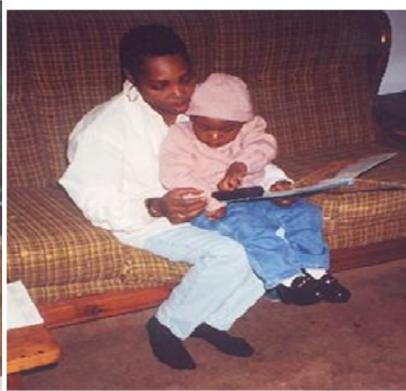


# Individual Family Service Plan Manual

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The University of Connecticut  
A.J. Pappanikou Center for Excellence  
In Developmental Disabilities  
Education, Research and Service

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*The goal of this manual is to support early interventionists in using family and community activity settings as a framework for the Individualized Family Service Plan (IFSP) process. The IFSP can then be used by families and community providers to promote participation and enhance the learning and development of infants and toddlers with or at-risk for disabilities across multiple activity settings that are interesting and engaging to the individual child and family.*

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# Introduction: Redefining Early Intervention

Since its inception, the Early Intervention Program For Infants And Toddlers With Disabilities (then Part H, now Part C) under what is currently named the Individuals with Disabilities Education Act (IDEA) was intended to bring about change in the way families of infants and toddlers with disabilities were supported. Change was to occur at the system level as state and local programs worked together to design, implement, and evaluate a coordinated system. Program level change focused on improving the quality of early intervention. These local changes were primarily in the intervention **environment**, the role of **the family**, and the **coordination** of efforts among team members and agencies to meet the early intervention goals of **increasing child competence and enhancing family and community capacity**. A brief description of the evolution of these features of early intervention follows based on past research and practice with individuals with disabilities, and reflects current knowledge and philosophy.

## The Environment

Prior to the 1970s, institutionalization was the primary location for individuals with disabilities. The Education for All Handicapped Children Act in 1975 entitled all children with disabilities an appropriate education in the least restrictive environment, resulting in a range of segregated to inclusive placement options. When the Early Intervention section was added to the legislation in 1986, services for infant and toddlers and their families were required to be provided in natural environments, described as where the child would be if s/he did not have a disability. The 1990's brought about stronger natural environments requirements, stating that any services not provided in the natural environment must be justified. The environmental emphasis was on location.

Now, the notion of environment moves **beyond location to the experiences occurring in the everyday lives of families within activity settings**. Considering family and community activity settings as the focus of the early intervention "environment" underscores the importance of full participation of individuals with disabilities in their family and community life, and promoting learning and competent functioning within those participatory activities. Part of this description is the importance of child enjoyment and interest as the foundation for intervention planning and implementation, making family life the priority, not an associated goal.

## The Family

Recent research has shown that family life looks different for every family. Families define what is important to them, within their home and community. When a child becomes part of a family, the goal of many families is to raise a happy, healthy child who will share the same set of values, customs, and beliefs as other family members. When the family discovers the child has a disability, this goal does not disappear. The family still wants the child to be happy and healthy and grow within their family system. Once a child has been identified as benefiting from the supports provided through early intervention, programs must begin by upholding the commitment to enhancing the child's participation in family and community life. Understanding and valuing the fact that **the family is the focal point in the child's life** sounds simple, but it is where many programs get off track. If a family defines its daily

activities by a child's therapeutic intervention schedule, the family's self-defined "normal" life is lost.

Structuring early intervention around existing and desired family and community activity settings (1) supports family identification and appreciation for the multiple learning opportunities afforded throughout the day, (2) facilitates the creation and implementation of adaptations, supports and strategies that are functional for the individual child and family, and (3) generalizes adaptations, supports and strategies across activity settings.

## Coordination

Early intervention has the **dual focus of children and their families**. Since children use all developmental domains together to function and acquire new competence, disciplinary professionals must pool their domain-specific knowledge to holistically enhance child development. As families are varied, so are their interests and priorities. No one interventionist or agency can address all families' priorities all the time. Therefore, **a comprehensive, integrated, interagency system must be available so families can enhance their capacity to care for and enjoy their children**. Part of team and agency coordination and collaboration is including both the family and community providers (e.g., child care, librarians, swimming instructors) as intervention team members to increase family and community capacity to support the full participation of children with disabilities in activity settings.

The way the IFSP is created to reflect the Environment, the Family and the System will guide family and community provider expectations of their role and responsibilities in early intervention.

## The 21<sup>st</sup> Century IFSP Process

The Individualized Family Service Plan (IFSP) is an **ongoing process** used to **develop and implement appropriate early intervention with families to increase their capacity to care for and enjoy their infants and toddlers with disabilities**. Through the IFSP process, family members, community providers, service coordinators, and early interventionists work together as a team. The team plans, implements, and evaluates the plan tailored to fit the family's unique interests – their priorities, resources, and concerns. The IFSP is the vehicle through which effective early intervention is implemented in accordance with federal legislation, Part C of the Individuals with Disabilities Education Act (IDEA).

**The family's interests guide the entire IFSP process.** This includes the family's current and future activity settings. Activity settings are the experiences, within the family's home and community, where the family goes for pleasure or carries out a functional task (e.g., eating, bathing, shopping, and worshipping). Supporting families to facilitate their child's participation and developmental functioning within family-identified activity settings should be a central focus of the IFSP process. In order to increase child learning, the process must focus on child interests and strengths within the context of existing or desired activity settings, as well as family priorities and resources. The result is the identification of family outcomes. **Outcomes reflect what family members see as important for their child and themselves.** Ongoing assessment activities, are most effective when interventionists use a variety of noninvasive methods to obtain a functional understanding of the child's and family's interests, strengths, and priorities across multiple activity settings. The functional assessment information assists the team in developing and evaluating the IFSP.

The team then determines the **objectives, adaptations, supports, strategies and services necessary to meet the IFSP outcomes within the identified family and community activity settings**. Finally, the team must establish evaluation strategies to monitor the effectiveness of the IFSP as well as the effectiveness of the program as a whole.

This manual can be used as a resource for developing Individualized Family Service Plans that reflect the strengths, preferences, and priorities of individual children and their families.

## The IFSP Manual

The manual will present the IFSP process in detail, including information that can be used to develop the initial IFSP, guide the ongoing process of developing new outcomes and objectives, and revising and evaluating the activities and strategies needed for IFSP implementation.

The IFSP is a “living” document that reflects what is happening as families, interventionists and community providers work together. The over-arching goal of the IFSP process is to support families in gaining the resources, skills and knowledge to enhance their child’s participation and development, and to meet their family’s priorities. The IFSP process builds and promotes the strengths, interests, and competencies present in all families so they are able to find and use resources long after their involvement in early intervention has ended. The process is reflected in the written document tailored to the unique interests and resources of the family. The document must be flexible to change as often as the priorities and interests of the family and child change.

This manual is organized in the following manner according to elements of the IFSP process:

- 1) Identifying family interests: Beginning the partnership.
- 2) Identifying activity settings: The value of family and community.
- 3) Identifying strengths, interests and next steps within activity settings: Functional assessments.
- 4) Developing collaborative outcomes and integrated objectives: The team approach to maximizing interventions.
- 5) Promoting the use of activity settings: Adaptations and supports.
- 6) Assigning intervention responsibilities: The transdisciplinary approach and collaborative consultation.
- 7) Developing and implementing intervention strategies: Promoting participation within and across activity settings:
- 8) Evaluating early intervention: Systematic and individual quality assurance.

Although this manual describes the development of the IFSP in a systematic manner, the process must always be flexible, responsive, and sensitive to each family’s choices and values. The elements more so reflect a web of processes that are intricately intertwined.

Through this process, interventionists guide families in identifying outcomes and activity settings, and implementing adaptations, supports and strategies to foster their child’s participation in family and community life.

Every family who seeks early intervention has unique interests resulting from their priorities, resources, and concerns. Throughout this manual, the story of Anthony and Mary Canaletto and their two children, Matthew and Melissa, will be used to help illustrate the IFSP process consistent with best and promising practices.

This manual is intended for the early intervention practitioner. Therefore, activities are embedded throughout the manual to apply the content to practice. Reflecting on these activities before reading on is recommended. Since there are many possible responses to the activities, no answers are provided. Instead, intervention teams are encouraged to discuss their responses and offer feedback to each other. The family story at the end of each module embeds responses to the activities into a real-life situation, serving as an example.

Achieving the vision of early intervention as a support to children and families fully participating in current and desired activity settings requires early interventionists to reflect this vision throughout their work, beginning with the first contacts with families.

*This manual reflects the following values about children and their families:*

- *All people make positive contributions to their families and communities.*
- *All families have strengths.*
- *Professionals should support families in identifying their strengths and build upon them.*
- *Children with disabilities are children first; their disabilities come second. Respectful, “people first” language should always be used when referring to children with disabilities, such as: children with Down syndrome, a baby with cerebral palsy, and a child with developmental delay.*
- *Families should receive the supports they identify as necessary to care for and enjoy their children in family and community activity settings, in order to successfully participate in all aspects of family life. All children should be given the opportunity to attend community programs and neighborhood schools with their peers.*

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## Family Story: The Canalettos

*Anthony Canaletto was a manager for a large computer company in Miami. Mary worked as a nurse in a large city hospital. After the birth of Matthew, their first child, Mary decided to stay home to care for him.*

*The Canalettos second baby was born when Matthew was three years old. Mary had a normal pregnancy and Melissa was born at full term. Melissa weighed 7 pounds, 2 ounces at birth and her Apgar scores were normal. The hospital pediatrician examined Melissa immediately after birth, and informed Anthony and Mary that their daughter would require hospitalization and extensive medical treatment. During his examination, the doctor discovered that Melissa had been born with a heart defect, cleft palate, poorly developed sucking and swallowing reflexes, and vision impairments.*

*Anthony and Mary were not prepared for the doctor's report. Throughout the pregnancy, all test results and examinations indicated that the baby was developing normally. Matthew had always been a healthy and energetic child. The Canalettos never considered the possibility that their second child would be any different.*

*Melissa spent the first three months of her life in the Neonatal Intensive Care Unit (NICU). Every time Mary walked into the NICU and heard Melissa crying, she was reminded of how much Melissa needed her and she needed to be with Melissa. She tried to spend as much time with Melissa as possible. Yet, every time Mary left for the hospital, Matthew pleaded with Mommy to stay home and "play train" with him. While Mary's mother was able to care for Matthew, he still wanted time with his mother.*

*The three months that Melissa spent in the NICU were difficult for the Canalettos, and after she came home there were adjustments to be made. The Canalettos were involved with many service agencies, with Melissa's medical needs the family's biggest priority. Home-based services included nursing and occupational, physical and speech therapy. The Canalettos also received physical and speech therapy at the local Children's Hospital, regularly scheduled developmental assessments from the NICU follow-up clinic and ophthalmology, and appointments at WIC.*

*When Melissa was 18 months old, the Canalettos moved from Miami to a northeast state so that Anthony could accept a new position. Within two months of moving and before any services were arranged in the northeast, Melissa was admitted to the hospital's Pediatric Intensive Care Unit (PICU) for a severe infection. While there, she lost her limited ability to suck and swallow, and needed to be placed on tube feeding. Although Anthony and Mary made several close friends in their new community, their parents and siblings were "back home" in Miami. Mary relied on her neighbors to care for Matthew, while she spent time with Melissa at the hospital.*

*Both Anthony and Mary felt that their life was a balancing act. They were traveling constantly between home and the hospital, while trying to run a household, get Anthony's career established, meet Matthew's needs for attention, and deal with the mounting medical bills.*

*The Canalettos were thankful for Mary's professional training. Her nursing background helped them to better understand Melissa's medical needs and communicate more effectively with the hospital staff. The hospital staff was always available to answer any of the Canalettos questions. Anthony and Mary appreciated the staff's time, sensitivity, and expertise.*

*While Mary felt able to meet many of Melissa's medical needs and care at home, she was less confident in "doing the right things to help Melissa develop and learn".*

*Families often report that inflexible services are a greater source of stress than the care of their children. Interventionists can help relieve this stress by identifying ways to promote child participation in the activity settings in which the family participates, without interfering with the purpose of the activity setting.*

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# Module 1

## Identifying Family Interests, Priorities, and Resources: Beginning the Partnership

The initial conversations with families set the stage for their expectations of the IFSP process and the responsibilities they assume. From the initial intake, interventionists must be able to clearly articulate the vision of early intervention, the role and importance of the family to meeting child outcomes, and the ways activity settings promote child learning.

Family members must be encouraged and supported in being actively involved in deciding what is best for their child and for themselves. Early interventionists listen to what the family has to say and then support families in enhancing their child's participation in family and community life. Respecting and understanding a family's priorities, values, and strengths provides the foundation for a successful family-early intervention partnership.

This module describes some approaches and strategies to help begin the partnership between early interventionists and families, to make sure that families understand the roles of early interventionists and themselves in IFSP development and implementation.

### Defining a Child's Family

For years, an accurate definition of "family" has eluded policymakers, practitioners, and academicians. For example, a single parent household may be seen as a disadvantage for a child; the child has an "incomplete" family. Married couples without children may be described as "not having a family". While variations in the composition of families are common, the strengths of families different from the two parent married household are often missed. However, statistics indicate that a "traditional" family, comprised of two biological parents who live with their children under the age of 18, is no longer the prevailing form of family in this country.

Nearly everyone has grown up in a family and has a sense of what a family is; yet, it is extremely difficult to come up with a definition that includes all the possibilities of what a family can be. A state legislative task force on young children and families in New Mexico developed one such definition. The definition describes families in the following way:<sup>1</sup>

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<sup>1</sup> House Memorial Task Force on Young Children and Families. 1990. First steps to a community based, coordinated continuum of care of New Mexico children and families.

*"We all come from families. Families are big, small, extended, nuclear, and multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. As family members, we nurture, protect, and influence one another. Families are dynamic and are a culture unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity. Each family has strengths and qualities that flow from individual members and from the family as a unit. Our families create neighborhoods, communities, states, and nations."*

### **Activity 1-1: Identifying Family Members**

It is important for early interventionists and family members to take the time to get to know one another. These initial contacts allow the family members to define themselves and others they view as important to themselves and their child.

1. Look at the Canaletto's story again. Using the New Mexico definition of "family" members, who would Anthony and Mary identify as family members?

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2. What questions might you ask the Canaletto's to find out more about who they view as their family members?

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### **Family Diversity**

Each family system has its own culture, background, and values. Differences exist in how families show emotion, express themselves, dress, solve problems, and value traits such as independence, cooperation, and punctuality. Diversity is found in the cultural beliefs, religious practices, and ethnic backgrounds of families.

Just as other family and child characteristics make every IFSP process different, diversity affects the kinds of family and community activity settings and resulting learning opportunities identified by families.

The first step in appreciating diversity involves self-awareness. The awareness of individual assumptions and values can help become sensitized to the "various" or "differing" belief systems of families in early intervention. It is important to recognize that one viewpoint represents just one of the many ways to look at the world.

In addition to recognizing how values affect decisions and judgments, early interventionists must learn about the differences in the cultures of the families in early intervention.

Knowledge and understanding of various cultures will enable early interventionists to support families through the IFSP process. Cultural sensitivity means being aware and respectful of the unique cultural needs, values, and norms of a child and family while understanding that each family within a culture is different. To demonstrate cultural sensitivity, early interventionists should:

- Recognize the diversity within and among other cultures.
- Encourage respect for different values, beliefs, and practices.
- Establish clear communication (both verbal and nonverbal) with all families (i.e. bilingual and bicultural staff).
- Provide all information in the family's preferred language.
- Cross language barriers and gain access to local community providers.
- Develop an IFSP that is culturally acceptable to the family.
- Recognize the differences between a cultural value and an individual family characteristic.

### **Activity 1-2: Identifying Attitudes, Beliefs, And Cultural Preferences**

Early intervention must be consistent with the family's beliefs and values. In order to facilitate successful outcomes, interventionists must learn about a family's values and preferences. These preferences can include:

- The family's feelings toward seeking support from individuals outside the immediate family.
- The family's beliefs regarding food and mealtime rules, independence vs. dependence, social interactions with peers and adults.
- The family's views on acceptable behavior for children.

Think about the family story. The Canalettos may have beliefs, values, and priorities that are very different from yours. Identify an area in which you feel you need more information about the Canalettos' values. How would you gather that information? What specific questions would you ask, what steps would you take? How would the information affect the rest of the IFSP process?

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## Family Strengths and Resources

All families have strengths. It is fundamental for early interventionists to believe that even families labeled as “disadvantaged”, “poor”, “neglectful” or even “abusive” have areas of their lives that can be thought of as “strengths. Interventionists need to be able to view families at two levels at the same time and often reframe their thinking. They must see the “reality” of the situation at one level while also looking for potential. Positive effective relationships cannot be built by viewing families only from their issues.

There are individual strengths of family members and the collective strengths of the family as a whole. Family values, competencies and interactional patterns make up family strengths. Individual strengths are the things that someone does well, knows about, and gives them a good feeling in doing. If strengths are not used, they may weaken or disappear or individuals feel de-valued for what they could contribute. Helplessness and hopelessness are extreme outcomes for people whose strengths have been bypassed, discredited or not used over time.

