suggested materials for eliciting that behavior, procedures that help, and functional activities for encouraging that behavior within the child's daily routine. Appendices cover play and children with motor impairments, using object boards for teaching children with motor impairments, and more.



**Linder, T.W.** (1993). *Transdisciplinary play-based assessment (TPBA) and Transdisciplinary play-based intervention (TPBI)*. Baltimore, MD: Paul H. Brookes.

The TPBI helps parents and professionals translate the assessment data generated from TPBA into an effective play-based intervention program for children from infancy to 6 years of age. With the skillfully organized TPBI Planner, team members can choose from a wealth of fun activities to design meaningful IFSPs. As IFSPs are developed, corresponding intervention strategies and ideas are recorded on TIP Sheets for use at home and at school. The strategies and ideas can easily be modified based on families' needs and preferences.

**Parks, S.** (1997). Hawaii early learning profile (HELP). Palo Alto, CA: VORT Corporation ([www.vort.com](http://www.vort.com)) adapted from Furuno, S., O'Reilly, K.A., Hosaka, C.M., Inatsuka, T.T., Allman, T.L., & Seisloft, B. (1979). Hawaii early learning profile. Palo Alto, CA: VORT. HELP is a curriculum-based assessment consisting of 685 developmental skills and behaviors covering six traditional child developmental domains: cognitive, language, gross motor, fine motor, social-emotional, and self-help. The developmental skills are organized by skill domains and, within skill domains, by "conceptual strands." Within each strand, the skills are sequentially ordered by age.

**Parks, S., Furuno, S., O'Reilly, K., Takayo Inatsuka, O.T.R., Carol Hosaka, Barbara Zeisloft-Falbey, B.** *HELP at Home*. Vort Corporation ([www.vort.com](http://www.vort.com))

HELP at Home offers 540 pages of reproducible, ready-to use handouts linked to each of the HELP skills to give parents an opportunity to work on skills at home in conjunction with program planning. This user-friendly and convenient binder includes activities for parents to encourage, support and facilitate child development skills; anticipatory guidance and development techniques such as reading infant cues, sibling rivalry, tantrums, separation anxiety, consolation, explaining disabilities, safety, dental care and feeding problems; step- by-step instructions for body positioning and special handling techniques including jaw control, holding, feeding and play.

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### Holistic Curricula that Individualize for all Infants and Toddlers

**Bergen, D., Reid, R., Torelli, L.** (2001). *Educating and caring for very young children*. New York, NY: Teachers College Press.

Infants and toddlers need a dynamic, responsive curriculum that provides education along with nurturing. Recognizing play as the core of this curriculum, the authors show how infant/toddler "educarers" can combine theory and practice to provide physical and social environments in which children thrive. Case descriptions illustrate how to accommodate children with different developmental levels, backgrounds, personalities, and needs.

**Gonzalez-Mena, J. & Eyer, D.W.** (2004). Gonzalez-Mena, J. & Eyer, D.W. (2004). *Infants, toddlers, and caregivers: A curriculum of respectful, responsive care and education*. New York: McGraw-Hill.

This curriculum guide combines a child-centered philosophy with problem-solving strategies, and provides a thorough discussion of gender role stereotyping, children with special needs, and multicultural issues in childcare. The philosophy of caregiving that underlies this book comes from Magda Gerber and Tom Forrest, M.D., as well as the earlier work of Emmi Pikler. These pioneers of the field stressed the need to integrate (1) knowledge of play as curriculum, (2) concepts of child development with caregiving, (3) the physical and social environment, and (4) adult relations.

**Lally, J.R. WestEd**, Center for Child and Family Studies, et. al. *Program for infant/toddler caregivers (PITC)* at [A Relationship-Based Curriculum](#)

The goal of PITC is to help caregivers recognize the crucial importance of giving tender, loving care, and assisting in the infants' intellectual development through an attentive reading of each child's cues. The PITC's videos, guides, and manuals are designed to help childcare managers and caregivers become sensitive to infants' cues, connect with their family, and culture, and develop responsive, relationship-based care. The training materials provide the foundation for a style of care in which caregivers study the infants in their care, reflect on and record information about the children's interests and skills, and search for ways to set the stage for the child's next learning encounters.



Six program policies anchor this curriculum: primary care; small groups; continuity; individualized care; cultural responsiveness; and inclusion of children with special needs. These policies create a climate for care that reinforces our responsive, relationship-based approach. They allow relationships to develop and deepen over time between caregivers and the children as well as between caregivers and the children's families.

As your time permits (30 minutes), view and listen to Dr. Lally's ideas about play in action with infants/toddlers with appropriate adult support for play. You can go to the *Dialogue with the Experts: Hearts and Minds - The State of America's Babies and Toddlers* as explained below. There is a streamed video which includes Dr. Lally's urging for policy decisions in support of quality care for all infants/toddlers and film footage of the video, *The Next Step*. The video illustrates some important adult guidance strategies used to support infants' functional outcomes through play.

1. Requirements: To play the video clip you must install or already have [Java runtime](#) which can be downloaded for free from the internet.
2. Go to Zero to Three Dialogue.
3. Then scroll to Presentation 4 - *Babies and Public Policy Hearts and Minds: The State of Babies and Toddlers*

J. Ronald Lally, EdD/Harriet Meyer, MA

10/17/2003 - 30 minutes and click on the "Play" button

Note: There are directions on the screen for forwarding, etc. You can pause too, if you want to get up and stretch, take a break, or get a snack.

### Activity #1

The IFSP is the foundation for the curriculum for each infant/toddler with special needs. The team approach to assessment and planning for each infant/toddler with special needs provides an opportunity for all persons responsible for the child's development to have input (see the Teaming Module for details). "The IFSP is the vehicle through which effective early intervention is implemented in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). It contains information

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about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate the child's development" (Bruder, 2000). All parts of the IFSP are critical to the individual child's curriculum.

Read the article on [The Individual Family Service Plan](#) by Mary Beth Bruder. This can be accessed through the Resource Bank.

Review [Florida's Individualized Family Support Plan \(IFSP\)](#) which is in the Resource Bank. Pay particular attention to each section of the plan. As you do this, consider Florida's IFSP as a foundational springboard to the curriculum or a guide for supporting the learning and development of each infant/toddler with special needs as suggested by Bruder. Answer the questions under each of the sections and corresponding rationale for the IFSP.

- **Identify the Family's Activity Settings** - This is important to make sure families can provide the support and so that settings will be comfortable, but also motivating places for learning.
- Question: Under what forms in Florida's IFSP is "activity settings" mentioned?
- **Conduct a Functional Assessment** - This section gives you the information you will need to plan specifically to meet each infant/toddler's needs. If you want to know if the curriculum strategies work, the evaluation is important. And evaluation is important to guide the next optimal challenges for each infant/toddler.
- Question: Look at Form D in the Florida IFSP. What information is requested? Developmental Domains?
- **Collaboratively Develop Expected Outcomes** - Working with other professionals and parents assures that the child's needs and interests will be met in all areas of development and that the family, the child's first teacher is an integral part of the decision-making. Note: Family and other caregivers who play with infants and toddlers can participate in some ways with little training. For example, many adults seem to know that babies like the peek-a-boo game. But to approach specific targeted needs of a child or know when a certain game will be most effective, curriculum training is necessary through collaboration, coaching, and modeling by experienced professionals.
- Question: What information requested in Form B of the Florida IFSP would help the team collaboratively plan and carry out the family's desired functional outcomes for their child?
- **Assign Intervention Responsibilities** - Each has a specialty in professional skills, but also in ways to manage - some make better coaches than others (see the Coaching Activities below).
- Question: Look at Form F in the Florida IFSP. This form provides information about eligibility for Early Steps and a summary of services and supports that the child and family will receive. What information requested would delineate the coaching responsibilities?
- **Identify Strategies to Implement the Plan** - Ideally, interventions should:
  - be embedded in everyday routines, activities, and places
  - emphasize the acquisition of functional competencies.
  - make it possible to increase a child's participation within the environments.
  - include both social and non-social activities

Functional outcomes are focused on everyday naturally occurring practical behaviors and accomplishments that are used relatively frequently in the child's typical environment. For example, learning the name of your brother and sister is much more functional than learning ABCs. Learning to wind up a toy Jack-in-the-Box is more functional than picking up beads and putting them into a cup to encourage fine motor development.

*Question:* What are 3 functional outcomes that could be included in a naturalistic curriculum for toddlers?

### Activity #2

*Confused about what a natural environment is for infants, toddlers, and their families who are eligible for services under Part C of the Individuals with Disabilities Education Act (IDEA)?*

Go to [Natural Environments](#)

Read the following three sections:

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- The Law says...
- What We've Learned...
- Natural Environments are for Everyone...

Consider two everyday routines and places that you didn't read about, but know are great places to stimulate language, extend a motor skill, or scaffold a problem-solving skill? Why are those environments natural? Why are these motivating environments?

### Activity #3

*Do you have questions about the role of interventionists in working with families and other caregivers? Do you see this as different in family-guided routines when you work as a coach?*

Read [Intervention Principles for Family-guided Routines](#)

As an Infant Toddler Developmental Specialist (ITDS), you will be providing many services to children through your role as a coach with families and other caregivers to address the child's functional outcomes. This is considered a "touch and teach" - demonstration model. Practitioners should remember that every conversation in early intervention is an opportunity for coaching.

The following are some skills and strengths for being a great coach:

- Use flexible teaching strategies
- Understand how adults (family members) learn to provide appropriate and sensitive suggestions
- Provide both spontaneous support and coaching as well as planned coaching to families
- Realize how to match the family dynamics with the right coach. It maybe you, or another member on the IFSP team, who needs to take the role of coach for certain families (Hanft, Rush, Shelden, 2004).

Reflect on what you consider as your strengths? What skills might you need? What else do you need to know to be effective?

Print the form for [Self Evaluation of Family-guided Routines/Based Interventions](#). Think about your last session with a family or other caregiver. Score yourself based on the 30 items in this self-evaluation. Decide how you think you rate on:

1. Family guided features
2. Responsive teaching and learning interactions between care provider and child
3. Routines based intervention
4. Family-guided routines-based intervention

### Activity #4



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### Steps to Coaching

Go back to review the article, [Practitioner as Coach: Our Role in Early Intervention](#) You will remember reading this article by Shelden and Rush (2004) in Module 2, Lesson 2.

Reflect on the five steps for the coaching process as outlined by Shelden and Rush.

1. Initiation
2. Observation
3. Action
4. Reflection
5. Evaluation

Consider application of these steps with Mandy, a 14-month-old infant with Down syndrome.

*Mandy lives with her mom, Elizabeth, her dad Ralph, and her dog RuffRuff. Elizabeth works outside the home and her dad Ralph has a part-time business he runs from home. Ralph provides most of the caregiving and is open to any help. Mandy is very friendly but has a heart condition that doesn't allow her much very active play. She loves to play with RuffRuff, and the dog tolerates a lot from this toddler. Mandy also loves to look at picture books and play with one special doll.*

The IFSP team has agreed that you, the ITDS, will do most of the coaching with this family. Write out some specific beginning questions/statements you might formulate to ask /share with this family for each of coaching steps? Since the coaching relationship is reciprocal, consider what the family might ask/share with you as well.