Strengths are NOT the same thing as an advantage. Having a new car is an advantage. Knowing how to budget, save money and purchase a car is strength. Having a large beautiful house is an advantage. Knowing where to find a suitable house or how to navigate the real estate market is a strength. Strengths are the things families use to assist them in meeting the hopes and wishes in their lives.

Strong resilient families are connected families... connected with others, with formal and informal networks of support. Connected families use these networks and give back to these networks many times a day. No family is truly ever independent or fully “self-sufficient”. A program outcome for early intervention should be to encourage and facilitate these natural informal and formal networks of support for each family.

### **Activity 1-3: Looking For Strengths**

Every family has strengths. It is important to be able to identify each family’s strengths, requiring a focus on competency and resilience, rather than deficit and risk. A shift in focus can change the way of looking at the world.

Try shifting your focus. Think about the Canalettos and their situation after Melissa was born. Instead of thinking about the difficulties they face, think about their strengths.

List one such strength of the Canalettos. Then describe how this strength might be used to meet IFSP outcomes.

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## How Early Intervention Supports Families

Early intervention is expected to have positive impacts on children and families. The relationship interventionists and families build, the way support is provided, and how the family is involved in all aspects of the support they choose can have positive or negative impacts on their lives over time. Help giving and help receiving are complex processes involving personal motivation, personal satisfaction and past experiences. There are times when a person giving an act of assistance and a person receiving the assistance feel good about the interaction, just as there are times when giving help and receiving help may not feel good to one or both individuals involved.

Families have said that what they want from early interventionists is to be:

- Listened to.
- Treated with respect and dignity.
- Seen in a positive manner.
- Part of open discussions and dialogue about their priorities, resources and concerns.
- Provided with useful, honest information about the areas in which they are interested.
- Given complete and unbiased information in a kind, respectful manner.
- Trusted.
- Viewed as capable.
- Not judged or blamed for their life circumstances.
- Seen as having valuable and useful information about their child and family life.
- Actively involved in family solutions.
- Encouraged.
- Supported in the decisions made.
- Provided help that is individualized and flexible.

## Family-Centered Care

Family centered care is a way of organizing support with families based on the belief that the family is the enduring and central force in their child's life and has a great impact on their child's development. Listed below are nine principles of family-centered care. To ensure that the IFSP corresponds with the strengths, hopes and preferences of the family, and therefore meet the priorities of children and families, these principles are incorporated throughout the IFSP process.

- 1) **Acknowledge the family as the constant in a child's life.** Early intervention is part of a child's life for a relatively short period. Early interventionists usually only see a child in relatively few activity settings. It is essential to recognize and respect the central and lasting role the family plays in the child's life. Families must be active participants in all aspects of early intervention to understand, appreciate, and generalize supports, adaptations and strategies throughout multiple activity settings. They are the informed decision makers in the amount and type of support needed by early intervention.
- 2) **Facilitate collaboration at all levels of care.** Successful interventions depend on the ability of families and early interventionists to work together as partners. It is important to respect the skills, abilities, knowledge, and individual dreams of families.
- 3) **Share unbiased and complete information with family members about their child on an on-going basis, and in an appropriate and supportive manner.** Family members have the right to know all information about their child and the options available to meet identified outcomes. This information should be provided in an open, honest, understandable, and sensitive manner. Family members must fully understand how activity settings can promote child development and how utilizing intervention recommendations across multiple activity settings provides opportunities to fully participate in family life.
- 4) **Implement appropriate, comprehensive services that provide emotional and financial support to meet the interests of the family.** Each family is unique, with its own interests and hopes for the future. A family's interests may include respite, childcare, parent-to-parent support, transportation, and assistive technology. Or more basic interests such as food, toys, adequate housing, finding doctors and dentists, or recreation opportunities are required. The family must have access to the supports necessary to meet those interests.
- 5) **Recognize the family's strengths, individuality, and methods of coping.** Each family has individualized coping behaviors that are used on a daily basis. Early interventionists service providers must recognize the appearance and value of these behaviors for each member of the family.
- 6) **Promote the child's participation in everyday activities that are important to the family.** Families of children with medical or developmental concerns still desire to "be a family". Every family needs time to enjoy friends, recreation, community activities, and each other. Early intervention should encourage and facilitate the child's participation within the family and community activity settings.

- 7) **Encourage and facilitate parent-to-parent support.** Parent-to-parent support provides families with an opportunity to share and benefit from each other's experiences and knowledge. Early interventionists can best support families by being aware of local advocacy and support organizations. As all families can use some type of support in parenting, parent-to-parent activities can include relationships between parents of children with and without disabilities. Some families may receive support within their own informal networks and not want or need to participate in organized formal groups at this time in their lives. These family choices should be respected.
  
- 8) **Assure that supports and services are flexible, accessible, and responsive to the family's interests.** Families often report that inflexible services are a greater source of stress than the care of their children. Families may have difficulty generalizing recommendations into a specific activity setting, requiring the interventionist to visit at a different time. Families with joint custody arrangements may require the interventionist to work with two parents separately in different home and community activity settings. Programs and policies must be responsive to the dynamic and changing goals and priorities of families.
  
- 9) **Honor the racial, ethnic, cultural, and socioeconomic diversity of families.** Each family has its own beliefs, values, and preferences. Early interventionists can support families by being open to and accepting of diversity.



# Engaging Families from the Beginning

## Conversations Describing Early Intervention

Even before meeting with early interventionists, families begin to form a perception of early intervention. Families may receive descriptions from other families who have participated in early intervention, public awareness campaigns, or referring sources such as health care providers and early childhood educators. From the initial conversations with families, interventionists must provide an accurate picture of what early intervention is and is not.

Some aspects are very clear. For example, early intervention IS early interventionists describing, demonstrating, and observing family utilization of recommendations to foster their child's participation in activity settings by (1) changing the environment, (2) providing supports, and/or (3) teaching the child a new skill across activity settings. Early intervention IS NOT an early interventionist providing discipline-specific therapeutic services to a child.

Other aspects are not as clear. For example, in their conversations with families, early interventionists must balance the reality that early intervention may not “fix” the child's developmental delays or concerns, while at the same time maintaining the hope that the child will develop to his/her optimal competence despite any developmental concerns.

Important aspects of early intervention to begin describing to families from the beginning are:

- The availability of family supports and the relationship between family functioning and child outcomes.
- The role of the early interventionist as a consultant to the family so the family can utilize intervention adaptations, supports, and strategies to foster their child's participation in activity settings.
- The role of the family as a team member who identifies child outcomes and utilizes intervention recommendations across multiple activity settings.
- Interventions occur in family-identified activity settings.
- The holistic approach of examining functional, integrated development versus discrete developmental milestones.

In addition to these areas, interventionists must dispel any erroneous perceptions or assumptions families may have already received or created based on their ideas of terms such as “services” or “therapy”.

### Activity 1-4: Describing Early Intervention to Families

The initial description of early intervention sets the tone for a family's participation in early intervention for their child and themselves. How would you describe early intervention to families in your initial visit? In what ways might you tailor your description for different families? What are some key words you would want to make sure were included across all families?

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Each element of the IFSP process and all interactions with families should exemplify the description of early intervention provided to families during the initial conversations.

**Conversations to Elicit Family Interests.** Family interests comprise the resources, priorities and concerns families have for their child and for themselves. Research has shown a relationship between family stress and supports to parenting style. The way a parent interacts with his/her child has consistently been related to child outcomes. Therefore, meeting family interests can influence child development. Family interests pertaining to their family as a whole and/or their child specifically will guide the IFSP process. Outcomes, objectives, and intervention recommendations should all reflect family interests. Helping families identify and share their interests and strengths is essential to creating an effective IFSP. Families must be informed of the relationship between family interests and their child's development. When encouraging families to share information about their lives, early interventionists must remember that:

**Including family information on the IFSP form is voluntary, not mandatory.** Early intervention program regulations do not require that family members participate in activities to identify their family's interests -- their concerns, priorities, and resources. Family information is included in the IFSP only with the family's full and informed consent. Families may be reluctant to share information with professionals at first. As providers and families work together and relationships develop, families feel more comfortable and confident that information they share will be used to help meet outcomes. However, even if families choose not to share personal information, their interests related to their child should be elicited to consider during the IFSP process.

**Concerns exist only if the family feels it exists.** Early interventionists must recognize the difference between helping families to identify their interests, and leading families to agree with the interests of others.

**Only family members can determine what aspects of their lives are relevant to the child's development.** The family has the right to decide what personal family information is relevant to early intervention. Early interventionists must respect the decisions a family makes. Only family information directly related to the interests expressed by the family

should be discussed. The family should never feel pressured to share sensitive, personal information.

**Families must have on-going opportunities to identify their evolving interests.** Family responsibilities and interests can change rapidly or slowly. Family members must be provided with on-going opportunities to share their thoughts and interests as they evolve.

Knowledge of the family's interests, including priorities, resources and concerns can be gained through continual interactions with the family over time. Telephone calls, home visits, and casual conversations are all opportunities to learn more about the family. Multiple contacts are necessary to identify useful information including:

- The names and roles of important people in the family's life.
- Questions the family would like answered.
- The child's previous developmental, medical and social experiences.
- The child's strengths and other relevant information (e.g., favorite toys and games).
- Things the family finds difficult (e.g., locating sources of financial support, speaking with physicians about the child's care, filling out insurance forms).
- Home and community activity settings in which the family routinely participates, or would like to participate.

Early interventionists must be open and sensitive to what a family has to say. Families are more comfortable and willing to share their interests when they have a sense of trust and respect. Trust and respect are "earned" and take time and energy to achieve.

**Activity 1-5: Identifying Family Interests**

The family's interests -- resources, priorities and concerns -- shape the IFSP process. Reread the family story at the beginning of the module. Using the information provided, what questions would be appropriate to ask the Canalettos to learn more about their interests?

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## Strategies to Elicit Family Interests

Early interventionists must apply effective communication skills when supporting families in identifying their interests and outcomes they desire for themselves and their children. Families and early interventionists need to understand each other in order to determine the most effective IFSP objectives and strategies. Good communication builds trust as the listener interprets the message exactly the way that the speaker intended.

Early interventionists must be able to use effective communication skills. These skills include both verbal and nonverbal modes for sending messages, as well as listening skills for receiving messages accurately.

### Verbal Communication

Words must be clear and understandable. To accomplish this, **early interventionists should clarify words that may have more than one meaning**, use common words and explain all abbreviations.

### Nonverbal Communication

A lot of communication can be transmitted nonverbally, sometimes unintentionally. In general, **early interventionists** should:

**Monitor voice tone so it corresponds with the verbal message.** Supportive and helpful messages will not be heard if an angry tone of voice is used.

**Speak clearly.** Mumbling or using a soft or booming voice could result in some of the message being unheard.

**Pace speech.** Speaking too quickly might result in confusion. Speaking too slowly might result in the loss of the listener's attention.

**Monitor facial expressions to minimize misinterpretations.** If a person's facial expression appears tired and bored, it may be interpreted to mean that they are disinterested or incompetent. If someone is always smiling and happy, even when discussing difficult problems, it could be interpreted as superficial, insincere, and insensitive.

**Use appropriate eye contact to indicate interest and attention.** Wandering eyes could portray a message of inattention.

**Use appropriate gestures to convey your message.** Be aware of any distracting or repetitive gestures that you use when speaking.

**Use posture to indicate interest.** Constantly changing position could suggest restlessness and boredom.

**Use position to create an atmosphere.** How one sits and the distance from the person can create an atmosphere of casual comfort or professional arrogance.

However early interventionists need to be informed and understand that in other cultures and in diverse families the non-verbal communication strategies listed above may NOT apply to all people. Direct eye contact, personal space, word usage and gestures may vary from individual to individual among and within cultures.

## Listening Skills

To facilitate communication, early interventionists should also be able to use effective listening skills with families. To acknowledge and communicate interest in a conversation, early interventionists should:

**Use open-ended questions to clarify information.** Close-ended questions (one-word or yes/no answers) should be avoided except to clarify a point. For example:

*Open-ended:* What types of experiences would you like Billy to have?

*Close-ended:* Would you like Billy to spend more time with children his age?

**Use minimal encouragers.** Head nods, “um-hmm,” smiles or other facial expressions, and comments such as “Tell me more” indicate interest and a desire to hear more.

**Listen, and monitoring amount of talking.** Interrupting, giving unsolicited advice, and making comments that do not relate to the topic convey a lack of interest in the conversation and might be interpreted as being critical. Families may be discouraged from saying more.

**Clarify any words, time frames, or expressions that may be misinterpreted.** For example, “in the hospital” could mean when the child was born or the last time the child was hospitalized.

**Repeat what was heard.** Simply repeating or restating the information provided by the family member communicates acknowledgment and acceptance.

**Reflect the family member’s feelings.** Reflecting feelings is more difficult than repeating facts, but it is a critical part of effective listening.

**Paraphrase and summarize comments.** It is important to review periodically what has been said. This step assures the family members that the content, sequence, and facts have been heard correctly. It is particularly important to restate the situation and any conclusions at the end of the meeting or conversation.

**The summary statement should then determine if the information shared is something the family wants included in the intervention plan or just information they are sharing.** “You seem to be spending a lot more time swimming. Is that an activity setting you would like recommendations to increase Jason’s participation there?” It is at this point in the conversation **that a new activity setting may be identified and an outcome developed resulting in an addition to the initial IFSP document.**

## Activity 1-6: Communicating Effectively

Choose someone to share what you know so far about the Canaletto's story. Then ask the listener to repeat back to you the story as she heard it. Both of you fill out the following checklist on your communication skills: for both when you were telling the story (presenting) and hearing the story back (receiving).

### Effective Communication Self-Review

#### Presenting Information

##### Verbal Messages

While presenting information to the listener, I clarified the meaning of any word that could have more than one meaning

Yes No

I avoided professional jargon

##### Nonverbal messages: Voice quality

I tried to be aware of my tone of voice and kept it consistent with the verbal message.

Yes No

I spoke clearly at all times.

I paced my speech at all times

##### Body Language

I tried to keep my facial expression consistent with the verbal message.

Yes No

I used eye contact when appropriate.

I remained aware of my use of gestures, posture, and position at all times.

#### Receiving Information

##### To Communicate Interest

I used open-ended questions whenever possible.

Yes No

I did little talking and more listening.

##### To Communicate Understanding

I asked for clarification on points that were unclear.

Yes No

I reflected facts and feelings back to the speaker.

Using questionnaires, rating scales, and checklists may guide the family's identification of their interests related to the IFSP process. Families may find these formal mechanisms to be useful tools to help identify and prioritize their interests. Of course, these are always provided in the family's preferred language. The family should always be given a copy of the completed questionnaire and be told where the interventionist's copy will be kept and who might have access to the information. Written surveys can be completed in any number of ways. For example, one family may prefer to complete a questionnaire with the interventionist, while another family may prefer to complete it privately. Family preferences always determine how interests are best identified.

## Using Family Interests to Guide the IFSP Process

Infants and toddlers with disabilities participate in early intervention for a relatively short time. They will, however, be part of families and communities all of their lives. By finding out as much information about a child's family as possible, early interventionists can frame the IFSP process according to the family's interests and the child's current and future developmental functioning.

Families differ in many ways, from their values and beliefs to their activity settings. Because of all these differences, families raise their children, using a variety of child rearing strategies. By listening to families, early interventionists can learn about the way an individual family functions, the kinds of activity settings in which they participate on a regular basis, and the learning opportunities they see for their children in those activity settings.

Understanding family functioning is critical to using activity settings and recommending intervention adaptations, supports and strategies that are meaningful to the individual family. This, in turn, will foster family understanding, appreciation and generalization of intervention recommendations, increasing their confidence in supporting their child's participation and development and providing multiple opportunities for their child to learn new skills and practice emerging ones.

### **Activity 1-7: Meeting the Needs of Both The Child And Family**

Family interests, defined on the IFSP as their resources, priorities and concerns, are interrelated with family and child outcomes. To understand the relationship between family interests and family and child outcomes, return to the story of the Canalettos. Based on the story, list two family interests. For each interest, (1) identify how it is related to meeting a family and child outcome and, (2) how the family outcome is related to child outcome.

Family Interest:

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Impact on Family Outcome:

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Relationship of Family Outcome to Melissa's Outcome:

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Activity 1-7 continued:

Impact on Melissa's Outcome:

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Family Interest:

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Impact on Family Outcome:

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Relationship of Family Outcome to Melissa's Outcome:

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Impact on Melissa's Outcome:

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*This module focused on building and maintaining relationships with families to create, implement and revise the IFSP based on a family's current and changing interests. The success of the IFSP process depends on the ability of families and early interventionists to have meaningful and trusting relationships where families are fully informed about early intervention, the importance of the family to its success, and the process of creating interventions using family identified activity settings.*



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## Module 1: Beginning the Partnership

### Checklist

- ✓ Encourage families to identify their family members.
- ✓ Encourage families to identify their attitudes, beliefs and cultural preferences.
- ✓ Use family-centered care principles in interactions with families.
- ✓ Describe early intervention and the role of families and providers in the IFSP process.
- ✓ Ensure families understand the relationship between family interests and child development.
- ✓ Elicit family interests while respecting what the family chooses to share.
- ✓ Use effective communication and listening strategies.
- ✓ Consider how the family interests will be used to guide the IFSP process.

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## Module 1: Beginning the Partnership

### Module Reflection

What topics in the module do I:

1. Understand and practice:
  - a. Supports I need to put into practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

## ***Notes***

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## Family Story: Beginning the Partnership

*After spending six weeks in the pediatric intensive care unit (PICU), Melissa was able to go home. The discharge planning team at the hospital referred the Canalettos to a number of agencies. Since Melissa required a feeding pump and careful monitoring, one of the agencies was the Visiting Nurse Agency (VNA). This agency took responsibility for Melissa's care during the nighttime hours. In addition, the VNA provided occupational therapy to help Melissa develop sucking and swallowing behaviors, and become less sensitive to touch in and around her mouth.*

*An ophthalmology exam indicated that Melissa was able to see certain objects with her right eye (those within close range and inside her field of vision) and unable to see with her left eye. These findings, as well as Melissa's other developmental needs, led the discharge planning team to refer the Canalettos to early intervention.*

*Upon discharge, the Canalettos were assigned a service coordinator. Leigh Nedler, the family's coordinator, was to be responsible for arranging for and monitoring Melissa and her family's early intervention. In addition, Leigh would assist the Canalettos in coordinating all services Melissa and her family were receiving.*

*Leigh met with the Canalettos in the PICU while they were waiting for Melissa to be discharged. Leigh described early intervention as "a program designed to provide you with recommendations and strategies to promote Melissa's development and participation in family and community activity settings that are important to you. And, since the entire family's well-being is important to fostering Melissa's development, early intervention can be a resource for any other family areas you would like to share." Leigh answered general questions, made an appointment for a home visit and left some written information on early intervention with the Canalettos.*

*At the scheduled home visit, the Canalettos met with Leigh to discuss the family's interests. Anthony and Mary cited their love for their children and Mary's professional training as major family strengths. As family resources, Mary mentioned neighbors willing to care for Matthew and close friends who provided emotional support. Anthony added the hospital staff to the list of valued resources.*

*Leigh asked about the family's recent move from Miami, and the impact of being far from extended family. Both Mary and Anthony expressed sadness about the separation; however, they had continued to maintain close ties with family and friends despite the distance. Also, Anthony felt as if he and Mary had begun to establish a surrogate family by developing friendships with neighbors and friends in their new community.*

*Leigh asked the Canalettos to describe how they felt early intervention could help them. Mary began by describing the multiple people in their lives in Miami, and how there seemed to be many service agencies involved in the northeast too. Mary talked about her concerns: "Anthony and I don't want so many people in our lives. We feel there are already too many people coming in and out of our home, and appointments we have to keep. I know it is difficult on us, and it seems to be difficult on Melissa. I get confused about who is doing what and which recommendations we should focus on."*

*Leigh responded, "Early intervention should not confuse you or add stress to your life. It should help you in caring for and enjoying Melissa." Leigh continued talking with the Canalettos, stressing the critical role Melissa's family plays in Melissa's life, and therefore in early intervention. "We will work to design the IFSP in a way that limits the number of interventionists directly consulting with you. At the same time, we'll work as a team to make sure that we gain the professional expertise of multiple professionals. The important thing to remember is that the IFSP is your plan. If there's something that's not working for you, the plan will not work for Melissa. So, not only is it critical that you as Melissa's family be part of the team, but the more we know about how your family works, and what's important to your family, the easier it will be to create and implement a plan that meets your interests. Thank you for telling me there's too many providers in your home. When we meet with the rest of the team, we'll keep that in mind as we are planning."*

*Leigh and the Canalettos continued to talk about their interests, how they relate to caring for Melissa and helping her develop, and how early intervention could support them. Through this discussion, many family interests emerged. Melissa's mounting medical bills and continuing need for ongoing medical care topped the list. Anthony felt added stress from his new career. Both parents were concerned about the time demands that caring for Melissa created, and their ability to meet the emotional needs of both of their children. Despite the stresses, Anthony was thankful that Melissa was getting healthier every day, and that she and Matthew appeared to have "a special bond." This was important to Anthony and Mary as they both had good relationships with their siblings growing up. As the conversation progressed, other values emerged. The Canalettos see dinner as important for the family to sit down and spend time together. They also want to raise their children with a combined sense of independence and responsibility. Mary gave the example that Matthew is encouraged to pick out his own clothes (Mary makes sure the available choices are weather-appropriate) and to put his clothes in the hamper when changing into his pajamas. Anthony added that Matthew attending a Montessori program was another way for Matthew to be independent. Mary felt that Matthew was thriving from that experience, and thought it would be good for Melissa as well. Melissa loved being in the water and Mary thought of taking her to the YMCA toddler swim classes. However, Mary also knew that she and the community program staff would need support for Melissa to participate.*

*Leigh reassured Mary and Anthony that early intervention would work with them so Melissa could participate in these community activities and the family activity of dinner, as well as support them in meeting their financial, stress, and time demands. In addition, the family's values of sibling relationships, independence and responsibility will be central in IFSP planning and implementation.*

Infants and toddlers with disabilities participate in early intervention for a relatively short time. They will, however, be part of families and communities all of their lives. For this reason, early intervention **should not** be something that the family participates in, rather it **should** be a tool or support used by the family to enhance learning opportunities that exist within current and desired family and community activity settings.

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# Module 2

## Identifying Activity Settings: The Value of Family and Community

The conversations with families that began the partnership – describing early intervention and eliciting family interests – continue to be important as the intervention team identifies family and community activity settings. Activity settings occur within locations traditionally considered “natural environments,” the home and the community. However, activity settings are the development-enhancing experiences occurring within these locations, where the child spends his/her time as a family and community member. Activity settings as a focus of intervention facilitate the development of an IFSP that is individualized for each family, functional and meets the outcome of increasing a family’s capacity to meet their child’s needs. Two premises support the use of activity settings for intervention:

- (1) Children learn when they are engaged in activities that are interesting to them and have an opportunity to practice what they have learned in many different situations.
- (2) Children grow up and live in families and communities. The role of early intervention is to support families in assuring their children can fully participate in family-identified activity settings.

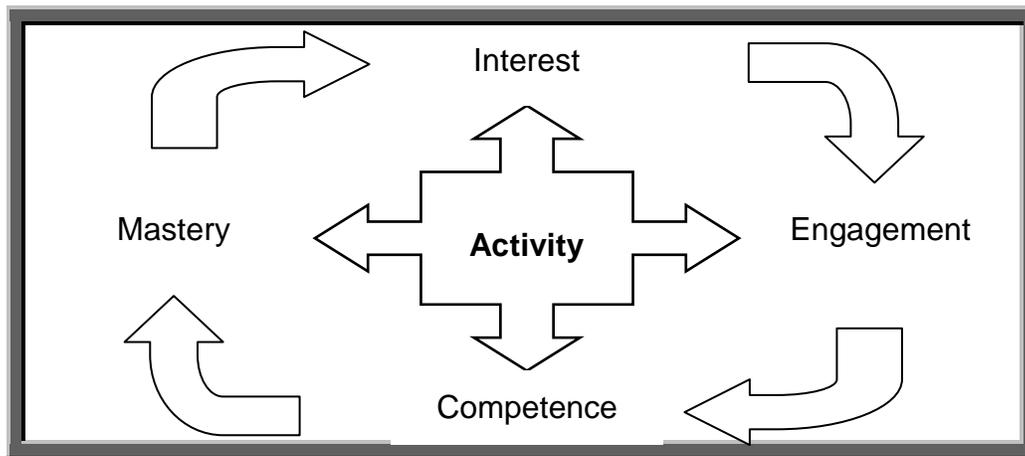
This module focuses on how to identify family and community activity settings for individual families. From these activity settings, learning opportunities specific to the child and valued by the family can be identified. These learning opportunities then facilitate the creation of child outcomes based on family interests, both of which drive the IFSP process. Before exploring the identification of activity settings, the importance of these settings to child learning is described.

### How Children Learn

The process of child learning or development looks the same regardless of developmental status. Each individual child, whether typically developing or exhibiting special needs, requires varying levels of support to successfully navigate the process in different activity settings. As depicted in Figure 2-1, learning begins with child **interest**. Families may describe their child’s interests as activities the child likes or enjoys doing, does frequently even if it is hard for him/her, or the child’s favorite activity. When a child is interested in an activity, s/he is more likely to spend a long time doing, or trying to do, that activity. Focused attention on an activity is called **engagement**. When a child is engaged, the child explores,

manipulates, and attempts to master the activity. This active engagement results in **competence**. A competent child uses his/her own abilities, and the support of the environment, to be as successful as possible despite any developmental concerns. This competence results from engaging in a variety of experiences that occur over time, resulting in the child gaining new abilities and practicing existing abilities. When a child is competent, s/he gains a sense of **mastery** ("I think I can!"). The child believes s/he is able to succeed because s/he has succeeded in the past, which opens up the child to explore new interests, starting the circle of learning with new activities. Everyday family and community experiences, or activity settings, provide multiple opportunities throughout the day when the child is interested and engaged to develop new competencies that are exactly those needed to fully participate in family and community life.

Figure 2-1: Interrelationship between child interest, learning and activity settings



To identify development-enhancing activity settings where opportunities for learning occur, interventionists must first recognize natural environment locations.

## Natural Environment Locations

Natural environment locations are places where the child spends his/her time within the normal daily routine of family life, where an individual family functions. These are places not specialized for children with disabilities. Wherever a child is during the day is a natural environment location where early intervention can support a child's development.

There are two principal natural environment locations (macro locations) where families function – the home and community. Within each of these macro locations are multiple and varied smaller environments, or micro locations, where learning occurs. For example, in the home, the kitchen, driveway, bedroom, bathroom and backyard are micro locations. In the community, micro locations are the playground, childcare center, grocery store, car and restaurant.

By looking within each of these micro locations, functional areas (macro activity settings) can be identified where a variety of child and family activities take place. For example, the micro location of the kitchen contains macro activity settings, or functional areas, such as the table, sink and cabinets.

Within these functional areas are the micro activity settings, the **experiences** in which the child and family engages, that become the starting point of outcome development.

### **Activity 2-1: Identifying Natural Environment Locations for Infants and Toddlers**

Within the macro locations of home and community, there are multiple micro locations where young children and their families spend their time, and macro activity settings where families function. Think about the Canalettos. What are three (3) home and community micro locations and macro activity settings for Melissa and her family? Think about both those alluded to in the story and others that may not be mentioned.

Home Micro Location: \_\_\_\_\_

\_\_\_\_\_

Home Macro Activity Setting: \_\_\_\_\_

\_\_\_\_\_

Home Micro Location: \_\_\_\_\_

\_\_\_\_\_

Home Macro Activity Setting: \_\_\_\_\_

\_\_\_\_\_

Home Micro Location: \_\_\_\_\_

\_\_\_\_\_

Community Micro Location: \_\_\_\_\_

Community Activity Setting: \_\_\_\_\_

\_\_\_\_\_

Community Micro Location: \_\_\_\_\_

Community Activity Setting: \_\_\_\_\_

\_\_\_\_\_

Community Micro Location: \_\_\_\_\_

Community Activity Setting: \_\_\_\_\_

\_\_\_\_\_

While interventionists must understand the relationship between natural environment locations and activity settings, the conversations with families start at the micro activity setting level, the experiences that occur within a family's life that are opportunities for development and learning.

**It is not natural environment locations that are critical to early intervention, but the development-enhancing experiences, or activity settings, occurring within natural environment locations that provide multiple learning opportunities.**

## Activity Settings

All children develop as a result of the experiences they encounter in their everyday lives. When these experiences have the potential to enhance development, they are called activity settings. Recent research has shown that virtually all activities a child engages in during his/her day are, or with the support of early intervention can be, development enhancing. Activity settings require the use of a variety of skills and behaviors that span developmental domains. These skills and behaviors are frequently necessary across multiple activity settings. Thinking back to the section on “How Children Learn,” activity settings that occur throughout the day provide a lot of opportunities for the child to practice emerging developmental skills and learn new skills, both of which promote developmental competence and a sense of mastery, through experiences that are enjoyable and important to the child and his/her family. **Activity settings are identified early in the IFSP process to tailor outcomes and strategies in order to take advantage of these repetitive, naturally occurring experiences in the family’s life.**

Addressing the early intervention goal of increasing child competence through family and community activity settings has many benefits, including:

**A child is more likely to generalize skills learned in family and community activity settings.** Children are more likely to use what they have learned when skills are taught using the settings where the skills are typically used (e.g., dressing after bath time, eating at mealtimes, requesting toys during play).

**Family members are more likely to utilize intervention recommendations.** When families observe and practice intervention recommendations during the activity setting where they will use them, they feel more confident implementing the recommendations when the interventionist is not there.

**The interruption of family life by intervention decreases, while child participation increases.** By supporting family members in enhancing their child’s development within activity settings that already occur and are important to the family, intervention does not become an added responsibility for the family, set apart from typical activities. Instead, intervention facilitates those activity settings enjoyable and growth-fostering moments for their child and themselves.

**All children learn to understand and accept differences as participating members of a community.** Both children with and without disabilities learn about their similarities and differences, and their strengths and abilities. They learn how to interact in the community in which they are a part. For children with disabilities, they are more likely to learn appropriate and effective social skills.

## Types of Activity Settings

Activity settings comprise two types of experiences a child encounters in everyday living:

**Experiences that are enjoyable to the child.** Experiences that are enjoyable to a child facilitate learning because they already capture the child's **interests**. From there, intervention recommendations can target child **engagement** to develop **competencies** and a sense of **mastery**. These activity settings can be experiences the child engages in by him/herself or with other friends and family members.

**Experiences that occur regularly during family life.** There are general family activity settings that must occur on a regular basis, but the child may not find these experiences enjoyable. For example, a child with cerebral palsy may cry while taking baths because it is hard for him to sit in the slippery bathtub. Or, a child who is active may try to get out of the shopping cart when going to the grocery store. While these activity settings are currently not enjoyable for the child, they must occur and have the potential to support child development. If the child was engaged, child interest and subsequent enjoyment would improve the family's life by making the activity setting more enjoyable.

Early intervention can recommend adaptations, supports and strategies that will make the activity settings more enjoyable and interesting to the child, changing the experience from a frustrating one to one that the family can enjoy with their child while also fostering development. For example, intervention recommendations could include brainstorming different seating options so the child enjoys and is **interested** in bath time and suggesting activities the child can do in the grocery store, such as placing items in the cart after his/her parent has picked them out or counting the number of items needed. These tasks promote **engagement** in the activity setting of grocery shopping.

## **Family and Community Activity Settings**

The range of activity settings for one family includes those individual to the family and those in the larger community where the family lives.

**Family activity settings** are experiences that occur in the family's home, such as taking a bath, and extend to experiences with close friends and relatives and their homes where there are opportunities to learn. For example, a child may spend time at his/her grandparent's farm where s/he can feed the animals. This may be an experience that does not occur at the child's home, but it is also not an activity that is open to the community.

**Community activity settings** are experiences available in the family's community in which a young child and his/her family participate for enjoyment or satisfying a family function, such as grocery shopping. These activity settings are not specialized for children with disabilities. As early intervention supports children and families in community activity settings, the community expands its capacity for individuals with disabilities to fully participate.

**Table 2-1**  
Examples of Family and Community Activity Settings\*

**Family Activity Settings**

- Play with relatives
- Being outside
- Eating meals
- Playing with siblings
- Toileting/diapering
- Watching television/videos
- Playing with toys
- Looking at or reading books
- Brushing teeth
- Playing games
- Going to bed

**Community Activity Settings**

- Going to the park/playground
- Playing with children in the neighborhood
- Listening to library story hour
- Swimming
- Participating in tumbling/dance
- Attending Circle time
- Going for walks, stroller rides
- Eating out
- Shopping
- Fishing

\*Adapted from Project Dakota's New York Statewide Training Program

**Activity 2-2: Brainstorming Activity Settings**

Activity settings will be different for different families. But there are many activity settings that are included on most families' lists, such as those listed in Table 2-1. In the space below, identify additional (1) activity settings that could be enjoyable to children and (2) activity settings that could regularly occur during family life, including both family and community activity settings. Remember: Activity settings are experiences, not locations.