### Activity #5

#### Families Questions about Early Intervention

The National Dissemination Center for Children with Disabilities provides a great resource for families. One document which is available is *A parent's guide: Accessing programs for infants, toddlers, and preschoolers with disabilities. Part 1: Questions and Answers About Early Intervention Services for Infants and Toddlers Who Have a Developmental Delay or Who Are at Risk of a Developmental Delay (Ages Birth Through 2 Years Old.)*

Read the list of questions in [Part I - NICHCY](#) This is a great list. Perhaps you have been asked some of these questions too.

Based on your experiences and insights, consider three other questions families might ask that are not in the list.

### Lesson 1 Highlights

- The National Association for the Education of Young Children that supports the field of Early Childhood, the Council for Exceptional Children that supports the Special Education field and Head Start/Early Head Start) all impacted the field of Early Childhood Special Education.
- In the 1990's, a few pioneering institutions realized that fundamental systems changes were needed to merge early childhood and early childhood special education teacher preparation so that both children with special needs and those typically developing could benefit from best practices - individually and developmentally appropriate.
- The Division for Early Childhood (DEC) established a set of recommended practices, DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and their Families (DEC Task Force on Recommended Practices, 1993)
- Many of the same policies and practical strategies related to DAP can apply to ALL infants/toddlers with adaptations for individuals' development and culture.
- Though DAP practices are good for ALL children, adaptations for a child with special needs in everyday routines, activities and places may be necessary.
- Curriculum for infants and toddlers is not like school but includes all everyday routines and places that infants/toddlers participate with adults, siblings, and other children - the planning for activities remains "a place to begin" and is flexible and responsive to each infant/toddler's personality, development, and family culture.
- The adult role in play and daily living as engaging, encouraging and stimulating development is critical.
- The IFSP is the foundation for the curriculum for each infant/toddler with special needs. The team approach to assessment and planning goals for each infant/toddler with special needs

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provides a spectrum of activities for which persons responsible for the child's development have input.

- Coaching is a mind-set for providing intervention and supports that shifts the service delivery model from expert-driven to learner-focused. The coach must possess certain skills to be effective.

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### Websites

- [Intervention Principles for Family-guided Routines](#)
- [National Dissemination Center for Children with Disabilities](#) - provides a great resource for families on their website and includes A parent's guide: Accessing programs for infants, toddler, and preschoolers with disabilities. Part 1: Questions and Answers About Early Intervention Services For Infants and Toddlers Who Have a Developmental Delay or Who Are At Risk of a Developmental Delay (Ages Birth Through 2 Years Old).
- [Natural Environments](#)
- [Self-Evaluation of Family-guided Routines/Based Interventions](#)

## Lesson 2

### Introduction

The previous lesson included the history and basics of quality infant/toddler curriculum. The role of the Primary Service Provider as coach in the home, community or childcare setting curricula may have been new to you. The content and activities provided insight into ways providers interact with families and other caregivers to promote infant and toddler development.

As you progress through this module, it is imperative that you keep the following point in mind. Infant and toddler development should not be thought of in parts or separate domains, such as social development. All areas of development are interdependent. Though, to provide a more focused look at specific child needs and strengths in each area of development, Lessons 2-5 present a specific aspect of infant/toddler development. However, always remember that as the infant/toddler, caregiver and/or provider work on functional skills, they are frequently working on more than one domain of development.

As you begin lesson 2 you will gain insight into the specific social- emotional needs of infants/toddlers. You will see that strong attachment or personal feelings with a caregiver and/or parent is the cornerstone for all other areas of development. Children with strong attachments can develop a strong and healthy sense of self-concept and are able to self-regulate their emotions and behaviors more fully.



### Learning Objectives

Upon completion of this lesson, you will be able to:

1. Identify appropriate developmental interventions to be included in the IFSP that will reduce stress, promote self-regulation and interaction.
2. Understand ways to assist the family in accessing resources in the community outlined in

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the IFSP, while considering the unique needs of the family including emotional, language, cultural, religious, and geographic factors.

3. Demonstrate the ability, with the family and other team members, to use evaluation and assessment information to formulate outcomes and to identify effective strategies, activities and resources that address those outcomes.
4. Explain how to develop a plan to deliver services in the natural environment.

### Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson for future reference. Some resource documents can be found in the Resource Bank. Others are available online.

Note: One article for this lesson can be found in a professional journal. It is suggested that the learner visit a community college or university in their area to obtain the article. See the lesson content for further details.

- [Autism E-Pak #2](#)
  - About the autism spectrum disorder
  - Parenting a Child with Autism
  - From Diagnosis to Intervention
  - Case Study 2 - Josh
- [Cross-cultural Infant Care and Issues of Equity and Social Justice](#)
- [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#)
- [Working with Culturally and Linguistically Diverse Families](#)

### Key Words

Definitions of key words are found in the glossary.

- Domain
- Activity settings
- Developmental instigating
- Autism Spectrum Disorder
- Parentese
- Perception
- Child variables
- Attachment
- Generalization
- Intrinsically motivating
- Social-emotional
- Ecological
- Interactional
- Zone of proximal development
- Reflexes
- Scaffolding
- Temperament
- Stimulation
- Culturally Sensitive



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### Activities Supporting Social-Emotional Development

The chart below provides examples of curricular activities for the home, community or group care setting that support social-emotional development.

Age	Examples of Social-Emotional Play behaviors	Typical Adult support with objects or others	Adaptive Adult support with objects or others
<b>Young Infants Birth to 8 Months</b>	first social play is smiles anticipates lifting with body/face stretches arms to be taken	pay attention to infant's smiles, coos plays music responds to infant makes direct and extended eye contact	turns the baby's head to look into the adult's eyes plays music close to the baby or puts the musical toy right next to the baby engages in baby verbal and non-verbal messages
<b>Mobile Infants 8 Months to 18 Months</b>	may be anxious around unfamiliar adults explores objects with other people demonstrates intense interest in language	reassures the baby that the familiar adult is near verbalize what they are doing, encourage sharing respond back	hold the baby close have unbreakable mirrors taped carefully to the floor so babies can see themselves read picture books to the child\
<b>Toddlers and Twos 18 Months to 35 Months</b>	shows awareness of being seen by others begins to realize others have rights enjoys peer play identifies with same sex child is aware of others' feelings exhibits some impulse control	help the child self-regulate through words or actions play chase games talk about feelings and how others feel show feelings with body language	imitate the toddler's play use a mirror make sure the toddler is positioned at the level of other toddlers help the toddler with appropriate touches of other toddlers

From: Brain Wonders (Bredekamp & Copple, 1987; Frost, Worthington, Reifel, 2005; Gonzalez-Mena, Eyer, 2004; Johnson, Christie, & Yawkey, 1999; Johnson-Martin, Jens, Attermeier, & Hacker, 1991; O'Brien, 1997).

Play in Everyday Routines, Activities and Places

Read [Characteristics and Consequences of Everyday Natural Learning Opportunities](#). An overview is provided below; however, it is important that the learner access and read the full text of the article.

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## Article Overview

Relationships between person (i.e., personalities, culture, experiences, training) and environment (i.e., home, childcare, enough toys) characteristics of everyday natural learning opportunities effect infant/toddler behavior and performance. To increase infant/toddler's participation, the person and environment (activity setting) variables need to be uniquely situated for infant motivation to explore and interact with materials and other people. Activity settings need to provide for a child's interests (as motivating) and as a source of competence. Activity settings defined in this article are ". situation- specific experience, opportunity, or event that involves a child's interaction with people, the physical environment or both, and provides a context for a child to learn about his or her own abilities and capabilities as well the propensities and proclivities of others.

These can be planned, unplanned or incidental" p.70.



Taking an ecological perspective of the importance of the systematic understanding of processes and outcomes of human development (Bronfenbrenner, 1992), researchers studied the effects of variables with intentions of further supporting play and daily living activities between infant/toddlers and their caregivers and hence increasing learning opportunities. The variables included:

- child developmental standing (age, severity, and type of disability)
- caregiver responsiveness
- caregiver sensitivity to child behavior
- interactional styles of caregivers
- caregivers' contingent responses
- caregiver support and encouragement
- regularity and frequency of the caregiver support
- variety of activity settings
- development-instigating (enticing or impediment) properties of the activity setting (related to individual child interests)
- family SES (age, marital status, income)

Families in this study were visited every other week for 16 weeks for the service provider to coach the families. During the first week of intervention the families and research team implemented two approaches to increase children's participation. For an Activity Schedule and an Activity Setting by Child Behavior Matrix (see pp 74-75 in the article).

## Sample

Activity Schedule Name _____							
Parent's Name _____ Date _____							
ACTIVITY SETTING	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Brushing hair	X	X	X	X	X	X	X
Swimming in the backyard pool			X			X	X
Playing in the park		X		X			

## Sample

Activity Setting by Child Behavior Matrix
Name _____
Parent's name _____ Date _____

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CHILD BEHAVIOR	Brushing hair	Swimming in backyard pool	Playing in the park	Helping dad fold laundry
Says three words	X		X	X
Holds on to objects with tight grip			X	X
Uses words to request help	X		X	X

Researchers used several assessment tools and statistical analysis to determine effects of their interventions. Overall, the findings indicated the strong effects for developmental- instigating characteristics of well-designed and child-relevant activity settings with multiple (as needed) opportunities to explore those settings. Infant/toddlers interests, engagement, exploration, and mastery were the best predictors of variations in the outcomes of the everyday learning opportunities (or the activities that were of interest to infants stimulated more positive infant behaviors). The variety of activity settings experienced by the infant/toddlers with their families was found to be positively related to learning opportunities and child functioning (or family's choices of activity settings that were motivating for infants provided more learning opportunities and better infant functions). The frequency of the participation in the activity settings was positively associated with child functioning (or the greater times, the infant played in that setting, that familiarity was related to better infant functions).

**Adapting Social Activities to meet Family Cultural Beliefs** Early Steps provides for family-centered services. Therefore, the needs and rights of families related to their cultural beliefs, is a very critical factor. Socially, people act according to the way they are socialized. Families of infants/ toddlers have the right to interventions according to family, personal, or cultural beliefs, even if these differ from the provider's customs or seem to be contrary to contemporary best practice. But there are ways to make the space big enough to "negotiate Cultural bumps" and even embrace contrary ideas or beliefs (Gonzalez-Mena, 2001; Gonzalez-Mena & Peshotan Bhavnagri, 2000; Tabors, P.,1998).

Read [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#) to learn how these authors used self-reflection along with education when selecting materials to share with families: This article is in the Resource Bank.  
Reflect and consider the following:



- *Get to know yourself.* Spend time learning about your own heritage and culture.
- *Get to know as much as you can about the culture of the people you work with.* Learn about their beliefs, values, and traditions. Are there specific accomplishments the family or community is proud of?
- *Understand that there are within cultural differences as well as cross- cultural differences.*
- *Check on the following:*
  - Do materials for families consider explicit assumptions?
  - Is there a preferred format, (e.g., video, written, pictures)?
  - Do they contain technical terms?
  - Have you considered literacy levels?

Read the following two articles to learn about some guiding principles to enhance interactions with families from diverse cultural and linguistic backgrounds and to enhance social equity. Both articles are in the Resource Bank.