Activity Settings Most Children Enjoy: \_\_\_\_\_

Family: \_\_\_\_\_

\_\_\_\_\_

Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity Settings Most Families Do: \_\_\_\_\_

Family: \_\_\_\_\_

\_\_\_\_\_

Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

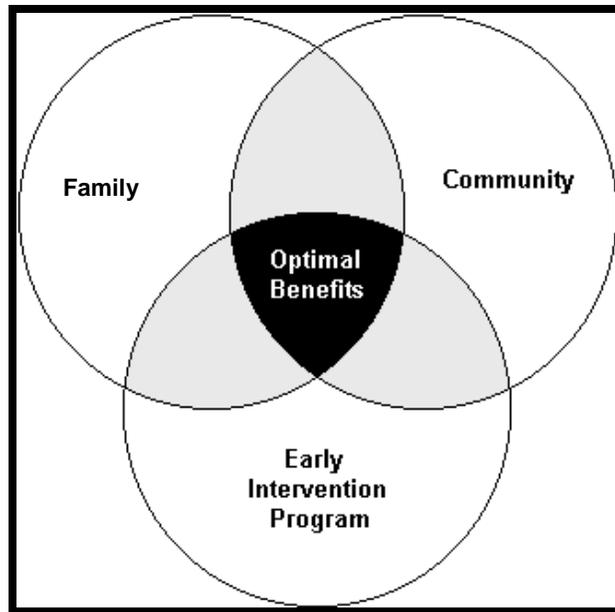


Figure 2-2  
Illustration of the interrelationships among family and community activity settings and early intervention

Figure 2-2 shows the importance of both activity settings and early intervention. Family and community activity settings provide everyday opportunities for development and learning. Early intervention recommends supports, strategies, and adaptations that take into account individual learning characteristics. Taking advantage of the benefits of both activity settings and early intervention knowledge maximizes the ability to successfully address child, family, and community outcomes.

## Individualized Activity Settings

Activity settings are as varied and individualized as the families participating in early intervention. Research has shown that, when families were asked to identify their activity settings, not one activity setting was on every family's list. There were some activity settings that were frequently identified, such as riding in the car and eating dinner. However, there were many activity settings identified by very few families, such as attending pow wows.

There are many factors that influence both the kinds of activity settings the family engages in and how early intervention can support a child's development in those settings. These factors include:

Where the family lives	Child age
Family demographics	The child's disability and its severity
Cultural beliefs and values	Techniques used to identify outcomes
Financial and psychological costs associated with the activity	Early intervention practices, including methods and supports
Ethnicity	

Interventionists must consider these factors as they discuss with families their individual activity settings as well as intervention adaptations, supports and strategies to facilitate child participation and enjoyment of the activity settings.

There may be activity settings that the family wants either the entire family or just the child to participate in, but has not pursued these opportunities. There could be many reasons why the family has not pursued these opportunities. The family may not know adaptations and supports that allow the child to participate fully, or safely. Without these adaptations and supports, the activity setting may be too difficult or stressful for the child or the entire family. Or, the activity setting may be enjoyable for the whole family, but getting to the activity setting may not make the trip worthwhile. Also, families may not be aware of the options in the community. For example, they want their child to participate in a playgroup, but do not know where to start looking for one. Or, families may be thinking about next developmental steps when considering a future activity setting for their child. For example, a family may want to enroll their child in a community preschool when s/he is three years old.

Using the family's interests identified in the early conversations with the family, the intervention team supports the family in identifying family and community activity settings they are currently experiencing (existing) or want to experience in the future (new).

## Identifying Family Activity Settings

Family and home life are naturally rich in activity settings where all children can learn and develop. Early interventionists can help a family identify family activity settings through discussions about the things the family does in or around the house or a relative's house, the experiences **they value because of interest, enjoyment or meeting a family function**. Family activity settings can occur:

- Everyday or almost every day (daily routines).

Daily routines occur as a consistent part family and child life. Daily routines can be ritualized or non-ritualized.

**Ritualized** daily routines are predictable and occur at specific times and places, often with the same people, such as eating and bathing.

**Non-ritualized** daily routines happen by choice and occur on a regular basis or almost everyday, such as reading books and talking at mealtime.

- Certain days or times of the week (non-daily routines).

Non-daily routines occur on a regular basis as part of family and child life but only occur on certain nights, days of the week, weekly, etc. Examples of non-daily routines include: watching a video every Friday night, cleaning the house every Saturday morning, and visiting relatives twice a month.

- On special occasions or times of the year (celebrations and traditions).

Family celebrations and traditions are special occasions that occur at specific times of the year, such as holidays and birthdays, or family milestones such as weddings and bar mitzvahs.

Early interventionists must recognize all possible family identified activity settings, even those an interventionist would not participate in, such as a wedding. The identification of family activity settings helps the family see the multiple experiences where they can take advantage of intervention recommendations.

In addition to when they occur, family activity settings can also be grouped into different family functions. These categories were determined by asking over 3,000 families to identify activity settings that their child does, or could, experience:

- Family Routines (cooking, cleaning, animal care)
- Parenting Routines (child's bedtime and bath time)
- Child Routines (brushing teeth, dressing, eating)
- Literacy Activities (looking at books, listening to stories, reading)
- Play Activities (drawing, lap games, playing with toys)
- Physical Play (roughhousing, ball games swimming)
- Entertaining Activities (dancing, singing, watching TV)
- Family Rituals (family talks, spiritual readings, saying grace at meals)
- Family Celebrations (holiday dinners, birthdays, decorating the house)
- Socialization Activities (having friends over, family picnics, visiting neighbors)
- Gardening Activities (outside walks, planting flowers, growing vegetables)

Within each of these activity setting categories are multiple and various experiences in which an individual family may or may not engage. It is important to remember that the family identifies the current and desired activity settings. The interventionist's role is to ascertain what the family's activity settings are, not to suggest or create new activity settings.

Using the recommendations for engaging families in conversations outlined in Module 1, the early interventionist elicits family activity settings. Some activity settings will come easy for families, such as eating and dressing. Some may need to be elaborated such as determining what type of play and literacy activities the child enjoys. Some families may not think certain activity settings are related to early intervention, such as those in the gardening, socialization and family rituals categories. While early interventionists must respect whether a family wants to include a certain activity setting in the IFSP, **interventionists must make sure that families understand the relationship of activity settings to their child's development.** The initial conversations describing early intervention will prepare families for this process. As the conversations center on identifying specific activity settings, further explanation will most likely be needed.

Below is a list of possible questions to guide the identification of family activity settings. Remember that the goal is to identify activity settings (1) the child already enjoys to build on existing interest, (2) those that occur but the child does not enjoy to create interest and engagement in the activity, and (3) those that the family wants the child to participate in, to maximize the number of development-enhancing experiences throughout the day.

- What are some things your child likes to do in and around the house?
- What are things that your whole family likes to do in and around the house?
- Are there activities in and around the house that the whole family does but your child doesn't like to do yet you wish s/he enjoyed?
- What are some things your child "helps" with around the house?
- What do you do during the day that you wish your child could be a part of?
- Are there friends or relatives that you visit frequently? What are some things your child likes to do there?
- You mentioned that you wanted your child to develop a sense of responsibility. Is there something happening around the house your child could help with?

These questions serve as examples. The conversation will look different depending on the family. As shown in the last question, tying the discussion back to family interest will help make the IFSP process seamless. To make sure a variety of family activity settings are discussed, examples may need to be given. The interventionist might say,

*“Some families have found that their child learns during some unexpected times. For example, one family thought that their child could help feed their cat. This activity taught their child to care for animals and practice scooping, dumping, taking the lid on and off and communicating by calling the cat. Do you think there are activities like this that your child could do with you?”*

The following activity (2-3) provides an opportunity to brainstorm possible family activity settings and to consider how to discuss different family activity setting categories with families.

**Activity 2-3 : Identifying Family Activity Settings**

Identify family activity settings that might already exist and desired family activity settings for Melissa and her family within the following categories (divide the categories and share your answers if you are in a group). Be creative: try to come up with unique activity settings. What would be words or phrases you would use to prompt/ elicit activity settings within each category?

	Existing	New
Family Routines:	_____	_____
	_____	_____
	_____	_____
Prompt	_____	_____
Parenting Activities:	_____	_____
	_____	_____
	_____	_____
Prompt	_____	_____
Child Routines:	_____	_____
	_____	_____
	_____	_____

Once family activity settings are identified for an individual family, community activity settings are identified.

### Identifying Community Activity Settings

Like family activity settings, community activity settings are naturally rich in development-enhancing experiences. The key to identifying these settings is not to look for therapeutic value, but settings that the family normally experiences, or would like to experience.

Community activity settings include anything the family does outside their home or a friend's or relative's home. These settings are usually within the family's neighborhood or community and can occur on a daily, periodic or individual basis. Community activity settings are designed for all families with young children; they are not specialized for children with disabilities. Community settings can be:

- Organized community experiences (formal community activities).  
Experiences that are coordinated for community participation include: tumbling at gymnastics, attending religious services and listening to stories at the library.
- Unplanned community experiences (informal community activities).  
Experiences that are not organized by community groups but occur outside the home include: playing on the slide at the playground, picnicking at the local park, playing outdoors at a neighbor's house, and going grocery shopping.
- Experiences within the community that center on holidays or special occasions (community celebrations).  
Community celebrations that are focused on special occasions and/or holidays that are practiced by the community include: decorating the Christmas tree, riding the Merry-Go-Round at the County fair, watching the Fourth of July parade, and lighting the Kwanzaa candles.
- Community activities that have a distinct function (community traditions)  
Community events and/or activities that take on a specific role for the community include: stacking cans at a community food drive and picking up litter on community clean up days.

Same as family activity settings, there are 11 categories of community activity settings where families can identify new and existing settings important to their family functioning. These categories are:

- Family Routines (running errands, car or bus rides, weekend chores)
- Family Outings (shopping, eating out, getting haircuts)
- Play Activities (swinging at the playground, playing in the ball bath at restaurants)
- Community Activities (reading at the library, walking around fairs and festivals)
- Physical Activities (ride-on toys, swimming, sledding)
- Children's Attractions (petting zoo animals, riding on hay trucks)
- Art/Entertaining Activities (watching children's theater, singing at a concert)
- Religious Activities (singing church songs, ringing bells)
- Organizations and Groups (participating in movement classes or parent/child groups)
- Sports (playing soccer, t-ball, gymnastics)
- Outdoor Activities (going for walks in a stroller, eating at picnics, hiking)

Also similar to family activity settings, the family identifies existing and desired community activity settings through discussions with the intervention teams. Remembering that some activity settings will be harder for families to identify than others, the early interventionist can facilitate the discussion by asking questions like:

- What types of activities would you like to do outside the home with your child but might be unsure how your child can participate?
- What errands do you do on a regular basis? Does your child come on those errands? If so, does s/he enjoy them? Are they enjoyable to you?
- What kinds of activities in the community does your child participate in?
- Are there any activities in your community you would like your child to participate in?

The same guidelines for identifying family activity settings hold true for community activity settings:

- Make sure the family understands the importance of community activity settings to child learning and generalization of skills.
- Identify community activity settings:
  - (1) The child enjoys;
  - (2) The child does not enjoy but must occur, or the family wants the child to participate in and enjoy and;
  - (3) New activity settings in which the family/child does not yet participate.
- Tailor the conversation to the individual family.
- Tie the discussion to family interests already elicited.
- Support the family in identifying the community activity setting they value. Avoid creating new activity settings for the family.

The following activity (2-4) provides an opportunity to brainstorm possible community activity settings and to consider key words and phrases to elicit various styles of community activity settings.

**Activity 2-4: Identifying Community Activity Settings**

Identify community activity settings that might already exist and desired community activity settings for Melissa and her family within the following categories (divide the categories and share your answers if you are in a group). Be creative; try to come up with unique activity settings. What would be words or phrases you would use to prompt/ elicit activity settings within each category?

Family Routines \_\_\_\_\_

\_\_\_\_\_

Prompt \_\_\_\_\_

\_\_\_\_\_

Family Outings \_\_\_\_\_

\_\_\_\_\_

Prompt: \_\_\_\_\_

\_\_\_\_\_

Play Activities: \_\_\_\_\_

\_\_\_\_\_

Prompt: \_\_\_\_\_

\_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

Prompt: \_\_\_\_\_

\_\_\_\_\_

Physical Activities \_\_\_\_\_

\_\_\_\_\_

Prompt: \_\_\_\_\_

\_\_\_\_\_

Children's Attractions: \_\_\_\_\_

\_\_\_\_\_

**Activity 2-4 cont'd**

Prompt: \_\_\_\_\_  
\_\_\_\_\_

Art/Entertaining  
Activities: \_\_\_\_\_  
\_\_\_\_\_

Prompt: \_\_\_\_\_  
\_\_\_\_\_

Religious Activities: \_\_\_\_\_  
\_\_\_\_\_

Prompt: \_\_\_\_\_  
\_\_\_\_\_

Organizations & Groups: \_\_\_\_\_  
\_\_\_\_\_

Prompt: \_\_\_\_\_  
\_\_\_\_\_

Sports: \_\_\_\_\_  
\_\_\_\_\_

Prompt: \_\_\_\_\_  
\_\_\_\_\_

Outdoor Activities \_\_\_\_\_  
\_\_\_\_\_

Prompt \_\_\_\_\_  
\_\_\_\_\_

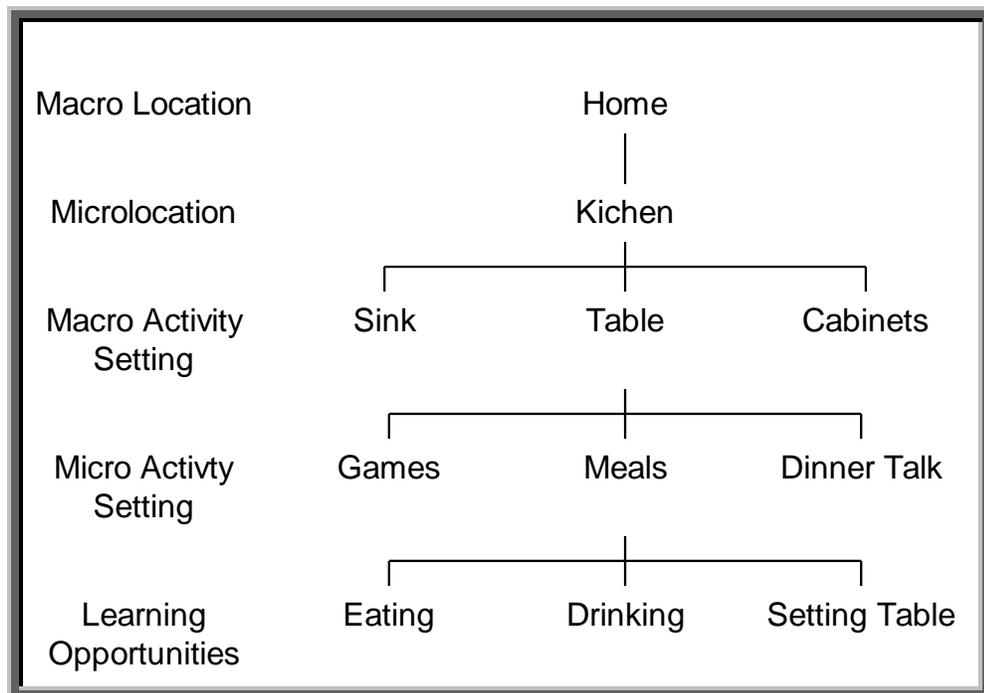
Once existing and new family and community activity settings are identified, the intervention team elicits from the family what they see as the learning opportunities available within the activity settings.

## From Activity Settings to Learning Opportunities

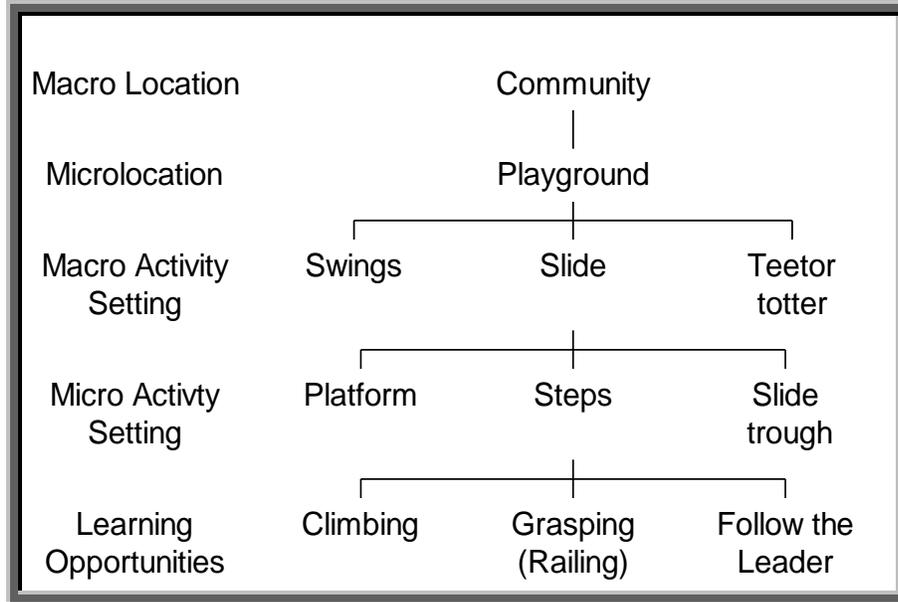
Multiple learning opportunities can exist for one activity setting. At the same time, more than one activity setting can have the same learning opportunity. **There is not a one-to-one correspondence between activity settings and learning opportunities.**

Learning opportunities answer the question, “What types of things can the child learn during an identified activity setting?” While interventionists are frequently able to answer this question, research has shown that families are also quite able to answer this question for their individual child. As will be seen in Module 4, the family must identify their child’s learning opportunities since they form the basis for identifying IFSP outcomes.

Figures 2-3 and 2-4 illustrate multiple learning opportunities within one family and community activity setting, respectively.



**Figure 2-3:** Diagram showing an example of the various learning opportunities in one family activity setting.



**Figure 2-4:** Diagram showing an example of the various learning opportunities in one community activity set

**Activity 2-5: Identifying Learning Opportunities**

Choose a family and community activity setting identified in Activities 2-3 and 2-4. Brainstorm questions and key words you would use to elicit multiple learning opportunities across developmental domains. Identify possible responses by the Canalettos. Be creative.

Family Activity Setting \_\_\_\_\_

**Possible Learning Opportunities:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Community Setting:** \_\_\_\_\_

Questions/Prompts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Possible Learning Opportunities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*This module focused on the importance of family and community activity settings to a child's development. While most IFSP documents do not provide a specific place to identify family and community activity settings and resulting learning opportunities, they can be listed on the IFSP in the family interests section. Two worksheets are provided on the following pages that can be used in the IFSP process as supplements.*

*Always considering the family's interests identified in Module 1, Module 2 extended the idea of natural learning environments from locations to experiences that naturally provide opportunities for learning. These activity settings and learning opportunities will result in family identified IFSP outcomes. But first, the activity settings and learning opportunities are used to conduct a functional assessment of the child's development and the surrounding physical and social environment.*

# Activity Setting Recording Form

Interviewer: _____	Date: _____	Site: _____
Parent's Name: _____	Child's Name: _____	

EXISTING ACTIVITY SETTINGS	NEW ACTIVITY SETTINGS



<b>Intervention Activity Setting Recording Form</b>				
<b>Parent's Name:</b> _____		<b>Child's Name:</b> _____		
<b>Interventionist:</b> _____		<b>Date:</b> _____		
<b>Location</b>	<b>Activity Setting</b>	<b>How Often</b>	<b>Learning Opportunities</b>	<b>Why is it Important?</b>

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## Module 2: The Value of Family and Community

### Checklist

- ✓ Understand child learning
- ✓ Recognize natural environment locations and their relationship to activity settings.
- ✓ Communicate to families the relationship between family and community activity settings and child learning and participation.
- ✓ Describe and elicit from families existing and desired family and community activity settings:
- ✓ That the child enjoys
- ✓ In which the child must participate
- ✓ Elicit from families learning opportunities within their family and community activity settings.

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## Module 2: The Value of Families and Community

### Module Reflection

What topics in the module do I:

1. Understand and practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

## **Notes**

# IFSPs for the 21<sup>st</sup> Century

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## Family Story: The Value of Family and Community

*After the Canalettos identified their family interests, the service coordinator, Leigh Nedler, described the importance of family-identified experiences to Melissa's development. She explained, "During our discussion, you described things that are important to you -- dinner time, continuing to build a relationship between Matthew and Melissa, and giving your children a sense of responsibility and independence. We are going to continue to think about those areas as we develop the IFSP. But first, we also need to think about what goes on during the day in your family. These activities are full of opportunities for Melissa to learn. You probably remember that when Matthew was younger, he learned and developed by playing and interacting with you and objects throughout the day. And that is the way all kids learn -- by having fun and participating in everyday activities. What early intervention can do is give you recommendations so that Melissa can enjoy and participate as best she can in your family activities." The Canalettos assured Leigh that they understood and began to describe some of the activities Melissa enjoys.*

*Anthony began by stating that Melissa's favorite times to play are in her crib and with her brother. She also enjoys swimming. As a family, they enjoy going for walks and shopping for clothes. Mary questioned how much Melissa enjoyed playing with her brother. Mary thinks Melissa gets frustrated when playing with Matthew because she cannot see the toys or communicate what toy she wants. Knowing that the sibling relationship was a value of the Canalettos, Leigh took the opportunity to identify the learning opportunities in the activity setting of playing with Matthew. She stated, "When kids are interested in activities, as Melissa is interested in playing with Matthew, they will try harder. We may want to build on her interest. Are there things you think Melissa can learn while playing with Matthew?" Mary and Anthony were unsure what Melissa could learn since she so often gets frustrated. Leigh clarified, "The intervention team can come up with recommendations that make playing with Matthew less frustrating, such as finding the best place to position toys so Melissa can see them. But Melissa wants to play and interact with Matthew. What can she learn by playing with him? The Canalettos thought about it and suggested that Melissa can learn how to tell Matthew what she wants when they are playing. Leigh acknowledged that playing with others is a great time to learn to communicate. With the family understanding learning opportunities, Leigh asked about learning opportunities in the other activities the Canalettos identified as enjoyable for the family.*

*As the conversation continued, Leigh returned to the Canalettos earlier comments of wanting Melissa to go to a Montessori program and swim classes. Mary wondered, with Melissa's many needs, how she could attend these programs. What would the teachers and other children do, and how could Melissa participate and play with them? Leigh reassured Mary and Anthony that early intervention would support them and Melissa in participating in these activities, including talking to the program staff to help them be able to interact with Melissa. She suggested that they think about what Melissa would learn by participating in these activities.*

*Next, Leigh shifted the conversation to think about family activity settings that are difficult for Mary to participate. She used the family interest of dinnertime to begin the conversation. Leigh stated, "You mentioned that dinner is an important time of day for your family, but Melissa really does not enjoy it. If Melissa was enjoying and participating in dinnertime, what would she learn from it?" Mary began, "Anthony and I feel it's very important for Melissa to learn how to eat. Also, meals are an important social time in our house, so Melissa could learn how to be social and interact with others." Leigh showed that she understood by stating, "I understand that*

*mealtimes can be very social. Early intervention can support you in finding ways to help Melissa enjoy those times with you.”*

*As the conversation continued, Leigh wrote down the Canalettos existing and desired activity settings, and resulting learning opportunities. Leigh reviewed the information with the Canalettos and asked if there were any other activities they wanted to include. She then described the next step in the IFSP process. “All of the information you have given us about your family is very important to us, and other team members will use it to plan their observations of Melissa. They will observe Melissa when she is at her best, just after waking up, as well as within the activities you have identified as important and enjoyable to your family, such as eating dinner, and playing with Matthew. They will ask you some questions about what you have seen Melissa do and how you help Melissa participate. They will also be looking at where those activities take place and the objects that are a part of the activity to see if any modifications could help Melissa participate more. They will also ask about strategies you have tried before to help Melissa participate.”*

*Leigh asked if either Anthony or Mary had any other questions. Anthony and Mary looked at each other, both shaking their heads. Mary answered, “This evening was very helpful, thank you. I think Anthony and I both feel much better about what to expect from the early intervention program.”*

## Activity Setting Recording Form

**Parent's Name:**

Mary & Anthony Canaletto

**Child's Name:**

Melissa Canaletto

### Existing Activity Settings

### New Activity Settings

Eating dinner

Shopping for clothes

Swimming with family

Playing with Matthew

Going for walks and stroller rides

Watching television & videos

Playing with toys

Swimming at the YMCA

Playing with peers

Going for

Eating out

Family outings/trips

### Intervention Activity Setting Recording Form

Parents Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Interventionist: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Location</b>	<b>Activity Setting</b>	<b>How Often</b>	<b>Learning Opportunities</b>	<b>Why is it Important?</b>
Kitchen table	Eating dinner	Every night	Learn to eat	
			Be social and interact	
Mall	Shopping for clothes	Every 2 weeks	To reach and touch clothes	
			To tell us what she likes/dislikes	
YMCA & Community Pool	Swimming	1x Week (peers) 3x Week (family)	Splashing in the water	
Montessori	Playing with peers	5 days a week	Be social and interact with kids her age	
Family Room	Playing with Matthew	2-3x a week	Tell Matthew what she wants	

Assessment is the process of gathering information for the purpose of making an informed decision. An informed decision requires that the information be relevant to child functioning in daily life. What better way to get this information than through observations of the child participating during his or her activity settings?

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# Module 3

## Identifying Strengths, Interests, and Next Steps Within Activity Settings: Functional Assessments

Once activity settings and learning opportunities are identified, the next phase in the IFSP process is assessing the child's development within his/her family and community activity settings. **Assessment is the process of gathering information in order to make an informed decision.** An assessment produces answers to questions about a child's unique strengths and possible adaptations, supports and strategies to increase participation in activity settings. This module provides information to design and conduct functional, developmental assessments within and across family-identified activity settings. Assessments to gather information to create IFSP objectives and strategies are only the beginning. Assessments are continually occurring to determine if the adaptations, supports and strategies are appropriate, and to identify child progress and next steps.

A functional assessment:

**Focuses on participation.** The goal of the functional assessment is to determine the child's current level of participation within and across family identified activity settings and to identify adaptations, supports and strategies to increase participation and learning in those activity settings.

**Focuses on family-identified learning opportunities.** As demonstrated in Module 2, family members have unique learning opportunities they believe would enhance their child's development. The assessment should consider the child's current functioning in relation to the identified learning opportunities as well as the next steps and supports needed to progress learning.

**Reflects child interest for activities and materials.** The goal of an assessment is to obtain a complete and accurate picture of the child's current abilities and ability to learn so s/he can participate in existing and desired activity settings. Observing the child in activities that are interesting to him/her ensures that the child's attempts are maximized because s/he is invested in the activity.

**Uses family-identified activity settings.** As stated in Module 2, activity settings can include experiences that the child does not enjoy but the family wants the child to participate. Observing in these settings illustrates the supports necessary to gain the individual child's interest, as well as the child's ability to fully participate and learn in that setting.

**Includes an analysis of the environment.** Observations of the way the social and physical environment helps or hinders the child's functioning within a specific activity setting will identify adaptations to the environment, rather than the child, to facilitate competence and participation.

Functional assessments compile information about a child's current development and next steps in experiences that serve a purpose in the child's life - - play, family routines,

and any other activity settings valued by the family. The assessment findings are then **contextualized** in the child's life experiences.

## FUNCTIONAL DEVELOPMENT AS AN INTEGRATED PROCESS

Traditionally, developmental assessments were conducted by observing discrete developmental skills in artificial situations, such as therapy rooms and clinic offices, overlooking the influence of the environment. However, children do not use one developmental domain at a time to function and learn. They use all their developmental competencies across domains to participate in activity settings. Also, how children function in different activity settings depends on whether or not the people, space, and objects in the activity settings support or hinder child participation and learning.

### Integrated Developmental Domains

A child uses his/her abilities across all traditional developmental domains to participate in family and community activity settings. Even walking, a developmental goal usually considered a gross motor skill, involves and is influenced by skills and abilities across all developmental domains. Table 3-1 identifies developmental skills across domains necessary for walking, why they are important, and the domains in which they have been traditionally considered.

**Table 3-1**

Developmental Skills Other Than Gross Motor Necessary for Walking

Developmental Skill	Relationship to Walking	Traditional Domain
Motor planning/problem solving	To know how to coordinate movements	Cognition, Motor
Motivation to walk	To recognize that walking is more efficient than crawling	Cognition, Social-emotional
Communicating wants and needs	A child with effective communication skills may be less likely to walk because s/he can ask for what s/he wants	Communication
Visual-perceptual	To see accurately where to walk	Sensory, Motor
Understanding language	To know where objects are to obtain them	Communication
Secure attachment	To feel safe to explore, yet knows can return to caregiver for reassurance/comfort	Social-emotional

This illustration is simply of walking. Consider all the skills and abilities to function in one activity setting, such as eating dinner or using a slide at the playground. **Functional assessments consider the child's abilities across all developmental domains to get a complete picture of the child's competence within a specific activity setting.**

### Activity 3-1

Look back to the learning opportunities identified on the Canaletto Intervention Activity Setting Recording Form at the end of Module 2. Choose two learning opportunities, one that would be observed in a family activity setting and one in a community activity setting. Identify at least one skill from each developmental domain needed to achieve the learning opportunity. Describe why the skill is important.

Learning Opportunity (Family Activity Setting): \_\_\_\_\_

Domain	Developmental Skill	Relationship to Learning Opportunity
Communication	_____	_____
Cognition	_____	_____
Motor	_____	_____
Sensory	_____	_____
Social-Emotional	_____	_____

Learning Opportunity (Community Activity Setting): \_\_\_\_\_

Domain	Developmental Skill	Relationship to Learning Opportunity
Communication	_____	_____
Cognition	_____	_____
Motor	_____	_____
Sensory	_____	_____
Social-Emotional	_____	_____

To describe a child's functional competence by considering all the developmental domains, the interventionists involved in the assessment must be comfortable assessing child development across all developmental domains.

### Environmental Influences

In traditional assessments, families have frequently commented that their child "is not able to do that at home" when their child performs a task never observed before, or the child "can do that at home" when their child does not perform a task they have observed the child perform previously. These assessments did not reflect the child's functioning during actual family and community activity settings, but his/her functioning in an unfamiliar, structured environment. **Functional assessments take into account how the social and physical environment affects a child's abilities during specific activity settings.**

- The **social environment** consists of the adults and peers who participate in the activity setting with the child. Questions to consider when assessing the influence of the social environment on child functioning are:
  - How does the number of people involved impact child functioning?
  - What is the general quality of the interactions between the child and specific adults and peers?
  - How are the interactions meeting the unique characteristics of the child to foster learning and participation?
  - What strategies have been tried before to increase the child's participation? How did it go?

- How do the interactions promote child enjoyment?
  - How do the interactions motivate/engage the child to participate?
  - How much control does the social environment allow the child to have (initiation, choice making, etc.)?
  - What possible interaction strategies could promote increased child enjoyment?
- The **physical environment** consists of characteristics of the space and objects where the activity setting occurs. Questions to consider when assessing the influence of the physical environment on child functioning are:
- How does the size of the space influence child functioning?
  - How much room is there to move around?
  - What kinds of objects are available?
  - Are the objects appropriate for the unique learning characteristics of the child?
  - How does the physical environment promote increased child enjoyment?
  - How does the physical environment motivate/engage the child to participate?
  - How much control does the physical environment allow the child to have (independent movement, access to toys, etc.)?
  - What physical adaptations have been tried before to increase child participation? How successful were they?

**Activity 3-2**

Using the two learning opportunities identified in Activity 3–1, identify aspects of the social and physical environment to explore when assessing Melissa’s functioning. Consider the specific activity setting in which the family identified the learning opportunity.

Learning Opportunity (Family Activity Setting): \_\_\_\_\_

Social Environment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Environment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Learning Opportunity (Community Activity Setting): \_\_\_\_\_

Social Environment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Environment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The decisions the intervention team makes during assessment planning and implementation must consider the information needed to fully understand a child’s functioning within and across activity settings. As illustrated in this section, this includes integrated development and social and physical environmental influences.

## Planning the Assessment

Planning helps ensure that an assessment addresses the family's interests and all team members understand the assessment process. The selection of assessors from the intervention team will depend on the knowledge of the team members as well as family and child characteristics. If one team member is skilled to assess functional competence, including the influence of the social and physical environment, one team member can conduct the assessment and report his/her findings to the rest of the team to develop the IFSP. More than one team member may be needed to conduct the assessment if child or family characteristics suggest the need for multiple perspectives. During the planning phase of assessment, team members, including the family, decide:

- Family involvement;
- How to assess considering family and child interests, including activity settings and learning opportunities;
- A plan to analyze the environment;
- Previous assessments completed and the information gained.

### Family Involvement

A family may have a variety of questions related to the assessment, including:

- What will the assessment look like?
- What types of activity settings will be observed?
- How much time will be needed?
- How will assessment information be interpreted and used?

Time should be given to address each family member's questions.

Family members can take on two primary roles in the assessment process:

**Reporter and interpreter of observations.** Family members can describe their child's behaviors across various activity settings and over time, to determine whether what is being observed reflects the child's everyday behaviors. Family members can also interpret the behaviors, putting a context to why the child may be functioning in a specific manner.

**Active participant in the activity settings.** To get an accurate picture of the child's functioning, early interventionists will want to observe the activity setting as it really happens. Therefore, if a family member is usually involved in the activity setting, that family member should participate during the assessment process. This will facilitate an understanding of the influence of the social environment to child functioning. Family members can also choose to participate by trying adaptations, supports and strategies recommended by the interventionists to see how the child's behavior changes, providing important information to the development of objectives and intervention strategies.

Families should participate in the assessment process at whatever level they feel most comfortable. Family members can make a better choice about their roles in the assessment process when they are provided with the information necessary to assume an active role.

Information must be provided to the family about the purpose of the assessment, as well as the assessment process and methods that will be used.

**Activity 3-3: Family Involvement In The Functional Assessment**

Families must feel comfortable participating in the functional assessment without feeling like their parenting and/or interaction abilities are being judged.

1) How would you describe their participation in the activity setting observations?

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2) How would you describe why it is important they participate?

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**Relating to Family and Child Interests**

Family interests should guide the entire assessment process – what they want for their child and family, their valued activity settings, and what they think their child could learn through those settings. For example, eating dinner is a valued activity setting for the Canalettos, where Melissa can learn to eat and socialize. Their service coordinator may suggest that an early interventionist observe while the Canalettos eat dinner to see how Melissa participates in this activity setting, how the social and physical environment supports Melissa in participating, and her current abilities toward learning how to eat and socialize. During assessment planning, it should be conveyed to the family that these priorities will be the focus of the assessment. While interventionists cannot observe every activity setting, they want to maximize the number of activity settings and learning opportunities to get a sense of the child’s overall functioning as well as functioning in specific activity settings. The intervention team, including the family, should decide which activity settings are most important to observe initially leaving open the possibility of observing other activity settings at a later time. Considerations when choosing activity settings to observe are:

- Family priority;
- Multiple learning opportunities in one activity setting that were also identified in other activity settings;
- A balance of both family and community activity settings;

- When the family expects to begin participating in a desired activity setting;
- Balance of activity settings the child enjoys and activity settings the child does not enjoy but must participate as part of family life.