- [Working with Culturally and Linguistically Diverse Families](#)
- [Cross-cultural Infant Care and Issues of Equity and Social Justice](#) Think and consider how you would:

- encourage members of the community to be cultural guides to support you and other families

## Infant Toddler Development Training Module 4

- become the bridge that aligns the cultures.
- respect multiple cultural beliefs - to find the third place.

### Guiding Toddlers' Social Interactions

While some toddlers will be in home settings, others will be served in group or family childcare settings. Social interactions may be challenging for toddlers with special needs in inclusive childcare settings. Children are already noticing differences. Without support, toddlers with special needs, especially those with limited social skills may be excluded from play or not know how to enter play.

Consider these general suggestions for caregivers to set the stage for infant social interactions (Dinnebel, Hale, Rule, 1999; O'Brien, 1997; Early Childhood Research Institute on Inclusion).

- **Caregiver support:** modeling, physical assistance, joining the children's play
- **Peer support:** modeling, buddy systems, asking peers to help a child to participate
- **Scheduling:** changing the timing of activities, using picture schedules, and altering the amount of time for activities
- **Environmental arrangements:** clarifying physical boundaries
- **Modifying and adapting toys or materials:** by altering the number or type, or by altering the placement or position
- **Incorporating communication aides:** picture systems or baby sign language (see [www.handspeak.com](http://www.handspeak.com))
- Caregivers should provide opportunities for non-mobile and nonverbal children to indicate an activity preference.
- Caregivers must frequently reposition children who are non-mobile.
- Caregivers need to position children in an activity area for best participation.
- Caregivers can encourage participation at whatever level is appropriate for or desired by the child.
- Caregivers should answer other children's questions honestly and simply about the infant/toddler's special needs.
- Caregivers must avoid the tendency to do everything for the child with special needs.

Specifically, to support infant/toddler peer relationships, the caregiver must first help infants/toddlers with self-esteem through secure relationships and successful accomplishment of tasks (Gonzalez- Mena, 2004). To support the infant/toddler with special needs, a caregiver can:

- Point out the infants' accomplishments, making supportive, encouraging (not empty praise) statements
- Share commonly held information or experiences about each other. "I notice you both have on pink shoes." "You both went to the zoo this weekend"
- Encourage, not force, children to help each other and use language to support how we all help each other
- Encourage sharing of toys. "Would you let her touch that?"
- Encourage sharing of words or actions. "Can you both say, MOO?" "You are both climbing on the ladder."

Consider how the above functional social skills can be established for infants/toddlers with caregivers in centers or family homes.

### Activity #1

Supporting Josh's Social Interactions

Go to [Autism E-Pack #2](#) to investigate a case study of a toddler with autism. You should read this material with an eye toward determining appropriate social intervention strategies Read the following





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sections:

- About the autism spectrum disorder
- Parenting a Child with Autism
- From Diagnosis to Intervention
- Case Study 2 - Josh

## Overview of Josh

This case history involves an interdisciplinary evaluation of a 20-month-old boy known as Josh. Josh was referred to the interdisciplinary team by his primary physician due to parental concerns regarding Josh's ability to communicate and difficulty gaining his attention. Josh was not receiving intervention services at the time of assessment. His parents noted a great deal of variability in Josh's ability to use gestures and words and to respond to others. At 18 months of age, Josh was sent for an audiology evaluation due to his difficulty responding to others, and results indicated his hearing was within normal limits. Josh's physician and family requested an evaluation at this time to assess Josh's development and to obtain a thorough medical evaluation to examine the possible biological basis for Josh's presenting concerns.

In a telephone conversation, Josh's mother reported that her son was the fourth child in his family. His oldest sibling was 12 years old and had autism and mental retardation. Josh's parents were very knowledgeable regarding autism and involved in their older son's intervention programs. Josh's mother said she was watching her younger children's early development carefully because of concerns about having another child with autism. She stated that Josh was able to engage in many age-appropriate activities; at times, he used words and gestures, responded to his name, and pointed. However, she observed Josh had some autistic-like characteristics, such as becoming overly focused on tasks, being non-responsive to others' attempts to get his attention and tending toward solitary activities. She also believed Josh had sensitivities to sound and tactile stimulation, but he ate a variety of foods. Overall, his mother requested information for helping Josh develop language skills and for managing his tantrums.



Consider the outcomes of Josh's assessments and family context presented in the rest of the case. If you were Josh's family, what everyday routines, activities, and places (can be at home or in the community, i.e., park) might you choose to support Josh's social skills?

Consider at least 3 places/situations.

## Activity #2

Coaching Josh's Family

Let's assume you are the ITDS. Your role is to coach Josh's family in ways they can work and play with Josh during these routines to help him develop some social skills over the next two weeks until you return for your next planned visit. Using what you have learned, fill in these areas as you would do with the family to help the coaching process:

1. Purpose of Coaching (one sentence)
2. Outcomes of Coaching (2 – 3 sentences of what you want to see Josh doing)
3. Key Partners (who will play/work/guide Josh at various times)
4. Child Interests (what does Josh like to do, very motivating)
5. Family Interests for Mom, Dad, Grandpa, Aunt, and siblings
6. Activity Settings (at home or community or in the car, etc.)

From Hanft, B.E., Rush, D.D., Shelden, M.L. (2004). Coaching families and colleagues in early childhood. Baltimore, MD: Paul H. Brookes.

## Activity #3

Materials Found in Your Home

Look around your house. Develop a list of materials typically found in most homes that families could use to support the development of infants and toddlers with disabilities. Identify two developmental areas - social and one of the following areas - language, cognitive, fine motor, gross motor, or self-help - that a parent might focus on when using this material.

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### Activity #4 and Activity #5

Read the following scenario about Ian and his dad. Through the next few pages, you will see examples of scaffolding in several domains.

#### Ian and Dad Scenario

Ian, a 19-month-old child experienced anoxia at birth and his language has been assessed at 10 months. This seems to impact his social interactions with other children in the toddler care program that he attends two times a week. Ian's primary service provider is an ITDS, Marcy who is well versed in the use of play as a medium for learning. In their first five bi-weekly sessions, Marcy noted that Ian's mom is most involved in adapting routines and activities to help Ian learn, but his dad also seems very interested and is there for the sessions.



One day Ian and his dad are in the kitchen and dad is making dinner, while Ian's mom takes his older brother to violin practice. Ian gets restless. Ian's Dad remembered some ideas he heard at a coaching session last week. He decided to try something to stimulate Ian's social interactions, so the dad utilized the existing kitchen materials, i.e., a wooden spoon, a pot, some lids, and anything else in kitchen to provide a way for Ian to stay occupied and involved while Dad finishes dinner.

Consider the following description of a process called "scaffolding" and begin to think of how this could be used with Ian and Dad.

#### Scaffolding

Scaffolding (specific cluing, interaction, verbal, and visual supports, providing appropriate materials) can bring children to higher levels of development. Vygotsky (1987) realized the importance of optimal learning situations. Each child advances in new tasks/skills in a *zone of proximal development* (ZPD). The zone of development at the lowest level is the level that children can do a task with adult or other advanced peer guidance. As the child learns more of the skill, he progresses through the ZPD with less and less scaffolding needed until a skill is learned. At the highest ZPD level, the child can perform the task/skill on his own and the child has integrated the skills into his already existing repertoire to be able to take on new tasks with greater challenges.

#### Adult-Child Scaffolding

Adult-child scaffolding with play materials is illustrated in this adapted model of Deiner (2005):

**Adult** offers the child a choice of two materials that have some value or interest to the child

**Child** chooses one material and explores it with his mouth, hands, eyes

**Adult** observes how the child plays with it and what the child is learning through the play, i.e., through repeated actions, problem solving techniques, trial and error, way the child looks at the material or doesn't etc.

**Adult** draws attention to an area/part of the material that the child has not fully explored in a way appropriate to the child's strengths and disability along a continuum from: Least Directive - i.e., verbally clues, points. More directive - adult puts his hand over the child's hand to guide child to a part of the toy.

**Child** continues exploring and playing in new ways that the adult supported or not and may reciprocate play with the adult (i.e., balls rolling back and forth)

**Adult** supports further exploration through the least directive means to encourage child initiation of the task.

**Adult** as needed repeats the earlier scaffolding or as many times as child can tolerate without reaching frustration

**Child** continues his play and now may play his own way or use the adult's new way

**Adult** decides if the child can accept more scaffolding to learn another skill or a variation on the play or if he/she could accept a new material to learn other play or if the child needs some down time with rest, a quiet, story or play alone for a while.

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Let's think about potential scaffolding by Ian's father to *Promote Motor Play*. Consider

- what Ian's responses might be
- the interactions with Ian's father leading the play interactions

The father can encourage his toddler to be involved in "play" in the kitchen by actively modeling the use of the cooking tools and utensils. He can model by stirring the food in the pot and tasting the food. The toddler may stir quickly at first, and Dad might say, "The food might spill, so I stir slowly." This way, the toddler can be prompted to refine his movements and begin to imitate the more careful movements of Dad. The toddler can put the lid on the pot and keep lifting it on and off; he may do this several times, getting better at it with each attempt. Dad may also offer some measuring cups and discuss their use with his toddler.

The toddler can then pretend and join Dad in measuring, pouring, and dumping as he cooks along with Dad. He can transfer "ingredients", as Dad can teach him the term, from one pot to another. Dad may even put a small amount of water or some other ingredient (if Dad is daring) to help facilitate the development of both gross and fine motor skills in this kind of interaction. Dad can make it fun by singing songs with his toddler as they mix, "Mix-a-mix- a-mix-a and pour-a-pour-a-pour-a!" When they are done cooking, they can pretend to taste and share the toddler's meal together!

Consider the importance of parents being involved in such play that promotes growth in all areas of the child's development, including motor development. (And what a great role model Dad can be in the kitchen, instead of the stereotype of just Mom in there all the time!) As the child watches the father perform tasks in the kitchen, he begins playing at the lowest level in his zone of proximal development; how the father extends the activity can increase the child's practice in motor skill development. Stirring, opening, and closing lids, measuring, dumping, pouring, and even singing and mixing at the same time are great ways to develop the child's skills. Each step the father takes can raise the level of learning. And yet the child can still take the activity anywhere he wants to, such as experimenting with new ways to play with such common household objects in the kitchen, such as plastic bowls to be used as hats.



Now let's think about potential scaffolding by Ian's father to *PROMOTE Cognitive/ or Sociodramatic PLAY*. Consider

- what Ian's responses might be
- the interactions with Ian's father leading the play interactions

Reflect on the fact that to promote cognitive development, adults need to support, and nurture pretend play. That is exactly what the dad did by giving his 19-month-old pots, lids, and spoons - he provided materials that encouraged play. According to Piaget (1962), a 19-month-old child is beginning the symbolic play stage of cognitive play development - he is ready for pretend play. Providing the necessary materials is only the beginning. Appropriate interaction between the dad and his child can further stimulate cognitive development. For example, after the father gave the materials to the child, he should allow time for exploration. After a while, he can extend the child's thinking. If the child was pretend cooking, the dad could model tasting with a spoon or stirring. Again, the child should be allowed to explore given the new information. The father can continue to facilitate play by using words to identify different objects being used.

Also, he can introduce new vocabulary that relates to cooking or try to initiate simple conversation. This is especially important since a child at this age has emerging language skills.

At this point, the dad can either continue modeling ways to use the materials for cooking or he can introduce a new use for them such as band instruments. Either way, each time the dad becomes a part of the play he promotes his child to think in a different way.



Further, let's think about potential scaffolding by Ian's father to *PROMOTE Language or Literacy PLAY*.

- what Ian's responses might be
- the interactions with Ian's father leading the play interactions

Play provides opportunities for socialization thus creating an environment for children to learn social

## Infant Toddler Development Training Module 4

skills such as cooperation, problem solving, and sharing. Interaction with others is essential for healthy development. Vygotsky (1978) proposed that language is also learned in a social context. It is for this reason that adults are a major factor in a child's language acquisition. All children learn language in the same sequence, but there are wide variations in the timing of how language development occurs. This timing is affected by the interactive relationships that a child has in his life. Communicative language play between adult and child affects the richness and degree that language development takes place.

As children grow, adults take on a supporting role in toddler play. By providing opportunities and materials for play and eliciting play skills rather than directing them, scaffolding has taken place. Scaffolding provides for more complex play that will contribute to a child's social and language development. In the scenario of the father and the 2-year-old child in the kitchen, the following could take place to promote language play.

- Father initiates conversation with child about how Daddy is cooking dinner and child can help him by making music with some of the spoons, pots, and lids.
- Speaking in an enthusiastic tone (parentese) the father continues to engage the child in conversations on what music the child is playing
- Father smiles, laughs and dances around to reward and encourage the child's efforts to communicate.
- If appropriate, father can briefly join child in making music
- As child uses emerging vocabulary to engage in this symbolic play the father should ask questions, rephrase, and respond to the child's comments and actions
- As the child grows weary of the game, the father could pose a challenging problem for the child to solve by asking what else in the kitchen could be used to make music

### Activity #4

Scaffolding Ian's Social Development

Now that you have read all of ways Ian's father supported Ian's development in other areas, use this same model to reflect on potential scaffolding by Ian's father to promote social- emotional play and what Ian's responses might be - the interactions between the two with Ian's father leading the play interactions.

### Activity #5

Scaffolding Ian's next Planned Meeting/Visit

Consider the next planned session/visit of the ITDS with the family. After Ian's father explains how he scaffolded Ian's play, how might the service provider reflect on this situation with Ian's father. Consider what you learned about Reflection and Discussion, one of the steps in coaching from Lesson 1 (Hanft, Rush, Sheldon, 2004).

Which of these would you utilize?

- Assist the learner in discovering what he already knows or needs to discover by asking the right questions in the right way
  - What's happening now? What happened?
  - What do you want to accomplish?
  - How did you decide where to focus?
  - What have you tried? What did you do?
  - How could you do it differently?
  - How will you know when you are successful?
- Provide feedback on observation and/or action
- Share information, resources, and supports such as:
  - Instruction/teaching
  - Demonstration/modeling
  - Joint problem-solving
- Confirm understanding of the learner
- Review what has been accomplished, new actions or strategies to implement, etc.
- Provide encouragement
- Acknowledge the learner's strengths, commitment, competence, mastery, and accomplishments



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## Lesson 2 Highlights

Infants and toddlers thrive when securely attached to a caregiver and/or parent and this is achieved through play interactions.

Well-developed and relevant activity settings and consideration of the infant/toddler's interests are positively related to learning opportunities and child functioning.

Service providers are adjusting their services to a coaching model, while both families and service providers are recognizing the value of this coaching model in social-emotional outcomes for infants/toddlers.

Families of infants/toddlers have the right to interventions for their infants/toddlers according to family, personal, or cultural beliefs, even if these differ from the Service Provider.

In the article by Gonzalez-Mena, J. (2001). Cross-cultural infant care and issues of equity and social justice, the author outlines the following three categories of solutions to problems resulting from differences between professionals and parents:

- resolution through caregiver enlightenment
- resolution through compromise
- resolution through parent education

One important quality that makes the SCERTS Model: Enhancing Communication and Socio- emotional Abilities of Children with Autism Spectrum Disorder relevant to Part C coaching, is that the developmental objectives for the child in Social Communication (SC) and Emotional Regulation (ER) are addressed not only by focusing on the child, but also by measuring the progress of that child's partners in their ability to implement Transactional Supports (TS) (e.g., interpersonal supports, learning supports, and environmental modifications) to achieve more successful social exchanges.

There are a variety of supports and types of questions a service provider might use during a Reflection and discussion session with a parent after the parent has been engaged in an activity with an infant/toddler.

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infant/toddler.

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## Websites

- Apples Video Magazine site contains the video Natural Environments: It's More Than A Setting It's A Philosophy featuring Nancy Bokermann (Physical Therapist), Kay Flanigan (Parent), and The Portage Project Outreach, March 18, 1999.
- [Autism E-Pak #2](#) site features a variety of information materials on autism as well as case studies.
- [Program for Infant Toddler Caregivers](#) - this site reviews the program seeking to ensure that America's infants get a safe, healthy, emotionally secure, and intellectually rich start in life. Its three-pronged mission is to: 1) increase the availability and quality of childcare for all children under age three; 2) disseminate information that increases the practice of responsive, respectful and relationship based infant toddler care; and 3) influence national, regional, and local policies and practices so that the needs and interests of individual infants, toddlers, and their families are the foundation for all curriculum development and program activity.

## Lesson 3

### Introduction

In Lesson 2, the focus was on relationships. We learned that infants and toddlers with special needs may not readily have the skills to make social bids. We learned the importance of service providers and families finding natural settings which stimulate interactions. Additionally, we learned that consideration should be given to the family's style and preferences as the service provider uses helpful, sensitive coaching techniques.

The same sensitive style of coaching is needed for motor development as well. Infants and toddlers with motor delays may need adaptive devices or supports to help them in daily activities, but they can still be active participants in daily activities, such as dusting, feeding, and dressing themselves. Lesson 3 provides suggestions for coaching families as they support their infant or toddler's motor development.

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Babies are born with reflexes. Each day they take those reflexes and expand their skills to greater lengths. They experiment first with their own body, then with toys and others'. Most caregivers recall having their hair pulled by a baby. They first explore the world before they play. They kick, pull, shove, and want to move to places and are intrigued with the world. Their perception - of hand-eye control, depth, distance, balance, and focus of attention develops as they explore through their motor skills (Gonzalez-Mena, Eyer, 2004; Frost, Wortham, Reifel, 2005). This lesson capitalizes on infants/toddlers' natural desires to move and how motor development can be fostered in many different places and spaces - indoors and out-of-doors.



As before, while progressing through this lesson on motor development, keep in mind that you will be using many of the same activities and strategies to promote development across several domains.

### Learning Objectives

Upon completion of this lesson, you will be able to:

1. Indicate ways to collaborate with service providers (including family members) and to evaluate appropriateness of curricula being used to plan for daily activities while considering the child's physical, cognitive, social-emotional, self-help/adaptive skills, and language development.
2. Identify and use developmentally and functionally appropriate materials, equipment and environments that support motor development.
3. Identify and recommend available resources within the child's family and community and how they are accessed and/or strengthened to meet the unique needs of the individual child and family.
4. Provide examples of assistance for the family to integrate their infant or toddler into the most natural learning environment to the greatest degree possible using everyday routines, activities, and places.

### Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson for future reference. Some resource documents can be found in the Resource Bank. Others are available online.

Note: One article for this lesson can be found in a professional journal. It is suggested that the learner visit a community college or university in their area to obtain the article. See Activity 2 for details.

- [Chapter 1: Assistive Technology and Infants and Toddlers](#)
- [Chapter 2: Parent-Professional Partnerships in Early Intervention](#)
- [Chapter 3: Positioning and Mobility](#)
- [Choosing Children's Play Equipment](#)
- [Culturally and Linguistically Sensitive Practices in Motor Skills Intervention for Young Children](#)
- [Daniel](#)
- [Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)

### Key Words

Definitions of key words are found in the glossary.

- Reflexes
- Child variables
- Culturally sensitive
- Intrinsically motivating
- Temperament
- Generalization
- Accommodate
- Scaffolding
- Attachment

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- Stimulation

### Play and Daily Living

As you begin your study of the domain, please review the table below. This provides motor development examples for use in activities and applications of content.

### Selected Play and Daily Living Supports for Motor Development

Age	Examples of Motor Play behaviors	Typical Adult support with objects or others	Adaptive Adult support with objects or others
<b>Young Infants Birth to 8 Months</b>	-baby uses complex reflexes -puts hands in mouth -grasps, releases, reaches -lifts head	-provide crib mobile for visual tracking -play "finger grab" -Look John has Mommy's finger -play pat-cake, this Little Piggy	-install a crib mobile that has music and lights -hold the baby's hands up for patty cake -use a positioning chair or Boppy to help the baby sit up
<b>Mobile Infants 8 Months to 18 Months</b>	-sits well in chair -pulls self up -walks alone -throws objects -climbs stairs -uses marker on paper -stoops, trots, moves backwards	-have containers and safe objects to put in and dump out repeatedly -push and pull toys together -step and down small step together -point at objects together – model or position as needed	- get a big pot or bowl and have easy to grip balls that dump in that bigger opening -have sturdy walker toy that the child can use to balance as he walks -tape footprints on the floor that the baby can step on instead of up
<b>Toddlers and Twos 18 Months to 35 Months</b>	-scribbles with marker -kicks a ball -can jump off one step -threads beads -stands and walks on tiptoes -handles scissors -makes horizontal crayon stroke	-demonstrate using pens, markers -get at bottom of step so toddler can jump to adult -help the child with rounded scissors -throw and catch a ball together	-have large crayons and pens with grips for easier handling -have beads or tubes with larger openings and a stiffer string for bead stringing -give the child a mitt covered in Velcro and throw a ball covered in the opposite Velcro hook of the mitt

From Brain Wonders: Bredekamp & Copple, 1987; Frost, Worthington, Reifel, 2005; Gonzalez-Mena, Eyer, 2004; Johnson, Christie, & Yawkey, 1999; Johnson-Martin, Jens, Attermeier, & Hacker, 1991; O'Brien, 1997.

### Everyday Routines, Activities and Places (ERAP) Related To Fine and Gross Motor Development

Review the following list of ERAP that provide opportunities for motor development. This is great information to share with families regarding how to help their infant or toddler acquire new skills. This is very appropriate if functional outcomes on the IFSP include improving the child's play skills to be able to

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entertain him/herself, join in family activities, or participate in active play with peers.

1. Doing the dishes - let the infant or toddler sit by you and periodically let him/her splash in the water and blow on the bubbles with you (not too hot)
2. Taking out the trash - a mobile infant can hold on to one side of the bag with you. A non-mobile infant in carrier can go with you and you can wave bye to the garbage in the can.
3. Dusting - infants and toddlers love to dust! (too bad this motor urge dissipates after preschool; ) Give them a paper or cloth towel and let them swish it around. You may hold the hand of some babies with low muscle tone.
4. Sweeping - get a small broom for the mobile infant/toddler and let them work with you. Show them back and forth movements.
5. Watering the plants, inside and out - Well no one ever said it might not get a little messy at times, but just put a little in baby's watering can - it's only water!
6. Cooking - this will take some finesse as you don't want children to get burned. Often small babies are happy to sit with a bowl and spoon while you cook.
7. Fixing things - there are toy tools that are safe for infants/toddlers that they can use while you fix, or paint. Very young children will paint for hours with a bucket of water on a surface, especially if the surface is exposed to sunlight and dries ready for another "coat".