Planning involves deciding how to assess the child and the social and physical environment. Knowing both the family's interests and the child's strengths and interests can facilitate this. By identifying the activities the child enjoys the assessment team can plan an assessment that will yield a more accurate picture of the child's skills and abilities. By defining what family member participates in which activity settings with the child, the team can observe the child in these settings with the same individuals to obtain a more accurate picture regarding the need for adaptations, supports and strategies to promote interest, participation, and learning. This information has already been gathered by engaging in conversations with families about their interests, new and existing activity settings, and learning opportunities. The intervention team uses this information to plan the observations. The service coordinator is responsible for conveying family and child interest, activity settings, and learning opportunities to the interventionist(s) conducting the assessment.

### **Activity 3-4: Identifying Specific Activity Settings for Assessment**

Review the Canaletto's interests, activity settings, and learning opportunities. Which activity settings would you want to observe? Why? Do you think they are the same as what the Canalettos would say?

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### **Analysis of the Environment**

To plan for the environmental analysis, the intervention team considers the questions described in the section on functional development. When thinking about these questions, the intervention team determines:

- Who needs to participate in the activity setting observation?
- What adaptations might be tried during the assessment?
- What checklists may be helpful during the observation (e.g., interaction scales, ecological scales)?

## Information From Previous Assessments

Finally, assessment planning involves gathering information from previous medical and developmental assessments and reports. Accessing this information reduces duplicating efforts and asking the same questions. Previous standardized assessment reports can serve as a comparison for what is observed during the activity settings. Included in this process is making sure that the assessors are debriefed regarding the conversations between the family and a service coordinator or another early interventionist so all previous information gathered is shared among team members.

### Activity 3-5: Gathering Previous Reports

What information was previously gathered about Melissa's development? Refer back to the family story at the end of Module 1. How would you get the information?

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Why would that information be useful?

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Assessment planning is completed when the family and other team members know their roles and responsibilities during the functional assessment.

## Assessment Procedures

To conduct a functional assessment, the early interventionist(s) must:

- Understand typical infant/toddler development and learning
  - Spanning developmental domains and age range
- Distinguish between typical and delayed or atypical developmental variability and subtle developmental differences
  - Knowing when to worry and what to worry about
- Identify competencies despite developmental concerns

- For example, the child clearly makes his/her wants and needs known even though a trach prevents him/her from vocalizing
- Recognize the influence of the social and physical environment
  - Identify whether the environment supports individual child participation and learning based on his/her unique learning characteristics

The key to a functional assessment is gathering sufficient information to gain a clear picture of a child's development within the context of family-identified activity settings. The emphasis is strengths-based, what the child can do instead of what the child cannot do. The following serve as guidelines for conducting an effective functional assessment:

**Use non-discriminatory, culturally competent, and family friendly procedures and language.** Any procedures, checklists, developmental scales, or language used in discussions with families should be free of sexual, racial and cultural bias, using the family's predominant language. The language used during the functional assessment can either facilitate or hinder family participation. Professional jargon or any language style that is unfamiliar or uncomfortable for the family should be avoided. Instead, the language should reflect the clear, jargon-free communication style of the family.

**Assess the child as s/he functions, through developmental processes.** The relationship between developmental domains must be considered in a functional assessment. Child participation and learning occurs through **processes** that use skills across multiple developmental domains. Early developmental processes include initiating social interaction, problem solving, and coping. Assessors must keep in mind developmental processes and the quality of those processes, versus attempting to identify how many discrete developmental milestones the child has achieved.

**Assess across multiple activity settings.** The characteristics of the child's social and physical environment will look different across different activity settings. Examining similarities and differences of child behavior and environments across multiple activity settings will help detect contextual components that promote or impede the individual child's participation and learning.

In addition, a developmental skill or ability is mastered in three steps: (1) acquisition – the child is able to do the skill, (2) fluency and maintenance – the child is able to do the skill frequently over time, and (3) generalization – the child is able to do the skill across time and activity settings, with different people and objects/materials. Therefore, observing multiple activity settings allows the assessor to determine the mastery level the child may be for a specific learning opportunity.

**Attend to both participation in activity settings and development of learning opportunities.** As discussed in Module 2, active child participation in activity settings through interest and engagement naturally promotes learning. At the same time, participation can occur on a variety of developmental levels. The family may identify a learning opportunity within an activity setting that can happen as a natural part of the activity setting, but may not be required to actively participate.

For example, the child may participate in grocery shopping by actively pointing to choices of foods and placing items in the cart. In addition, the family may identify a learning opportunity of going grocery shopping to be verbalizing choices. This learning opportunity increases child learning (communicating verbally) yet not necessarily changing the child's active participation (making choices). The functional assessment should address both (1) the level of child involvement to determine how to increase participation and (2) the type of behaviors used to participate to determine next developmental steps in the family-identified learning opportunity.

**Try out possible adaptations and supports.** During the functional assessment, the assessor may identify minor changes to the environment that can promote child participation and learning, such as changing the child's positioning in the grocery store shopping cart, which can help him/her engage in the shopping experience rather than struggle with body stability. These simple adaptations can be tried during the functional assessment. The success of the adaptation can be included in the assessment findings, providing further evidence of the child's functioning, which can be used in planning the IFSP.

Regardless of assessment methods chosen, these guidelines should be followed for any functional assessment conducted, whether at initial IFSP development or for evaluating progress.

### **Activity 3-6: Reflection of Functional Assessment Guidelines**

Review the five functional assessment guidelines. Think about which guidelines you already implement and which ones you have not yet implemented. For the latter, identify what supports you would need to implement them. Finally, consider whether your answers are different for family versus community activity settings.

Guidelines currently implementing:

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Guidelines not yet implemented and supports needed:

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Differences between home and community activity settings:

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## **Using Different Assessment Methods Within Activity Settings**

An effective functional assessment requires the use of multiple methods for gathering information about the child and his/her social and physical environment. This ensures that the information obtained reflects a complete and accurate picture. Three specific methods of gathering functional assessment information are used in the assessment process: family interviews, observations using professional judgment, and observations using checklists or developmental scales.

## Family Interviews

Discussions with family members are a valuable part of any assessment. These discussions are used to learn more about the family's observations of the child's abilities. It is important to remember that the family knows the child best. The family can provide information about his/her behavior in a variety of activity settings (e.g., dressing, going to bed, playing with friends, riding in the car, going shopping). The family can also share information about ways they have tried to support their child's participation and learning across activity settings.

Family discussions can occur before, during, and after activity setting observations. Prior to the observations, family members describe how they expect their child to behave in the activity settings being observed and how the behaviors may look different in different activity settings, including activity settings that will not be observed. This initial family discussion serves three purposes. (1) The assessor gains a sense of what to expect when observing the child. (2) The assessor begins to understand the family's perceptions of their child, and their understanding of child development in general. (3) The family begins to think about the types of questions early interventionists consider for child participation in activity settings.

During the observation, assessors can discuss with families their observations, uncovering the family's thoughts and reactions. At this time, families can discuss whether the behavior is usually observed in the activity setting and in different activity settings. Before attempting an adaptation, the assessor can ask the family whether they have tried the adaptation already and how well it worked, as well as whether the family was interested in trying the adaptation. Discussions about how well the adaptation worked provide a learning opportunity for the family to understand their child's development. Discussions during the observation also provide valuable information on family interests. The family may focus on a certain aspect of the assessment, indicating their interest. Or, the family may dismiss an observation if it is not of value to them. As much as possible, discussing observations based on child participation and family-identified learning opportunities will keep the family invested in the discussions during the observation.

After the observation, discussions can center on what the family observed and their interpretations of their child's participation and learning opportunities. Again, this serves to gather the family's perception of their child, which will assist in designing interventions. After the observation is another opportunity to gather from the family how the child behaves in other situations, and brainstorm possible environmental differences that affect the child's behaviors.

### **Activity 3-7: Questions to Ask During Family Interviews**

Family perceptions and observations about their child's development and development in general are important to ascertain during the assessment process for developing objectives and intervention recommendations. Think about the Canalettos. What information would you want to gather from them before, during, and after the observations? What words/phrases would you use?

Before the observation:

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<p>During the observation:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>After the observation:</p> <hr/> <hr/> <hr/> <hr/> <hr/>

## Observations

Observation forms the cornerstone of the functional assessment. Since the goal is to understand how the child functions in everyday situations, the best way to gather this information is by observing the developmental processes the child uses in the family identified activity settings. There are many advantages to collecting information through observation, including to opportunity to:

- Observe the child's functioning during the activity settings s/he experiences where the developmental abilities will be used.
- Gather information on developmental processes, including quality, versus discrete developmental milestones.
- Observe first-hand the social and physical environmental arrangement of activity settings and their influence on child participation and learning.
- Identify and try out adaptations and supports that may facilitate child participation and learning in family and community activity settings.

Observations should consist of the:

- Quality of child developmental processes considering all developmental domains.
- Effectiveness of child initiations and other ways s/he can control the environment.
- Social and physical environmental factors prior to, during and after child behaviors that may elicit and reinforce behaviors.
- Level of assistance provided to the child to achieve a certain level of participation.
- Possible influence of the assessor's presence on child and family behaviors.
- Possible ways family perceptions (ascertained before the observation) influence the social and physical environment, as well as the child's behaviors.

Observations can be recorded in a variety of ways. Some interventionists take running notes during the observation or write down key features that the interventionist can return to when discussing the findings or writing the report. Other interventionists prefer to use checklists or scales. Either way, the important point to remember is that the observation and recording should be non-intrusive to get an accurate picture of the child's everyday functioning and the activity setting, including the components identified above.

## Checklists/Scales

Checklists and scales may be used to guide the assessor through an observation.

There are commercially available scales that address developmental milestones in general or specific developmental processes, such as parent-child interaction, social competence, and coping. Depending on the scale, items may be scored by either the presence or absence of a behavior, or by a rating system for how well the child performs a behavior. The latter clearly provides more of an opportunity to determine behavior quality. While scales can be used as a general tool for what to observe, the uniqueness of each activity setting will most probably require professional judgment in determining child behaviors and the influence of the environment on that behavior.

Checklists are another kind of tool that can be used to record and organize behaviors. A checklist can be created based on the learning opportunity the family identifies by:

- 1) Breaking down the learning opportunity into small steps (e.g., for an infant to sit without support, s/he needs sufficient head and neck control, trunk control, balance, and be able to turn his/her legs outward and bend at the knees).
- 2) Identifying the critical components to observe – quality of child behavior, the social and physical environment before, during and after the child’s behavior.
- 3) Recording those components for each of the small steps identified.

An observation checklist relating to a child’s ability to drink from a bottle might look like the following:

<b>Observation Checklist for Snack</b>				
<b>Skill:</b>	<b>Environment Before the Behavior</b>	<b>Environment During the Behavior</b>	<b>Quality of Child Behavior</b>	<b>Environment After the Behavior</b>
<b>Drinking from a bottle</b>				
Subskill 1: <b>Open mouth</b>				
Subskill 2: <b>Close lips around nipple</b>				
Subskill 3: <b>Suck</b>				
Subskill 4: <b>Swallow</b>				

The advantages to a checklist are that the assessor can tailor it to the family’s interests and child abilities, and behavior quality and environmental observations can be included.

As can be seen throughout this module thus far, child development is complex and requires multiple observations and interviews to fully understand one child’s development within the context of the activity settings s/he experiences. Once this information is collected, the assessor can discuss his/her findings with the intervention team, including the family, both verbally and through a written report.

### Activity 3-8: Assessment Methods and Personal Strategies

Review the descriptions of the different methods for conducting a functional assessment (interviews, observations, checklists, and scales). Consider which methods you prefer and why. Describe your personal strategies to ensure you gather information about child behavior quality, the social environment, the physical environment, and family-identified learning opportunities.

Preferred assessment methods and rationale:

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Strategies to ensure information regarding:  
Child Behavior Quality:

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Social Environment:

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Physical Environment:

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Learning Opportunities:

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## Writing an Integrated Assessment Report

Assessment information is summarized from the recorded observations, interviews, checklists, and scales. This information is integrated into one written assessment report summary. The purpose of an assessment report is to provide a picture of the child and his/her activity settings that will help create objectives and intervention adaptations, supports and strategies. Although the structure of the report might vary, every report should:

**Be organized around the family's interests, activity settings, and learning opportunities.** Since the report provides the information needed to continue the IFSP process, and the IFSP reflects family interests, a clear relationship should be made between reported observations and the family's interests, activity settings and learning opportunities. The report should clearly identify how the child participates in the activity settings identified by the family, including recommendations to increase the child's participation. The child's current abilities toward mastering the family-identified learning opportunities should also be reported. This includes the child's level of interest, engagement, acquisition, fluency and maintenance, and generalization of each learning opportunity. The report should reflect whether the child has had the chance to practice the learning opportunity previously. In addition, the report should include a statement about the family's perceptions of the child's current development, as well as how these perceptions relate to the assessment findings.

**Combine the findings across all assessment methods.** As a report summary, observations and interviews should be combined. A family member may report that the child usually behaves in a certain way in the activity setting, but does not the day of the assessment. Both the family's testimony and the observation should be included in the report.

**Describe child performance in a detailed and objective manner from a strengths-based perspective.** The report should contain a description of what the child was observed doing. The report should be worded according to what the child did versus what the child did not do, as well as the quality of the behaviors using age appropriate expectations. It should describe what the child could do independently and with help, defining the level of help provided. Words used should be behaviorally descriptive so the reader can "see" the child performing the behaviors. For example, phrases such as, "using his whole hand" or "looked at her mother and smiled after throwing the stick in the lake," create a picture of the child. Unclear words and phrases, such as "appropriate", "difficulty" and "did a good job," should be avoided. When discussing emotional states, give observed behavioral examples to answer the question "how do you know?" For example, "she appeared happy when she looked at her father, as evidenced by her face brightening, a smile, and she began to bounce in her mother's arms."

**Describe behaviors within the context of the activity setting.** As discussed throughout this module, the social and physical environment during the activity setting will influence the child's participation and learning. Similar behaviors across different activity settings are described, identifying what characteristics are alike in each environment that may have promoted the behaviors. For example, a report might state, "The child communicated what he wanted to do by looking at his mother, then looking at something in the activity setting, then back to his mother. He communicated this way when he was swimming (looked to the edge of the pool to get out) and when he was on the slide, but wanted to swing while at the playground." This description illustrates the common denominator of the child's mother understanding her child's communication style. Differences in behaviors across activity settings should also be reported, to determine if there are environmental variations that change child behaviors.

The characteristics of the social and physical environment prior and in response to the child's behavior should be described. This will provide a rationale for any adaptations and supports that may be recommended. The report should also include any adaptations or supports tried during the assessment, regardless of their success. Even adaptations that did not work are important to include so they are not duplicated.

**Relate child performance to underlying developmental processes.** The report should describe what developmental processes the child's behavior exemplified. The level of certainty with which a behavior indicates a specific developmental process should be reported. For example, the statement, "The child smiled and looked at the completed puzzle, *demonstrating* an understanding of goal completion," implies that the assessor is confident the child's behavior indicates the underlying process. On the other hand, the statement, "The child *appeared* to show pride in his accomplishment as he smiled and looked at the completed puzzle," demonstrates less certainty. For more abstract developmental processes, the report should reflect more uncertainty.

**Use jargon-free and sensitive language.** All reports are shared with family members and should be written sensitively. Sensitive reports are nonjudgmental and state the child's behaviors and interests positively. People from a variety of disciplines and backgrounds, including family members and community providers, use assessment reports. Reports written in clear, jargon-free language will facilitate communication among all the team members.

Considering these guidelines when writing an integrated assessment report will ensure that the report is structured to reflect the child's functional development within his/her activity settings, providing information relevant to developing an IFSP that increases participation and development within and across activity settings. The following is an example of an integrated, functional assessment report.