Reflect on the opportunities described above for including infants and toddlers in daily routines. Think about how the ITDS can provide support to families to try these embedded skills in ERAP.

Consider the following scenario which involves helping Sam feel successful in his motor skills when playing with peers.

### **Sam**

*One of the children you are working with, Sam, a 2.9-year-old with a mild motor delay, goes to a "Mommy and Me" neighborhood playgroup with his mom, three other children and their mothers. There, mothers, and their young children get together once each week for fun and fellowship. Mom is concerned that Sam cannot play the active throwing and catching games with his friends. Sam gets frustrated. A functional outcome on Sam's IFSP is that he will be able to enjoy active games with his little friends.*

Look for ideas that might be useful in helping Sam gain skills in motor development and be fun for play at home and when he goes to his playgroup. Come up with two ideas that might help Sam improve his motor skills for active play with his friends. These can be any items and may be some things you make or adapt rather than buy, i.e., ball of crumpled newspaper.

### **Culturally Sensitive Environments and Gross Motor Risk-Taking**

It is important for practitioners to understand parents' expectations for their children and the caregiving traditions of their family and culture. If families' views of development and caregiving practices differ from those who are providing intervention services, it is likely that the families will not be fully invested in the intervention program. Professionals may be challenged when their professional recommendations conflict with the family's values or practices. For example, an early interventionist may believe that an infant who has a physical disability needs opportunities to move and explore in proximity with family members.

Based on parent values or expectations for children, parents may engage in caregiving behaviors that: (a) encourage infants to learn and practice specific body movements and postures, (b) emphasize the attainment of certain milestones over others, or (c) optimize the comfort level of children (e.g., minimizing crying).

Parents and other providers also need to consider child variables that can have an impact on motor development, such as: (a) temperament, (b) attachment, (c) motivation, and (d) presence of developmental, musculoskeletal, or neurological disorders.

Another critical consideration for practice is that the physical environment in which the child lives can

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enhance or inhibit aspects of motor development. Therefore, by evaluating the features of the child's environment as well as child variables, valuable information may be gained to determine intervention goals and strategies that will likely assist the child in gaining important motor skills.

Adult roles in motor stimulation:

- Facilitate movement
- Address all motor components
- Use natural contexts
- Adapt as needed
- Promote generalization
- Promote independent mobility
- Promote appropriate social & instructional interactions
- Frequently change children's position

Read Technical Report #1 [Culturally and Linguistically Sensitive Practices in Motor Skills Intervention for Young Children](#) You may find it helpful to use the article's Table of Contents which follows to guide your reading. Pay close attention to Table 2.



### Table of Contents

- Abstract
- Introduction
- Factors that Influence Motor Development in Young Children
- Child Factors
  - Temperament
  - Attachment
  - Motivation
  - Presence of Disability
- Caregiving Factors
  - Physical Features or Settings
- Quality Practice Indicators
  - Table 1: List of Current Quality Practice Indicators
- Support for Indicators in Research and Practice
  - Core Assumptions
  - Theory
  - Motor Intervention Training
  - Teaming
- Professional Roles
  - Address All Components
  - Promote Independent Mobility
  - Promote Appropriate Social and Instructional Interactions
  - Table 2: Current Quality Practice Indicators and Suggested Revisions
- Cultural Appropriateness of Indicators
- Conclusion
- References
- Annotated Bibliographies
- Resources

### Activity #1

Culturally Sensitive Motor Practices

Consider what you have been learning in the ITDS modules and in your own experiences as you look at Table 2 (below) taken from Technical Report #1.

Print out the table below and write in one example to illustrate each revised quality practice indicator for motor skill development for infants/toddlers and their families. We have given some suggestions to help you!



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**table 2 from Culturally and Linguistically Sensitive Practices in  
Motor Skills Intervention for Young Children  
Some current quality practice indicators and suggested revisions**

Current quality practice indicators	Suggested revision to indicators:	Provide one example to illustrate the revised indicator - See suggestions for help
Professionals base motor development interventions on theoretical constructs accepted by the field.	Professionals base intervention on theories that incorporate ontogenetic, maturational, and environmental influences on motor development.	
All persons providing motor development interventions receive necessary education and	All persons providing motor development interventions receive necessary education and training for conducting	

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training for conducting the interventions.	the interventions, including an appreciation for differing culturally based caregiving practices that may affect children's motor development.	
All caregivers for individual children participate in the interventions that enhance motor development.	All caregivers participate in interventions promoting motor development that are based on a respect for family beliefs and preferences.	Suggestion: Caregiver interviews the family to determine the family's views on floor play and outdoor play.
Professionals provide children with methods for independent mobility.	Professionals provide children with methods for independent mobility based on children's sensory capacities, preferences for movements, and demands in the children's cultural and familial environments.	Suggestion: After caregiver's interview with the family, she determines that the child prefers to have soft blanket spread on the floor before sitting to roll a ball with the caregiver.
Motor skills intervention addresses all components of motor development, including but not limited to strength, physical and motor fitness, postural control, eye-hand coordination, object manipulation, positioning, mobility, adaptation, generalization, parent education, technology, sensory motor integration, and spatial awareness.	Motor skills intervention addresses all components of motor development including but not limited to strength, physical and motor fitness, postural control, eye-hand coordination, object manipulation, positioning, mobility, adaptation, generalization, parent education, technology, sensory motor integration, and spatial awareness, through culturally meaningful interactions and activities and by responding to	Suggestion: Each time before the ITDS visits with the family, she discusses any new motor development and expectations the family has for her visit. During the visit the ITDS talks with the family about the ways they use the positioning equipment that are working well. The ITDS works with the family as she suggests new ideas they should try.

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	parental concerns as they arise.	
Professionals and/or caregivers position children in ways that facilitate appropriate social and instructional interactions.	Professionals and/or caregivers position children in ways that facilitate social and instructional interactions based on child-rearing practices valued in the children's familial and cultural environments.	

### Activity #2

#### Expectations for Family-Centered Intervention

In her article, *Family-centered early intervention: Clarifying our values in the new Millennium*, Dr. Mary Beth Bruder, focuses on how family-centered early intervention remains elusive in the Early Childhood Special Education field. She says this is especially true with regards to the translation of findings into training models for persons delivering intervention services for infants/toddlers with special needs and their families. Additionally, Bruder (2000) reports on the high level of technical skills needed by administrators, service providers and families to implement Part C. You will find that she expresses some similar concerns as those suggested in the Technical Report you reviewed in this lesson

Read the article, [Family-centered early intervention: Clarifying our values in the new Millennium](#), by Mary Beth Bruder. The article is available in the resource bank.

Reflect on Bruder's concerns in this section of the article - *Where Are We Now?*

When reading the section, *Where are we Going?* consider

1. one of the specific expectations Bruder has that is unique to certain components of family centered early intervention for the future
2. how this relates to what is already happening in Florida to meet her expectation.
3. what more you think Florida needs to do Name at least one progressive step Florida is taking.

### Activity #3

#### Using Assistive Technology Devices - High and Low tech

Read about assistive technology in *Baby Power: A Guide for Families for Using Assistive Technology with their Infants and Toddlers* from the National Center to Improve Practice in Newton, Massachusetts. Focus on Chapters 1, 2 and 3 for this activity.

[Chapter 1: Assistive Technology and Infants and Toddlers](#) [Chapter 2: Parent-Professional Partnerships in Early Intervention](#) [Chapter 3: Positioning and Mobility](#)

During your reading, consider at least one device you feel confident in using and modeling as you coach families. Next, reflect on whether there are some on which you will need more information in each of the areas you read about.

### Activity #4

#### The Valuable Outdoors as a Physical Therapy Context

Read [Choosing Children's Play Equipment](#) from the Disabled Living Foundation. This article can be found from the Resource Bank. Note: England has long been a promoter of the outdoors and makes important accommodations for children with special needs.

Consider how the ideas presented in the article might help caregivers and families in their own backyards to build or accommodate play outdoors.

### Lesson 3 Highlights

- Motor skill development is steady and intrinsically motivating for infants and toddlers.

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- Simple daily household routines, such as dusting are wonderfully enjoyable and help toddlers develop valuable motor skills with adult guidance and support
- It is important for caregivers to understand the families' expectations for motor development, care and feeding routines and cultural traditions.
- Family-centered intervention is still an evolving field with room for growth and need for training
- Outdoor play areas can and are being adapted to accommodate children with motor delays or disabilities.

### References

Bruder, M.B. (2000). Family-centered early intervention: Clarifying our values in the new Millennium. Topics in Early Childhood Special Education, 20(2), 105-115, 122.

Baghwanji, Y., Santos, R.M., Fowler, S.A. (April 2000) Culturally and Linguistically Sensitive Practices in Motor Skills Intervention for Young Children CLAS EC Research Institute Technical Report #1 (also found at <http://www.clas.uiuc.edu/techreport/tech1.html>)

Deiner, P.L. (2005) Resources for educating children with diverse abilities: Birth to eight, 4th Ed. Clifton Park, NY: Thompson Delmar Learning.

### Websites

- [Choosing Children's Play Equipment](#)
- [Characteristics and Consequences of Everyday Natural Learning Opportunities.](#)
- [Family-centered Early Intervention: Clarifying our Values in the New Millennium.](#)
- [A Guide For Families For Using Assistive Technology With Their Infants and Toddlers](#)

## Lesson 4

### Introduction

Lesson 3 took you through potential daily routines in which parents might embed motor play with their infants/toddlers, keeping in mind important cultural considerations. As you work through this lesson, consider those routines along with outdoor play as contexts for language development. Language and communication development is complex and requires practice in the content (meaning), use (purpose), and form (syntactic and morphological structures) and is dependent on the sense of hearing and visual clues.

As before, keep in mind that as you are providing curricula for communication and language, you are using many of the activities and strategies to promote development across domains.

### Learning Objectives

Upon completion of this lesson, you will be able to:

1. Identify play and daily living schemata to support developmental activities that address communication and language outcomes.
2. Demonstrate an understanding of early literacy and language development and community resources to support such.
3. Discuss the importance of language turn taking, strategies and adaptations.
4. Explain ways that augmentative communication devices, sign language, and other assistive technology can help promote development and lead to functional outcomes across domains.

### Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson for future reference. Some resource documents can be found in the Resource Bank. Others are available online. If you have difficulty locating any of the online documents listed below, please refer to the content for further instructions.



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- [Introduction to Early Literacy](#)
- [Monroe Infant and Toddler Programs](#)
- [PLAI Curriculum Modules and Case Study](#)
- [Repeated Readings](#)
- [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#)
- [Simple Technology Encourages Independence In Play and Communication For Infants and Toddlers With Disabilities](#)
- [Supporting Early Literacy in Infants and Toddlers](#)

### Key Words

Definitions of key words are found in the glossary.

- Language
- Babbles
- Augment
- Communication
- Literacy, early
- Cues
- Exaggerated (speech)
- PECs (picture cuing)
- Sensory (disabilities)

### Expected Language Behaviors

The following table illustrates some goals and expected language behaviors of infants and toddlers. To fully develop, language depends on the careful scaffolding of adults and other experienced peers during play and many other everyday routines and places. Use the information in this table as you explore the partnerships between the service provider and family that develop the contexts for language.

### Selected Play and Daily Living Supports for Language Development

Age	Examples of Language Play behaviors	Typical Adult support with objects or others	Adaptive Adult support with objects or others
<b>Young Infants Birth to 8 Months</b>	<ul style="list-style-type: none"> <li>- cries to signal pain or distress</li> <li>-smiles to make contacts with others</li> <li>-responds to voices and gazes</li> <li>-uses vocal and non-vocal communication to express interest or delight</li> <li>-combines babbles</li> <li>-understands names</li> </ul>	<ul style="list-style-type: none"> <li>-use exaggerated speech while facing the baby to stimulate cooing</li> <li>-make silly expressions for baby's intent expressions and overall body responsiveness</li> <li>-name the baby's body parts as you touch each one</li> <li>-sing to the baby for auditory intrigue and emotional comfort</li> </ul>	<ul style="list-style-type: none"> <li>-put the baby's head next to your chest as you talk so he can feel the sounds, too</li> <li>-use brighter colors of object</li> <li>-use soft objects to name or show</li> <li>-turn the baby's head to you as you speak</li> <li>-look directly at the baby eyes when you speak to him/her</li> <li>-use rattles to get his/her attention</li> </ul>
<b>Mobile Infants 8 Months to 18 Months</b>	<ul style="list-style-type: none"> <li>-understands more words that can say</li> <li>-looks at objects when named</li> <li>-creates longer babble sentences</li> <li>-shakes head - NO!</li> <li>-looks at and points in picture books</li> <li>-uses other vocal</li> </ul>	<ul style="list-style-type: none"> <li>-pretend to talk on the phone and then hold the phone for the baby to speak</li> <li>-look at picture books together and make the animal sounds in the book</li> <li>-repeat their sounds, i.e., ba-ba-ba back to them</li> <li>-provide simple pictures for the baby to name</li> </ul>	<ul style="list-style-type: none"> <li>-provide phones and books that talk and repeat phrases</li> <li>-use more simple language and ask them to repeat it</li> <li>-provide larger photos with less people in each photo</li> <li>-teach "baby-signs" (language) of common objects</li> </ul>



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	sounds to get attention -uses me, I, you		
<b>Toddlers and Twos</b>	-combines words - listens to stories	-look at family photos together and	-provide a simple PECs (picture cuing)
<b>18 Months to 35 Months</b>	for a short while -may have 200- word vocabulary - develops fantasy in language -defines household items -uses compound sentences -uses adjective and adverbs	say - "point to..." -engage in fantasy play and ask, "what are you pretending?" -count with the child -have the child tell you about his drawings and paintings	system for the child to point to pictures to let you know what he/she wants -provide more guidance and suggestions in fantasy play to enrich the experience -provide books with audiotapes and headphones

From: Brain Wonders (Bredekamp & Copple, 1987; Frost, Worthington, Reifel, 2005; Gonzalez-Mena, Eyer, 2004; Johnson, Christie, & Yawkey, 1999; Johnson-Martin, Jens, Attermeier, & Hacker, 1991; O'Brien, 1997.

### Language and Speech: Critical Points for Interventions

Read the [Introduction to Early Literacy](#) informational topics listed below.

- What We Know About Early Language and Literacy Development
- Early Literacy Does Not Mean Early Reading
- What Infants and Toddlers Can Do - Early Literacy Behaviors?

Next, read [Repeated Readings](#) Here, you will find the answer to the following question "Why does a young toddler insist on having the same book read over and over again?"

Consider these questions:

1. Sometimes families say they are too busy to read to their child. What would you as a service provider say and do to work with the family?
2. What community resources are available to help families with their child's literacy development?
3. Do you know how to make a book with a family that they can read with their child?

As needed, re-read the article [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#) which you read in Lesson 2 to get ideas on how to share this information with families with whom you work.

Augmentative Communication Devices, Sign Language Use, and Picture Exchange Communication System (PECS)

Read [Simple Technology Encourages Independence In Play and Communication For Infants and Toddlers With Disabilities](#) by Catherine Burke. The article is available in the Resource Bank.

Consider the author's four suggestions for inexpensive augmentative devices. What other ideas do you have? What do you feel you can do with a parent's help to augment communication? What other information might you need?

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## Activity #1

### Setting up a Language Rich Environment

Consider this list of everyday routines, activities, and places (ERAP) again, but this time for language opportunities. This is another example in which functional skill development can cover more than one domain of development. What will you say or do during each activity while your infant/toddler is working with you (he/she thinks it's play, by the way!)

- Doing the dishes
- Taking out the Trash
- Dusting
- Sweeping
- Watering the plants, inside and out
- Cooking
- Fixing things

## Activity #2

### Mealtime and Diapering as Rich Communication Contexts

Consider the context of setting up mealtime with your infant/toddler. What will you coach the parent to do to support language during your fun time together? (Another - no one ever said it might not get a little messy!)

Consider what can be done during diapering. Here, the caregiver has a captive audience to work on language. What will you coach the parent to do to support language during this time?



## Activity #3

Looking at songs and games that support language, speech, and bonding

Read the three articles/materials listed below:

- [Supporting Early Literacy in Infants and Toddlers](#)
- [Monroe Infant and Toddler Programs](#)

Consider what you will do/say to work with a parent who says he/she can't sing? (Remember the coaching strategies you learned!)

## Activity #4

Read the [PLAI Curriculum Modules and Case Study](#)

This is Research to Practice information giving an analysis of an infant, Michael, who is deaf- blind. You will need this information to complete Activities 4 and 5.

Pay close attention to the descriptions and consider the goals for each module shown below.

### PLAI Module 1: Understanding Child Cues

**Goal:** Caregivers will develop a detailed picture of the ways in which the child expresses attention and interest, pleasure, and discomfort, and needs and desires.

### PLAI Module II: Identifying High and Low Preference Objects, Persons, and Events

**Goal:** Caregivers will develop a thorough understanding of what their child enjoys and dislikes.

### PLAI Module III: Establishing Predictable Routines

**Goal:** Caregivers will create a daily routine that includes several predictable events that the child can anticipate through recognition of certain cues (words, sights, or other sensations).

### PLAI Module IV: Establishing Turn-taking

**Goal:** To develop and increase the child's participation in familiar turn-taking routines.



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## PLAI Module V: Encouraging Communicative Initiations

**Goal:** *To increase the child's rate of communicative initiations for obtaining attention from significant others, obtaining a desired object or pleasurable event, and expressing rejection.* In the first three modules of the PLAI Curriculum, Cecelia, Michael's mother focused on observing Michael and creating a more predictable environment. Reflect on what she did and spoke. Then, outline new techniques you learned. Were there some familiar techniques?

### Activity #5

In PLAI module IV, the emphasis was on helping Michael learn new behaviors. The first objective was getting him to request more of something he liked.

Think about the important motivator - the cinnamon bread. Write down an idea about parent child relationships, especially with a child with multiple disabilities. Think of something you think some parents may do as easily as Cecelia did?

### Lesson 4 Highlights

- Language and communication development are complex.
- Language sub-skills are content, form and function.
- Early literacy does not mean early reading.
- Early story book skills are important for infants/toddlers to develop skills such as realizing the words on pages have meaning.
- Literacy is all around us and should be embedded into daily routines as adults and babies play and work together.
- Augmentative devices and other assistive technology can be simple or more complex and need not include technology, i.e., putting knobs on puzzles.
- Assistive technology can help the toddler integrate in settings with children who are typically developing.
- Songs are important ways children learn language and it doesn't matter if the adult caregiver can't sing well, the rhythm and rhyme are some of the most important factors in songs for infants and toddlers.
- The PLAI curriculum for children with multiple sensory disabilities includes five modules that can mirror the sequencing of coaching espoused.

### Websites

- [Early Literacy](#)
- [Monroe Infant and Toddler Programs](#)
- [Supporting Early Literacy in Infants and Toddlers](#)
- [Research to Practice: PLAI Curriculum Modules and Case Study.](#)

## Lesson 5

### Introduction

Lesson 4 illustrated the importance of using adults for scaffolding language. Some theorists, such as Vygotsky (1978) believe language leads development and is especially critical in fostering cognitive skill attainment. Certain augmentative devices and situations that stimulate language can be modeled and then coached by the ITDS for successful use.

In Lesson 5, we will focus on cognition. Some of these same coaching methods can be used by ITDS' to help families and caregivers stimulate infants/toddlers' cognition (gathering information and using it) and the construction of knowledge through interactions with objects and other people. There are three basic processes related to infant/ toddler information processing:

1. Attention (focusing of perceptual processes on something in the environment)

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2. Perception (ability to take in, discriminate, interpret, and organize sensory - taste, touch, smell, vision, hearing - experiences), and Memory (stored information taken through attention and perception). In this lesson we will concentrate on enhancing curriculum strategies, such as scaffolding and environmental organization already presented in previous lessons and illustrate others that relate to these three processes. As the learner has been reminded in previous lessons, it is important to remember that although we are discussing cognition in the lesson, skills are being integrated holistically across domains.



### Learning Objectives

Upon completion of this lesson, you will be able to:

1. Demonstrate the ability, with the family and other team members, to implement and monitor the IFSP that incorporates child and family cognitive outcomes - intentionality, means-end behavior, trial-and-error exploration, object permanence, and deferred imitation within natural environments embedded in everyday routines, activities, and places
2. Implement integrated interventions that focus on children's interests within the context of family preferences and daily routines including natural interactions with family members and other caregivers
3. Discuss how cognitive skills can be broken into steps and embedded into everyday routines
4. Explain constructive tasks, including block play, that support mental connections.
5. Demonstrate knowledge of the federal requirements and state regulations for transition

### Resources

The following resource is necessary for the completion of this lesson. Learners may wish to access and print hard copies of the resource prior to beginning the lesson for future reference. Some resources listed below are found in the Resource Bank. Others are available online

- [Block Play for All Children](#)
- [Brain Wonders](#)
- [Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education](#)
- [Florida's Individualized Family Support Plan \(IFSP\)](#)
- [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)
- [Transition is more than a Change in Services: The Need for a Multicultural Perspective](#)

### Key Words

Definitions of key words are found in the glossary.

- Attention
- Multi-sensory
- Receptive Language
- Memory
- Floor Time
- Perception
- Task Analysis
- Creative

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### Critical Cognitive Skills

Critical cognitive skills that infants /toddlers must master include:

- **Intentionality** - doing things intentionally and not discovering merely by change or random behaviors – Assist the infant/toddler by providing high interest toys, stimulating experiences that "pull" the child into a task, and allow the child time to complete the task.
- **Means-end Behavior** - once infants/toddlers act intentionally they notice and recall cause and effect actions and reactions - Assist this development by providing objects that can be activated, i.e., gears or lights and by responding to the infant/toddlers' signals for needed support or praise.
- **Trial-and-Error Exploration** - ability to systematically explore their environment and learn from experiences – the beginnings of problem solving – Assist the child by providing simple motivating tasks to explore such as getting the wrapping off the ice cream bar. Show or demonstrate only briefly if the child is frustrated in the process.
- **Object Permanence** - realize objects and people still exist even when out of sight - Assist infants/toddlers by play peek-a-boo or hiding just around the corner and calling the infant/toddler to find you (if mobile).
- **Deferred Imitation** - recreate a scene or verbalize an event that happened in the past and include some mental sequencing- Assist infants/toddlers through imitating games in which baby and adult take turns imitating each other and by asking questions, such as "Do you remember what we ate at lunch?", extending the time for recall to be greater and greater, i.e. start with what happened a few hours ago and extend to what happened yesterday, etc.