## **Developmental Evaluation**

**Name:** Melissa Canaletto

**Report Date:** September 2, 2002

**DOB:** November 27, 2000

**Age:** 21 months

Prepared by: Rebecca Shatz, special educator dually certified in early childhood special education and visual impairments; Derek Stevens, OT, Visiting Nurse Association

### **Family-Identified Activity Settings and Learning Opportunities:**

*Mr. and Mrs. Canaletto identified multiple family and community settings in which Melissa currently participates. Melissa enjoys playing in her crib and with her brother, going for walks, swimming, and going clothes shopping. The Canalettos identified multiple learning opportunities across these activities. See the attached Intervention Activity Setting Recording Form. Melissa's parents also identified eating dinner as an activity setting where Melissa could learn to eat and interact with others. However, dinnertime is not currently enjoyable for Melissa. Two desired activity settings for Melissa was playing with other children her age at a Montessori toddler program and swimming during a toddler class at the YMCA.*

*To get a clear picture of Melissa's participation and learning in a variety of activity settings, Melissa was observed during three different activity settings -- eating dinner, playing with her brother, and swimming with her father in the community pool. These activity settings were chosen for observation to get a clear picture of Melissa's functioning in experiences that have similar learning opportunities as the desired activity settings, swimming at the YMCA pool and being social and interacting with children at the Montessori program. The Canalettos provided information on how Melissa participates and learns while going for walks and clothes shopping.*

### **Participation and Learning:**

*When Melissa's brother, Matthew, entered the room, Melissa looked toward him and became extremely excited, observed by smiling and moving her arms up and down. She scooted to Matthew who began building a tower of small blocks. Matthew tried to give a block to Melissa, however the block was placed toward her left eye. Mr. Canaletto suggested that Matthew move the block to the other side of Melissa's face. When Matthew complied, Melissa instantly grasped the block using her ring and little finger and palm of her right hand and put it to her mouth. Mr. Canaletto reported that Melissa frequently used the same type of grasp with both her hands for most of her toys. He further reported that, when shopping, Melissa frequently "pets" clothes with an open hand rather than grasping them. While Matthew was building a block tower, Melissa would knock it down; she repeated this activity when Matthew requested that she, "Push the tower over." When her mother stated it was dinnertime and to "come to dinner." Melissa readily turned her head toward her mother, smiled, and began to scoot on her bottom toward the kitchen. To get from the family room to the kitchen, Melissa needed to climb two steps. Her father placed Melissa in a creeping position. Melissa remained in that position until her mother called from the kitchen. Melissa grasped the rug at the top of the stairs with both hands and slid one knee onto the first step, then the other knee onto the first step, pulling herself up. Still grasping the rug, Melissa used the same technique to climb the second step.*

*While dinner was being placed on the table, Melissa played with her favorite toy that had flashing lights and music. Mrs. Canaletto reported that Melissa primarily plays with these type of cause-effect toys, especially those that light up and/or play music. Once dinner was settled, Mrs. Canaletto placed the cause-effect toy off of the highchair and showed Melissa the bottle. Melissa immediately began to cry and turned her head. This was the type of response the*

*Canalettos described prior to the observation. When Mrs. Canaletto tried to place the bottle in Melissa's mouth, Melissa gagged, shook her head and cried louder. The assessor suggested placing the cause-effect toy back on the highchair and activating the sound and lights with the bottle. When Mrs. Canaletto did this, Melissa stopped crying and watched the effect. This game was repeated, with Melissa signing "more" independently by placing her right fingertips onto the palm of her left open hand. Melissa imitated nodding "yes" when her mother asked if she wanted to play with the bottle. Melissa grasped the bottle with two hands and tapped the keys of her toy with the bottle, vocalizing "na-na" and "ma-ma" while playing. Her parents reported that she also vocalizes, "la-la" (only using it these days when she sees her grandmother) and "ga-ga." Mrs. Canaletto described Melissa's bottle-feeding. She reported that Melissa's lips are open while she tries the bottle, dribbling a lot of liquid. She sticks her tongue out when she swallows.*

*While swimming at the community pool, Melissa recognized familiar members, and appeared very interested in watching the other children. She frequently looked at children when they were close to her and reached out and vocalized to them. Her father reported that Melissa frequently tries to get other children's attention when they are taking walks or on family outings. While swimming, Melissa lifted her arms when he father stated, "up-up" and imitated back and forth tongue clicks with her father. Melissa appeared to enjoy splashing in that water, evidenced by her smiling and laughing. Her body seemed most relaxed when her father cradled her in one arm. When she was held at arms length, her body movements appeared to quicken as if she was trying to find something to hold onto. When her father pulled her back in, Melissa quickly relaxed again into her father's arms and laughed.*

## Sharing Assessment Information

After all the assessment information has been gathered, the IFSP process continues by sharing the assessment with the entire intervention team. Since the family participated in the assessment and the findings were discussed throughout, the family should be encouraged to discuss their observations and interpretations. Family input is essential to the development of an accurate picture of the child's participation, development and learning. As with the written report, complete and unbiased information should be communicated and organized according to the family's interests, activity settings and learning opportunities. Family members can be full partners in the decision-making process only when they have equal access to all assessment information and results.

This module focused on conducting functional assessments through observations and interviews to understand a child's functional development within the context of his/her family and community activity settings. At this point in the IFSP process, the intervention team has identified (1) family interests, (2) new and desired family and community activity settings, and (3) functional assessment information. Ready with all this information, outcomes and objectives can be created.

## **Module 3: Functional Assessments**

### **Checklist**

- ✓ Observe development as an integrated process across developmental domains.
- ✓ Identify the influences of the social and physical environment on child participation and learning.
- ✓ Discuss with families the importance of their participation in the activity settings during the assessment observations.
- ✓ Ascertain family perceptions and observations of their child's performance across multiple activity settings.
- ✓ Consider family and child interests to contextualize assessment information.
- ✓ Write an integrated assessment report.
- ✓ Share assessment information with intervention team.

## **Module 3: Functional Assessments**

### **Module Reflection**

What topics in the module do I:

1. Understand and practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

## ***Notes***

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## Family Story: Functional Assessments

*After the functional assessment was conducted, Leigh Nedler, the Canalettos' service coordinator, called the Canalettos to "see how the assessments went" and to schedule the IFSP meeting according to the availability of the entire intervention team. While on the phone with the Canalettos, she explained that the goal of the meeting would be to develop a plan that addresses their interests for Melissa and themselves, and that the team would use all the information from the assessment and their discussions together to create this plan. Leigh explained that she discussed with the other team members the conversations she has had with the Canalettos so they would not have to repeat this information. Leigh also asked them if they would like to discuss their observations of Melissa's participation in the activity settings where the assessment took place.*

*The IFSP meeting was scheduled one week after the final assessment observation occurred, and was held at the Canalettos' home in the late afternoon so Anthony could attend without having to take time off from his new job. Besides the Canalettos, the other people who were present at the meeting included: Leigh Nedler, the service coordinator; Julia Berry, the nurse; Derek Stevens, the occupational therapist; Rebecca Shatz, the teacher from services for the blind; Ruth Stern, the physical therapist; and Lisa Liefeld, speech pathologist.*

*After their conversation with Leigh, Mary and Anthony were prepared to discuss their observations of Melissa's participation in the family and community activity settings that were a part of the assessment. Anthony began, "Participating in the assessments was wonderful for Mary and I. We had an opportunity to really think about how Melissa and playing and learning throughout the day. Rebecca and Derek described some of their observations while they were with us, and gave some good suggestions to help Melissa play and learn and develop.*

*We think Melissa really participates in all the activity settings as best as she possibly can at this point and, except for meals, enjoys participating. She likes to play with her brother, and interact with kids at the pool and the mall. She enjoys "talking" to people, imitating sounds and playing games. She puts toys in her mouth, activates the toys, and I think she understands most of what we tell her. She is able to get around the house and play with objects. However, before you came to observe at home, I never noticed how many cause-effect toys she had. We buy them for her because she likes them, but we began thinking that we may need to get her different toys. More like the ones Matthew had at this age. And of course, we don't know what to do about Melissa's eating, and I'm not sure you were able to see enough since she got so upset the day you were here?"*

*Derek Stevens, the OT, responded, "First, we can certainly talk about possible types of toys you may want to consider for the next 'toy run'. As far as her eating, I was able to see that Melissa enjoys putting toys in her mouth, sucking and chewing on them, which is an important step to eating. And both of you clearly described what she does do when she will take the bottle, so I think I have a good picture of her eating. One thing that we are going to need to think about is how to make drinking from a bottle more enjoyable to Melissa. As you know, she clearly is not interested in it right now. And if children are not interested, they will fight doing it, as Melissa is, and any positive learning is lost."*

*Mary replied, "I agree. And we've been playing the game with her of tapping the musical toy with the bottle to get her to like the bottle. I think it's working, which is making dinnertime more enjoyable for all of us, and it appears to be a step in the right direction." The other intervention team members agreed.*

*The conversation of Melissa's participation continued. Rebecca Shatz, the special educator, stated, "I wanted to talk about some of the strategies that you are already using with Melissa to help her participate. You may not even realize how much you are helping her. For example, Anthony, at one point while Melissa was playing with Matthew, you suggested that Matthew move the block he was giving her more to her right eye so she could see it. That suggestion is helping Melissa participate, and teaching Matthew successful ways to interact with his sister, which will encourage him to play with her more."*

*Anthony replied, "We both want to make sure that they have a great relationship."*

*Leigh responded, "That will certainly be taken into consideration as we discuss goals and 'next steps' for Melissa and your family, and how the intervention team can support you in meeting those goals." The assessment conversation continued. Once all team members clearly understood the assessment findings, Leigh transitioned the conversation to creating outcomes and objectives.*

Collaborative outcomes and integrated objectives can enhance family capacity and child competence, as well as increase the number of learning opportunities a child can experience, when they are defined within family identified activity settings and created jointly using the knowledge contributed by the family, community providers and interventionists

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# Module 4

## Developing Collaborative Outcomes and Integrated Objectives: The Team Approach to Maximizing Interventions

The next step in the IFSP process is to identify IFSP outcomes and integrated objectives. Outcomes result from the family identified learning opportunities. Objectives are created from the information gathered from on-going discussions around family interests and information gathered from the functional assessment. Throughout this process, family members contribute their knowledge of their child and activity settings, as well as their values and where they would like support from early intervention. At the same time, early interventionists bring the knowledge of creating individualized objectives to meet family outcomes.

The purpose of this module is to help families and early interventionists incorporate a team approach into the process of outcome and objective development. The module begins by discussing collaborative goal setting. Next, the module addresses the characteristics of a team and looks at essential elements of the team process. Then, the module outlines the process of developing family-identified outcomes and integrated objectives.

### Introduction to Collaborative Goal Setting

The process of developing IFSP outcomes requires the active participation of the child's family and community providers where the child is participating or the family would like him/her to participate. For example, in the family story, the YMCA toddler swimming class instructor and/or the early childhood educator at the Montessori program might participate in Melissa's IFSP development. Family members identify what is important for their child and family based on the identified learning opportunities, resulting in outcomes. Community providers share their perspective on the activity settings of which they are participants. It is the responsibility of the early interventionists to use their skills and knowledge to support the family's decisions and preferences by identifying the steps to achieve the outcomes. Collaborative goal setting refers to the practice of working jointly with the family and community providers to develop family-centered outcomes and integrated objectives.

The collective expertise of a variety of disciplines represented on the early intervention team ensures objectives cross developmental domains and are functional. Any time there are multiple views however, there is the risk of disagreement. Hopefully, these disagreements are in the form of constructive conversations, considering the family's interests and respecting family decisions. The team approach facilitates this process.

## The IFSP Team Process

A team approach is fundamental to the IFSP process. Although the word “team” is used, a group of individuals who attend the IFSP meeting do not become a team spontaneously. A group becomes a team when its members work together to accomplish shared goals. Team members pool their knowledge to solve common problems and implement mutually agreed-upon solutions.

### Activity 4-1: Identifying Skills for Effective Teaming

Think about your own experience with groups of people on teams, committees, or boards. What helped the group function well? What inhibited group functioning:

**Helped:**

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**Inhibited:**

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### Key Elements Of The Team Process

A team succeeds because its members have the skills needed to accomplish a goal. Members of successful teams are committed to common goals and work hard to achieve those goals. The following are key elements to effective teaming, tailored to early intervention. An effective team:

**Values the contributions of all team members:** Effective teams recognize the expertise of each member. Families know their child best and are best able to articulate their interests. Early interventionists know development best, especially the development and learning of children with disabilities. And community providers know their programs best. To utilize this knowledge, the teaming environment should ensure

every team member feels comfortable and free to express his/her questions, thoughts, and reactions.

**Identifies clear goals:** To be successful, a team must devote time to identifying its goals. Goals provide the team with a focus for all of its actions. A team's goals should be consistent with the team's functions. To develop an IFSP, the team's primary goal is to create a plan that supports the family's interests and the vision they have for themselves and their child.

**Identifies specific roles and responsibilities:** Team functioning is enhanced when every team member understands his or her role and responsibilities. In order for a team to work effectively, all roles must be equal in terms of their power and influence. These roles should be shared at every meeting.

**Communicates effectively:** Effective communication occurs when the listener clearly understands the speaker's intended message. Team members communicate effectively when they listen to what others are saying and respond using language that is understandable and jargon free.

#### **Activity 4-2: Self-Assessment**

Think about your early intervention team. Read the items and check off where your team currently functions. Consider what supports are needed to change any items to the "strength" category.

<b>Team</b>	<b>Needs Improvement</b>	<b>Adequate</b>	<b>Strength</b>
Members recognize their interdependence and understand team goals are best accomplished with mutual support and recognition of the main goal (supporting family interests).			
Members are committed to team objectives they helped establish.			
Members contribute to the team's success by applying their unique talents and knowledge to team objectives.			
Members are encouraged to express ideas, opinions, disagreements, and questions openly.			
Members practice open and honest communication. They make an effort to understand each other's points of view and listen.			
Members are encouraged to develop skills and apply what they learn with the support of the team.			

## Team Participation

Who makes up the IFSP team depends on the child's characteristics and the family's interests. No single agency or service provider has all the knowledge and skills needed to meet the diverse needs of young children and their families. Of course, the service coordinator and family members are part of any IFSP team. Table 4-1 identifies other potential team members for IFSP development and implementation.

<b>Table 4-1</b> Possible IFSP team members	
<b>Team Member</b>	<b>Why?</b>
Early interventionist(s) conducting the assessment (might be service coordinator).	Knows best the information gathered on child participation and learning.
Community provider in new and existing community activity settings.	Can identify the ways one can participate and supports needed to increase capacity for children with special needs.
Early interventionist(s) involved in IFSP implementation, either as consultants to other early interventionists or directly to family (disciplines based on child characteristics and family interests).	To invest in the plan they will implement by helping to create it. Build a sustained relationship with the family from the beginning.
Anyone the family wants to participate.	To meet family interests – whether as advocate, support, or to serve any other purpose for the family.

The development of the IFSP provides an opportunity to build a sense of team investment in meeting family interests. When team members are invested in a mutual sense of purpose, that investment carries into their individual work with families.

<b>Activity 4-3</b>
Provide a rationale for each of the members who attended the Canaletto's IFSP meeting. Is there anyone who does not need to be there?
The Canalettos: _____
Leigh Nedler, SC: _____
Julia Berry, RN: _____
Derek Stevens, OT: _____
Rebecca Shatz, SPED: _____
Ruth Stern, PT: _____
Lisa Liefeld, SPL: _____
What community providers should also attend the meeting and why? What can they contribute?
_____
_____
_____

## The IFSP Team Meeting

Meetings bring team members together to engage in information sharing and joint decision-making. Every team member contributes his or her knowledge in order to achieve a more in-depth understanding of the issues. The initial IFSP meeting can set the tone for all IFSP meetings that follow. However, even during an annual IFSP or review, strategies can be used to conduct effective and productive meetings. Some possible strategies are:

**Using opening and closing activities.** It can be helpful to begin a meeting with the opportunity for all team members to share information about themselves and their role in the IFSP process for that specific meeting. For example, an early interventionist may be a service coordinator and primary interventionist with one family, but with another family that person is a consultant to the primary interventionist who is directly involved in implementing the IFSP. By sharing this information, the team encourages discussion and creates a sense of equality among its members since families share so much of themselves through this process and community providers may feel intimidated by the process. This opportunity for sharing information among the team members is also important in helping the family to feel comfortable as they share their perception of their role in the IFSP process.

**Identifying the team's mission and work style:** A productive team has a clearly stated mission. A mission statement provides the team with a strong sense of purpose. In addition, a team is more likely to achieve its goals when it establishes a systematic work style, giving the team the organization and structure it needs to produce positive results. The mission of an IFSP team should be focused on supporting the family members through the development of outcomes, objectives and recommendations to meet their interests. This goal should be clearly articulated at the beginning of the meeting by the service coordinator or, a family member if s/he is interested.

**Preparing an agenda for every meeting:** An agenda is an important tool for keeping a team focused on the same issues. A good agenda provides time for information sharing, discussion of specific task-related issues, and confirmation of the date, time, and place of the next meeting. By distributing the agenda before the day of the meeting, team members have the opportunity to prepare themselves for discussing agenda items.

**Keeping printed minutes of each meeting:** Keeping minutes enhance team communication and should be taken at every meeting. The team should select the member or members who will be responsible for taking, copying, and distributing minutes. While there is no one standard format for minutes, they should include:

- ◆ The names of the individuals who attended.
- ◆ The issues the meeting addressed.
- ◆ Any recommendations made.
- ◆ The team members responsible for implementing the recommendations.
- ◆ Timelines for completing follow-up tasks.

**Preparing all team members for the meeting:** Team members will have had differing amounts of experience with IFSP meetings. Service coordinators can help team members prepare for the meeting by providing questions or themes to consider to organize the team members' thoughts ahead of time. These questions can be tailored for early interventionists, families, and community providers to clarify what may be asked of them during the process and to encourage their participation.