The following table presents some examples to be used in this lesson's activities and to enhance other content.

### Selected Play and Daily Living Supports for Cognitive Development

Age	Examples of Cognitive Play behaviors	Typical Adult support with objects or others	Adaptive Adult support with objects or others
<b>Young Infants: Birth to 8 Months</b>	<ul style="list-style-type: none"> <li>-follows slow moving objects with eyes</li> <li>-hits or kicks object to make a pleasing sight or sound continue</li> <li>-reaches for and grasps toys</li> <li>-tries to cause things to happen</li> </ul>	<ul style="list-style-type: none"> <li>-move a train or other toy across the floor while the baby watches</li> <li>-provide a variety of objects with different tastes, touches, sounds</li> <li>-contingent responses to and praise baby to reinforce baby's attempts</li> </ul>	<ul style="list-style-type: none"> <li>-turn the baby's head toward a moving object</li> <li>-move baby's foot to object to show baby what can happen if he/she kicks</li> <li>-retrieve and provide objects in close range for baby to easily see and manipulate</li> </ul>
<b>Mobile Infants: 8 Months to 18 Months</b>	<ul style="list-style-type: none"> <li>-searches for a toy under a cloth and persists searches for objects under other toys/cloth</li> <li>-pushes foot into shoe, arm into sleeve</li> <li>-handles cup and spoon</li> <li>-identifies some body parts</li> <li>-knows own name</li> <li>-when toy winds down, continues the activity manually</li> <li>-creeps or walks</li> </ul>	<ul style="list-style-type: none"> <li>-play hide and seek with objects and try hiding objects in different places</li> <li>-leave extra time for dressing so baby can try to put on shoe or shirt</li> <li>-provide dishes, cups, eating utensils that are safe for baby to use by self</li> <li>-play - Where is (name of baby)? and look around for baby and have the baby come to adult</li> <li>-provide more complex toys such as jack in box, Busy-body toys that have buttons and knobs to turn</li> </ul>	<ul style="list-style-type: none"> <li>-model the hide and seek game</li> <li>- repeating multiple times and hide the object while the child watches</li> <li>-provide some adult hand-over baby's hand help to try out object use and putting on shoes</li> <li>-provide objects with multi-sensory experiences</li> <li>-start with large-scale three-dimensional objects</li> </ul>



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	away to avoid something baby doesn't like -begins to fantasize with real objects and engage in some role-play		that are stimulating to baby's object choice and play style. -use corresponding words to enhance and reinforce baby's actions upon objects
<b>Toddlers and Twos: 18 Months to 35 Months</b>	-explores everything! -identifies more body parts -fits forms into form boards and can do simple puzzles -uses terms for past & present, i.e. yesterday -may count 1, 2, 3 -is more selective when working with ring-stack toys - only chooses from objects with hole in the middle that will fit on post. -can do simple sorting of colors, hard-soft, big-little -assertive with words and actions "Me do it!"	-provide a safe space to explore objects -ask the child - "Where is your (body part)?" -show, model, and then allow child a place and space to work with puzzles and simple games -provide natural experiences such as putting napkins on table for child to count -have collections of objects such as toy cars that the toddler can sort -co-play with toddler at the water table to illustrate ways sand and water can be measured, compared, flow throw water wheels, etc.	-break down the task into smaller skills (use task analysis) -employ a touch-demonstrate-say style for visual-spatial learners -put knobs on puzzle pieces to make these easier to grasp -make Velcro board for toddler to easily stick objects that go together on board -make sure objects have multi-sensory capabilities to appeal to children and add stimulation -limit and then add more objects to the sand & water tables to increase complexity of play as the toddler is ready

From: Brain Wonders (Bredekamp & Copple, 1987; Frost, Worthington, Reifel, 2004; Gonzalez-Mena, Eyer, 2004; Johnson, Christie, & Yawkey, 1999; Johnson-Martin, Jens, Attermeier, & Hacker, 1991; O'Brien, 1997).

### Adaptive Tasks to address Cognitive Development

Sometimes the tasks are too complex and need to be broken into several simple steps. The caregiver needs to work at the infant/toddler's optimal level of challenge and not to the point of frustration. When planning a cognitive task or game, consider the following:

1. Decide on the expected behaviors you are teaching
2. Consider using a verbal, visual, and/or touch cue to prompt the child
3. Analyze the steps in the procedure and order these (task analysis)
4. Provide the first step to the child with some guidance
5. Let them try the next step with as little guidance as possible
6. Continue this until the infant/toddler has mastered the task.

### Block Play and other Constructive Tasks

Some toys have greater potential than other toys to stimulate cognitive development in young children, infancy through the elementary years. Blocks are one of those toys. Why play with blocks?

Go to autism teaching tools to learn more about blocks. According to this site, "Blocks are special because they represent a chance to build symbolism, imagination and pretending skills. They also are excellent for developing fine motor skills including hand-eye coordination. Blocks always meet the



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classification as toys with multiple parts, so they make excellent tools for requesting by size, shape, and color."

Go to the National Association for the Education of Young Children article which provides additional support for block play in their resource, Early Years are Learning Years.

Unit blocks may not be as sophisticated as some toys we find in stores or on TV commercials, but they are ideal for learning because they involve the child as a whole - the way she moves her muscles, the way she discovers how different objects feel in her hands, the way she thinks about spaces and shapes, and the way she develops thoughts and interests of her own. Unit blocks vary in name and material by manufacturer, but they are all based on the proportions 1:2:4. Blocks must be sturdy and accurately cut so that children of all different ages and levels of learning may use them to create, solve problems, and challenge themselves.



Unit blocks are a good investment because children may continue to use them as they grow. Infants and toddlers enjoy simply touching and gripping larger, textured blocks. As toddlers, they develop more muscle control and can combine blocks, stack them, or line them up.

Two-year-olds may demonstrate their first attempts at building structures and show the beginnings of fantasy play.

- **Socially** - Blocks encourage children to make friends and cooperate. Large block play may be a young child's first experience with playing in a group.
- **Physically** - When children reach for, pick up, stack, or fit blocks together, they build strength in their fingers and hands, and increase eye-hand coordination. Around two, children begin to figure out which shapes will fit where, and get a head start on understanding different perspectives - skills that will help them to read maps and follow directions later.
- **Intellectually** - Young children develop their vocabularies as they learn to describe sizes, shapes, and positions.
- **Creatively** - Blocks offer children the chance to make their own designs, and the satisfaction of creating structures that did not exist before. Beginning at the age of two, children may use a variety of blocks for pretend-play. Children may become life-sized actors in large block structures or use figures to create dramas in miniature landscapes.

Children value their own block structures whether they represent specific things. Rather than asking a child, "What did you make?" say, "Tell me about what you made." This will encourage a dialog and offer the child new opportunities to explore.

Read what Jennifer Prescott says about [Block play for all children: How to help children with special needs enjoy this wonderful learning area](#).

Consider what materials you could use as blocks from everyday items? What would be inexpensive blocks for parents with an infant/toddler with special needs? What kinds, sizes of blocks might be right for infants /toddlers?

Reflect on how you could use high- and low-tech adaptations to involve Samantha, a 2½ year old child with moderate cognitive impairments (Down syndrome) with other 2 - 2½ year old peers without disabilities in a pretend play block activity in which they are building streets and houses. How can you foster means-end behavior and trial and error exploration?

### Transitions

Another important area we need to explore before ending this module is transition - or the big T. Transitions are a part of life for everyone, but for infants and toddlers with special needs to move smoothly from one caregiving setting to another requires the team to provide selected strategies that meet the toddler's and family's needs.

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Read [Transition is more than a Change in Services: The Need for a Multicultural Perspective](#). This material can be found in the Resource Bank.

The authors summarize their article by proposing 5 critical factors in meeting the needs of young children with disabilities and their families from culturally and linguistically diverse groups. Look at each one and work back through the article to locate examples of how each of these five factors is important to each of the three phases of transition.

These five factors (5C's) are critical in meeting the transition needs of young children with disabilities and their families from culturally and linguistically diverse groups.

- Community Context
- Collaboration
- Communication
- Family concerns
- Continuity



**Phase I Preparation:** What should you keep in mind about: 1) community context, 2) collaboration, 3) communication, 4) family concerns, 5) continuity to ensure this phase is successful and to move smoothly on to the next phase?

**Phase II Implementation:** What should you keep in mind about: 1) community context, 2) collaboration, 3) communication, 4) family concerns, 5) continuity to ensure this phase is successful and to move smoothly on to the next phase?

**Phase III Follow-up, and evaluation:** What should you keep in mind about: 1) community context, 2) collaboration, 3) communication, 4) family concerns, 5) continuity to ensure this phase is successful and to ensure there is a continuation of the services and smooth transition into the next setting?

Use the following case study of Bill to practice embedding desired cognitive behaviors

### Bills Case Study

*Bill is a 34-month-old toddler with Down syndrome. He lives with his mother and father and older brothers - Greg, 10 years, and Roy 8 years. He was also born with a heart anomaly, but at 18 months had heart surgery. He continues to have concerns related to his heart, vision, and hearing. He also has frequent upper respiratory infections. Bill wears glasses but has trouble keeping these on as he is very active. His hearing loss limits him from hearing friends.*

*Bill's parents have considered using sign language but are not sure this is right for him. Because both parents work, Bill spends 7 hours a day in an inclusive childcare setting, and he loves his friends at school. His parents hope he can continue at the center until he is ready for elementary school and hope he can go to school with his typically developing peers.*

#### Other information:

- He likes to paint
- He loves any outdoor play
- He has trouble with transitions from activity to activity
- He often points to things he wants rather than verbalizing even if can utter the words
- He often gets frustrated with small blocks or peg boards and scatters these.

#### Scores from Assessment

Behavior	Month's Score
Expressive language	24
Fine motor	27

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Self-care	23
Receptive language	22
Social	20
Gross motor	26

**Question:** How would you model and coach Bill's childcare provider to start a block building activity for Bill and two other peers?

**Question:** How would you

1. establish rapport?
2. build the caregiver's confidence?
3. demonstrate or model the tasks?
4. listen and support (active listening)?

**Question:** Would you use different strategies with Bill's mother than you did with the childcare provider? Which ones and why or why not?

### Activity #1

Read Chapter 3, Recommended Practices in Child-Focused Interventions, in DEC Recommended Practices in Early Intervention/Early Childhood Special Education. Pay particular attention to the "Key Features" section.

Based on your reading, consider how parents naturally provide their children with an array of experiences in the home and community which are great for embedding interventions. List at least four.

### Activity #2

Expected Cognitive Development As Seen Through Infant-Toddler Play

1. Go to [Brain Wonders](#)
2. Click on Child Care providers.
3. Click on the 18-24 months - cognition link.

Read the information on this website. Suggest a naturally occurring activity which will enhance cognitive development of infants and toddlers. Make sure the activity can occur in the natural learning environment and will enhance symbolic thought. You will most likely find your activity or functional skill also covers another developmental domain. As we have mentioned frequently in this module, development is integrated and crosses domains in infants and toddlers.



### Activity #3

Everyday Activities, Materials, and Routines as Reinforcements Activities or actions paired with a pleasant experience, action, object, food (popcorn!) or other reward is likely to be reinforced, learned, and repeated by an infant toddler. While some activities that are colorful, shiny, have lights, or make noises may be attractive to some children at times, these are not always necessary

Just being able to get a rattle into his/her mouth, jump on one foot, or going to the potty by him/herself is naturally reinforcing for an infant/toddler who is developing new skills every day. Many reinforcements are likely to occur naturally to support infant/toddlers' construction of knowledge and cognitive skills - things the child enjoys doing. Development to the next level of ability can be itself a reward to many infants/toddlers.

The goal is for the infant/toddler to develop an internal system of reinforcement (doing it for "goodness" sake for self and others) and not depend on an external reward from another ("What will I get if I do this?"). But for some infants/toddlers, especially those with severe disabilities or severe trauma, systematic formalized reinforcement is needed to assure the child progresses to the next level of ability.

If an external reinforcement is used, first assess what is pleasurable to each infant/toddler because only

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uniquely pleasurable experiences that match the infant/toddlers' preferences will impact behavior (not, necessarily what is pleasurable to the caregiver or service provider). Reinforcements or motivators and enticements can come in many forms. Some reinforcements are highly effective and desirable actions; other reinforcements are motivating and even enticing, but not desirable so caregivers may want to redirect or substitute an undesirable reinforcement for a desirable one.

Many reinforcements are effective because they are reinforcements in environments that support choice and can eventually be used by infants and toddlers to reinforce themselves. The following are some desirable reinforcements:

1. having a choice of activities or materials can be in and of itself very pleasurable
2. certain types of materials, i.e., some infant/toddlers may prefer toys that light up, some might prefer stacking toys
3. familiarity of activity setting or material, i.e., children with visual impairments can be reinforced by traveling through a familiar area that he/she has previously navigated
4. a captivating sensory experience, i.e., a great smell that a baby prefers, terry cloth toys to fondle, certain music or tones that a baby prefers
5. experiences that older kids/adults get to do (e.g., sitting in chair instead of a highchair at the breakfast table, using dad's computer in his home office)
6. something easy to do, i.e., when a toddler has just mastered something challenging such as climbing a step, offering something easy to do afterwards, such as moving a toe can be a treat
7. something challenging to do, i.e., completing a 10-piece puzzle
8. the biggest, i.e., tower of blocks of the group
9. specific and intermediate praise, i.e. While not every time, the baby builds a tower, sometimes, the caregiver says, "You have built a higher tower of blocks than you did the last time! " (...though striving at tasks for praise alone can be itself debilitating for some infant/toddlers as they may never learn to do things for their own self- satisfaction).

### Reinforcements that may be avoided

The following are reinforcements, but not always desirable to learn to use to become productive and cooperative family members and children in group settings:

- being first in, i.e., to wash hands, to get to the car for a drive
- risky or prohibited experiences, i.e., while not used, it should be noted that infant/toddlers may be motivated to do that which they have been told not to do
- having your own when others don't have one, i.e., a toddler takes pleasure in being the only one in the room who is playing with the highly coveted pretend vacuum cleaner
- food, i.e., with caution as eating to soothe can lead to overeating and obesity

As with all external reinforcements, the goal is for the adult to use the reinforcement only if the child needs this to see the value and continue a new or desired skill, i.e., finding the right puzzle piece. Then the adult fades out or slowing reduces the adult input into reinforcing the child for a desired behavior - until the child takes over and reinforces him/herself or the task itself become reinforcing.

### Katie's Scenario

Katie's parents have assessed that she is motivated by praise, applause, and chocolate. She also rides horses and likes it. She learns best when she is having fun and can pick up on things quickly. She can identify colors and shapes by pointing and can say about 60 words. She watches the Wiggles, paints, and swims. Also, consider her favorite toys, books, and songs. Katie's parents want her to enjoy school as she will be transitioning to a preschool this next year.

Now, knowing what you do about Katie, name one cognitive functional outcome which her parents and transdisciplinary team could have for her this summer before she is three and goes to preschool. What reinforcements would you make sure are in place? Be sure to use a naturally occurring reinforcement.

### Activity #4

Using floor-time

Some children, while they have the potential capacity for intellectual development, will not be able to make intellectual progress because their behavior won't let them. You will read about Jacob and his life. Two terms



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are used for therapies for Jacob - Making circles and Floor time. Making Circles (Greenspan & Benderly, 1998) refers to fundamental building blocks of communication that must be reached between children and their world. To make circles, caregivers and parents are instructed in ways to follow a child's initiative and to establish and build those interactive linkages. Floor time is the child-led play that is used to make circles. Children are engaged by a parent/caregiver in a personally (to the child) relevant activity in a secure environment. This time demonstrates caring, acceptance, and respect and allows the parent to get in-tune with the child's unique thinking processes. The play may be slow-paced or repetitive and boring to the adult yet satisfying to the child.



Read [Jacobs Story: A Miracle of the Heart](#). Reflect on the following tips for Floor time:

- Small cozy play area or even separate room
- Consistent to each meeting - carefully-chosen play items
- Follow the child's lead - Avoid quizzing, teaching, and showing-how
- Describe the child's actions and behaviors, including body-language out loud for him/her to internalize (not evaluating)
- Paraphrase the child's vocalizations
- Observe and keep records of the ways the child plays out ideas to use in planning the next floor time

After reading about Jacob, consider where they might play? What materials they might put into the play-space? What do you think Jacob might like to play? What might be some good ways to keep records of these floor times since you will only be able to record after the play time is over?

### Activity #5

Transition from a Home Setting to an Inclusive Preschool

### Bill's Case Study

(Note: Repeated here as provided earlier)

*Bill is a 34-month-old toddler with Down syndrome. He lives with his mother and father and older brothers - Greg, 10 years, and Roy 8 years. He was also born with a heart anomaly, but at 18 months had heart surgery. He continues to have concerns related to his heart, vision, and hearing. He also has frequent upper respiratory infections. Bill wears glasses but has trouble keeping these on as he is very active. His hearing loss limits him from hearing friends.*

*Bill's parents have considered using sign language but are not sure this is right for him. Because both parents work, Bill spends 7 hours a day in an inclusive childcare setting, and he loves his friends at school. His parents hope he can continue at the center until he is ready for elementary school and hope he can go to school with his typically developing peers.*

### Other information:

1. He likes to paint
2. He loves any outdoor play
3. He has trouble with transitions from activity to activity
4. He often points to things he wants rather than verbalizing even if can utter the words
5. He often gets frustrated with small blocks or peg boards and scatters these.

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### Scores from Assessment

Behavior	Month's Score
Expressive language	24
Fine motor	27
Self-care	23
Receptive language	22
Social	20
Gross motor	26

Consider Bill's case study which you read earlier in this lesson.

Read [Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education](#)

When the author talks about "essential elements for success", she does so in very global terms. Consider how this compares with Early Steps policy. What other information will you need to provide successful transitions? See [Florida's Individualized Family Support Plan \(IFSP\)](#) and think about how transition information is included.

Use [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#) and this article to help you with some initial transition planning for Bill.

- How would you work with the team to develop outcomes and work with Bill's family to identify community supports that will enhance the day-to-day life of Bill and his family at home?
- How could you include the needs of Bill within the context of his family and the larger community when planning for Bill's transition?
- How would you work with the team to develop outcomes for Bill and/or his family related to concerns about preparing Bill and family to move from Early Steps, at age three, to the most appropriate early care and education setting (e.g., Head Start, Part B, preschool, or childcare)?

Note: Bill is already in out-of-home care all day. Consider the desires of the family for future placement.

### Lesson 5 Highlights

- There are three basic processes related to infant/ toddler information processing:
  1. Attention (focusing of perceptual processes on something in the environment),
  2. Perception (ability to take in, discriminate, interpret, and organize sensory experiences - taste, touch, smell, vision, hearing), and
  3. Memory (stored information taken through attention and perception)
- Critical cognitive skills that infants/toddlers must master include Intentionality, means-end behavior, trial-and-error exploration, object permanence, deferred imitation
- When planning a cognitive task or game, consider doing the following:
  1. Decide on the expected behaviors you are teaching
  2. Consider using a verbal, visual, and/or touch cue to prompt the child
  3. Analyze the steps in the procedure and order these (task analysis)
- Block play supports development in these ways: Socially, Physically, Intellectually and Creatively.
- Reinforcements - Activities or actions paired with a pleasant activity, action, object, food, or other reward is likely to be reinforced, learned, and repeated by an infant toddler. If an external reinforcement is needed to stimulate learning, the goal is for the external reinforcer to be phased out and for the infant toddler to self-reinforce or no longer need an external reinforcement.
- During each phase of the transition, the service provider should keep in mind these 5 factors: 1) community context, 2) team disbanding, 3) communication, 4) family concerns, 5) continuity to move smoothly on to the next phase



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- *Floor time* is the child-led play that is used to make circles. Children are engaged by a parent/caregiver in a personally (to the child) relevant activity in a secure environment.

### References

Florida Department of Health (2004). Service delivery policy and guidance: Delivering services in the routines and daily activities of young children and their families. Tallahassee, Florida: Author

### Websites

- Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education
- Autism Teaching Tools: Block Play
- Early Years are Learning Years - site includes a good article on block play
- Block Play for All Children
- Transition is More than a Change in Services: The Need for a Multicultural Perspective

## Congratulations! You have completed Module 4.

You may want to review the Module before taking the [Module 4 Final Assessment on TRAIN](#). **Please contact your local Early Steps TRAIN to enroll you in these modules through the TRAIN learning management system**

# Infant Toddler Development Training Module 4

## Module 4 Resources

- [Florida's Individualized Family Support Plan \(IFSP\)](#)
- [Part I - NICHCY](#)
- [Practitioner as Coach: Our Role in Early Intervention](#)
- [The Individual Family Service Plan](#)
- [Cross-cultural Infant Care and Issues of Equity and Social Justice](#)
- [Characteristics and Consequences of Everyday Natural Learning Opportunities](#)
- [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#)
- [Working with Culturally and Linguistically Diverse Families](#)
- [Chapter 1: Assistive Technology and Infants and Toddlers](#)
- [Chapter 2: Parent-Professional Partnerships in Early Intervention](#)
- [Chapter 3: Positioning and Mobility](#)
- [Characteristics and Consequences of Everyday Natural Learning Opportunities.](#)
- [Choosing Children's Play Equipment](#)
- [Culturally and Linguistically Sensitive Practices in Motor Skills Intervention for Young Children](#)
- [Family-centered Early Intervention: Clarifying our Values in the New Millennium](#)
- [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)
- [Monroe Infant and Toddler Programs](#)
- [PLAI Curriculum Modules and Case Study](#)
- [Repeated Readings](#)
- [Selecting Culturally and Linguistically Appropriate Materials: Suggestions for Service Providers](#)
- [Simple Technology Encourages Independence In Play and Communication For Infants and Toddlers With Disabilities](#)
- [Supporting Early Literacy in Infants and Toddlers](#)
- [Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education](#)
- [Florida's Individualized Family Support Plan \(IFSP\)](#)
- [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)
- [Transition is more than a Change in Services: The Need for a Multicultural Perspective](#)