Before the IFSP, families have already been discussing their interests, activity settings, learning opportunities and information related to the functional assessment. Providing families with the guiding questions ahead of time allow the family to organize their thoughts based on those discussions. Guiding questions for families could include:

- 1) What do you expect to result from this meeting?
- 2) What are the activity settings during which you would like support from early intervention?
- 3) What are values you think are important for team members to know?
- 4) What are your wishes for your family?
- 5) How can we help?

Community providers may also be unfamiliar with the IFSP process and unsure how they can contribute. Some guiding questions that may support community providers in participating in the meeting are:

- 1) How do children usually participate in the activity setting?
- 2) How do you see your program contributing to supporting the child's participation there?
- 3) What are current accommodations for individual differences?
- 4) What resources do you need to support the family in participating in the activity setting?

#### **Activity 4-4: Preparing Families and Community Providers for the IFSP Meeting**

Advanced planning helps families and community providers unfamiliar with the IFSP process. Think about the guiding questions above. What additional questions would you provide to the Canalettos to prepare for the IFSP meeting? How would you describe to the community providers identified in Activity 4-3 their role in the IFSP process? What additional questions would you ask the community providers?

Questions for the Canalettos:

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Explanation to community provider:

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Questions for the community provider:

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### **Developing IFSP Outcomes and Integrated Objectives from Learning Opportunities**

During the IFSP meeting, team members must identify outcomes for the child and his/her family and agree on objectives to meet those outcomes. This is accomplished by:

- Reviewing the family's interests.
- Determining outcomes.
- Considering the information from the functional assessment.
- Identifying objectives for each outcome.

The following sections more closely address each of these areas.

## Reviewing Family Interests and Functional Assessment Information

The best way to begin the process of identifying outcomes and integrated objectives is to review the family interests, activity settings, and learning opportunities identified previously, and the functional assessment information already shared. Taking time to review this information sets the stage for thinking about outcomes and objectives in terms of what family members want for their child and themselves. The team will return to family strengths, values and priorities and functional assessment information when considering objectives, and subsequently intervention recommendations. To facilitate family identification of outcomes, the IFSP process returns to the family and community activity settings, and resulting learning opportunities discussed earlier in the process.

## Developing IFSP Outcomes

IFSP outcomes can focus on the family, as well as the child. Family outcomes are the changes family members want in their lives that are related to enhancing their child's development. Family outcomes are ascertained through the discussions of family interests earlier in the IFSP process. Family members identify and use their existing strengths and resources to meet those outcomes, which can subsequently facilitate child development and learning.

**Example:** Tameika would like to find someone who she feels knows how to take care of Jake on Thursday nights so she can re-join her church choir.

This family outcome is related to Jake's development because Tameika feels she has a support system at choir and her stress is reduced when the choir is part of her life. Decreasing stress and increasing support are important to the quality of caregiver-child interaction. In turn, positive caregiver-child interaction is directly related to child outcomes.

Child outcomes are directly related to child participation and learning. They are statements of what the family wants to see their child do, understand or value. Child outcomes are described in the family's own words, and are functional to the activity settings and learning opportunities identified by the family. Child outcomes usually begin by stating, "The child will..." and adding the desired result.

**Example:** Maddie will learn to play by herself.

To ascertain child outcomes, the IFSP team returns to the learning opportunities discussed earlier in the IFSP process. For each learning opportunity identified, the service coordinator asks the family to explain why the learning opportunity is important for the child's development and participation, as well as important to the family. See the following Intervention Activity Setting Recording Form for the Canalettos, with the last column of the form completed. The "Why is this important" column, written in exactly the family's words, clearly articulates the outcomes they see for their child. These outcomes are valued by the family and inherently link to the activity settings the child and family experience and the learning opportunities available during those activity settings.

## Intervention Activity Setting Recording Form

		Date: <u>8/30/02</u>		
Parent's Name: <u>Mary &amp; Anthony Canaletto</u>		Child's Name: <u>Melissa Canaletto</u>		
Location	Activity Setting	Frequency	Learning Opportunity	Why is this Important
Kitchen Table	Eating dinner	Daily	Learn to eat Be social and interact	Our family can eat together
Mall	Clothes shopping	Every 2 Weeks	Reaching and touching clothes Tell us what she likes and dislikes	To make decisions
YMCA Community Pool	Swimming	Weekly (Y) 3 x Week	Splashing in the water Play with other children	She enjoys swimming
Montessori Program	Playing with peers	5 x week	Be social and interact with kids her age	To make friends
Family room	Playing with Matthew	2-3xDay	Tell Matthew what she wants	Communicate and interact with Matthew
Family room	Playing with toys	Daily	Playing with toys independently	To learn to play by herself
Family room	Watching television and videos	3x Week	Identifying sounds and objects	To use her vision
Neighborhood	Going for walks and stroller rides	Weekly	Meeting other neighborhood families	To get outside for neighborhood walks to meet more neighbors
Car	Family outings/trips	Weekly	Becoming involved in the community	To do things without worrying about the feeding equipment
Restaurants	Eating out	1X Week	Being a family	To go out to dinner as a family

### Activity 4-5: Developing Family-Identified Outcomes

Outcomes are derived from the learning opportunities families identify within family and community activity settings that are currently or desired to be part of the family and child's lives. Using the activity setting-learning opportunity-why is it important process is a straightforward way of facilitating family identification of outcomes.

How would you differently phrase "why is it important" to support families in identifying their outcomes? How would you explain to families that they have identified possible outcomes and make certain that the outcomes identified are areas where they would like early intervention support?

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At this point, the early intervention team has identified:

- Family interests that guide the entire IFSP process.
- Existing and desired family and community activity settings in which intervention recommendations can be utilized.
- Functional assessment information on the child's abilities in activity settings in light of the social and physical environment comprising the activity setting.
- Family-identified outcomes that are important to them and naturally occurring during their activity settings.

The next step relies on the expertise of the early interventionist to consider the above information and create integrated learning objectives.

### Developing Integrated Objectives

Objectives break down the outcome into small, measurable steps that, when all are achieved, result in outcome attainment. Since the outcomes are functional, so too are the objectives since children function by integrating developmental domains.

In writing an objective, the early interventionist(s) identifies the first step toward achieving the child outcome, based on the child's current functioning (i.e., task analysis). Objectives are written to (1) describe **who – will do what – under what conditions** and (2) identify the criterion to know when the objective has been achieved and when the objective is expected to be achieved. Each component of the objective is identified.

**Who.** The individual achieving the objective is identified. In child outcomes, this is usually the child. However, it could also be an objective for the family, community provider or interventionist.

**Will do what.** The expected behavior is identified. The behavior should be described so that its achievement is easily observable, including the expected quality. For example, "...will walk with her arms lifted and a wide gait" illustrates both the observable behavior and the quality expected. Objective behaviors are hierarchical, starting with the first step toward achieving the outcome, and with each objective moving closer to achieving the child outcome. The behaviors observed will be functional, and therefore can encompass tasks across domains. See the description of integrated objectives below.

**Under what conditions.** The conditions are any adaptations, supports or strategies that can be used to facilitate the child's achievement of the objective. The child may be expected to achieve the behavior "independently" or with a specific level of assistance, such as modeling, verbal prompting, verbal prompting and physical cues, and physical support. Any adaptations to facilitate achievement are also identified, including seating/positioning, utensils, placement of objects, and level of distractions. Similar to the behaviors under "will do what," conditions are hierarchical and expected to move toward independence with each objective. For example, one objective may include the condition of "while held under the arms" for support of the behavior of walking. The next objective may have the same behavior, walking, but the level of support in the condition is decreased to "while held at the hips." While certain adaptations or supports may change, the child may continue to require some kind of adaptations or supports throughout early intervention and later in life. The focus of the objectives is on the child's ability to function in the activity settings identified, as independently as possible, with or without adaptations.

**Criterion.** As discussed earlier, mastering a skill or behavior requires that the behavior is **acquired**, the child can "do it", **maintained**, the child can do it whenever appropriate, and **generalized**, the child can do it in any experience where it is appropriate. To determine that a task is learned, the criterion encompasses each of these requirements by identifying at least three people and three activity settings with whom and in what experience the objective was achieved, and a period of time that demonstrates that the task has been mastered and easily utilized over time. By using this criteria, it is expected that the objective is learned; the child can use demonstrate this skill 100% of the time.

**By when.** This final aspect requires establishing a time when the objective is expected to be learned. This time frame is based on the expertise of the early interventionist, however it is only an educated estimate. If the objective is not achieved by that date, the objective is revisited to determine if it continues to be an appropriate objective, or if the objective should be revised.

The IFSP Objectives form on the next page provides a structure for writing objectives. The number of objectives toward meeting an outcome depends on the child's characteristics and the family. For example, a family may identify "interacting with kids his own age" as an outcome. The child may first need to begin with making eye contact under the conditions of an adult stating the child's name and positioning him/herself in front of the child's line of vision. There may be multiple steps from this first objective to meeting the outcome, and not every objective needs to be outlined in the first IFSP. Creating objectives provides an opportunity for interventionists to talk to families about child participation and learning, and their child's participation and learning in particular, enhancing the family's capacity to support their child. Objectives should consider the family's values inherent in their interests, activity settings and identified outcomes.

### **Integrated Objectives**

As children function using all domains, objectives should reflect that functionality. At least two domains should be included in the objective. When writing an integrated objective, there

should be a balance between learning a new skill, practicing a newly learned skill, and fostering a sense of competence in general. For example, a child whose outcomes are to learn to walk and understand what others are saying may have as an objective:

<b>Who</b>	<b>Will do what</b>	<b>Under what conditions</b>	<b>Criterion</b>	<b>By when?</b>
Xander	Will pull to stand using a whole hand grasp to reach a desired object	When the object is pointed out and named	Across: - 3 people (father, grandmother, child care provider)  - 3 activity settings (getting dressed, eating snack, playing during free time)  Over 1 month	11/30/02

This objective:

- Uses multiple skills across all domains
- Is functional
- Occurs in multiple activity settings to promote generalization
- Meets the criteria as a measurable objective
- Balances new skills, newly learned skills, and general growth fostering opportunities for the individual child
- Encourages the family identified value of control over the environment (independently getting what he wants).

Table 4-2

Developmental domains and skills included in the objective example

<b>Developmental Skill</b>	<b>Traditional Domain</b>	<b>Type of Skill</b>
Pull to stand	Gross motor	New
Grasp using whole hand	Fine motor	Newly learned
Problem solving (How to obtain object)	Cognition/Motor Planning	Growth fostering
Goal direction to obtain object	Cognition	Newly learned
Motivation to obtain object	Social-Emotional/Cognition	Growth fostering
Following verbal and gestural direction	Communication	New

### **Activity 4-6: Writing Integrated Objectives**

Establishing measurable objectives as steps to achieve and track intervention progress is critical to IFSP planning. Writing objectives requires early interventionists to apply their expertise to define how the family or child will achieve their desired outcomes within an activity setting.

Think back to the Canaletto's outcomes identified on the Intervention Activity Setting Recording Form. Create three hierarchical, integrated objectives for one outcome. Make sure all components of the intervention objective are met.

**Outcome:**

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**Objective 1:**

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**Objective 2:**

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**Objective 3:**

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### **Linking Objectives with Activity Settings**

The objectives should be written to reflect functional skills that can be used across activity settings. Many times, the outcomes will span activity settings. In the Canaletto's Intervention Activity Setting Recording Form, there are three activity settings that result in the outcome of Melissa learning to "interact with other children," playing with Matthew, swimming, and playing with peers at the Montessori program. Therefore, the objectives under these outcomes could be addressed during all three activity settings. Once this is discussed with the family, early interventionists can facilitate the identification of additional activity settings in which the objective can be addressed. One way to facilitate this discussion is to use the Activity Setting Intervention Matrix, or a similar format, illustrated on the following page. Family and community activity settings identified in previous discussions can be listed on the top of the chart. Child objectives that are being addressed are listed on the left. The family and interventionists can identify which activity settings provide learning opportunities for which objectives, clearly illustrating how the objectives can be addressed and generalized across family and community activity settings.

### Activity 4-7: Functionality Check

Review the objectives written in Activity 4-6 . Are the objectives written in a way that they can be addressed across activity settings? Will they increase participation in the activity setting? Increase independent functioning with or without adaptations and supports? Enhance learning? Why or why not.

Multiple activity settings:

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Increase participation:

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Increase independent functioning:

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Enhance learning:

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*This module focused on the team process for developing IFSP outcomes and integrated objectives within the context of family-identified activity settings and learning opportunities. Collaboration ensures that every team member can contribute to the development of the IFSP. When team members feel that they contributed based on their expertise, they will be more invested in the implementation of the IFSP.*

## **Module 4: Developing Collaborative Outcomes and Integrated Objectives**

### **Checklist**

- ✓ Consider the importance of all team members to collaborative goal setting.
- ✓ Self-evaluate current team functioning and identify supports needed to move toward an effective team if necessary.
- ✓ Select team members with a rationale why each individual is participating using family interests as a guide.
- ✓ Use guiding questions/themes to prepare families and community providers to fully participate in the IFSP process.
- ✓ Use strategies to ensure an effective team meeting.
- ✓ Discuss activity settings and learning opportunities with families to identify IFSP outcomes.
- ✓ Develop functional, integrated objectives based on the functional assessment information to increase the child's participation in activity settings and to promote learning through those activity settings.

## Module 4: Developing Collaborative Outcomes and Integrated Objectives

### Module Reflection

What topics in the module do I:

1. Understand and practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

## ***Notes***

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## Family Story: Developing Collaborative Outcomes and Integrated Objectives

*Leigh began the conversation about creating outcomes and objectives. She stated, "We've discussed a lot of information about your family and how Melissa participates in your family and community. We talked about what you want for your children. You talked about wanting a good sibling relationship, and instilling a sense of responsibility and independence. We also discussed some stressors in your life, not the least of which is the number of people in and out of your house and the number of appointments you take Melissa to. We are going to take all of this into consideration as we discuss what you would like to see for yourselves and for Melissa."*

*Mary responded, "Anthony and I feel very strongly about reducing the number of people in our lives and involved with Melissa. It has become overwhelming and difficult to manage. And honestly, I can't see how that would be good for Melissa."*

*Leigh, replied, "I think I can speak for everyone that we all agree. Why don't we start with that as the first outcome for this plan? What would you like the goal to be? You and Anthony would like to..." Mary finished the outcome statement, "have as few people as possible involved with Melissa while still helping us find ways to help her learn and participate in our family life."*

**Outcome # 1: The Canaletto family will have as few people as possible involved with Melissa while still receiving the support necessary to find ways to help Melissa learn and participate in their family's life.**

*Leigh explained that, with outcomes, steps to achieving the outcome, or objectives, are outlined. She opened up a conversation among the team members to discuss possible objectives for this family outcome. The resulting objectives were:*

**Objective 1.1: The intervention team will assign responsibilities to its members where there will be one primary interventionist involved with the family while other members consult to the interventionist.**

**Objective 1.2: Leigh will keep in contact with all members of the intervention team to make sure there is communication as needed among the team members.**

**Objective 1.3: Anthony and Mary will determine if the outcome is being met in terms of (1) decreasing the number of people in their lives and (2) receiving the support they want to help Melissa learn and participate.**

*After it was discussed that there were no other family outcomes, the intervention team attended to the creation of child outcomes and objectives. Leigh led the discussion, "To discuss how we can best support Melissa's participation in family life, we need to return to the activity settings you said she enjoyed or you wanted her to participate in." Leigh reviewed the activity settings and said, "For each activity setting, you already identified some of the things you think Melissa can learn through those settings. What I would like to do is find out why these learning opportunities are important for you. When we know why*

they are important to you, we can determine what kinds of goals or outcomes you see for Melissa's participation and learning." The Canalettos nodded in understanding. Leigh continued, "Let's take the first activity setting you identified – eating dinner. When we discussed this before, you stated that eating dinner provided Melissa with the opportunities to learn to eat and be social and interact. For your family, why is learning to eat and being social and interacting important?"

Mary responded, "Well, we talked about how dinnertime was important to our family as a time to be social together. We see a point in the kids' lives, when they are teenagers and beyond, when we won't see them all that much. At that point, we want them to appreciate dinnertime as family time." She looked to Anthony and continued, "So I think I would say that these learning opportunities are important to our family because then our entire family can eat together." Anthony nodded in agreement.

Leigh thanked Mary for that response and continued with the next activity setting, identifying the importance of the learning opportunities afforded in each. The result is the completed Intervention Activity Setting Recording Form on page 91.

Leigh continued the process, "When we look down this column of why the learning opportunities are important, we can see possible goals, or outcomes that you have for Melissa and your family. For example, you've identified making friends and interacting with peers a couple of times. Is this an outcome or goal you want to see for Melissa? And if so, would you like support from the early intervention team in helping Melissa to do this?"

Anthony answered, "Absolutely! And, as I look down this list, I would put communicating and interacting with Matthew as part of that goal. I would think one outcome would be interact with peers, including Matthew. What do you think, Mary?" Mary agreed. Using this same process, the following outcomes were identified by the Canalettos:

**Outcome #2: All the Canalettos will eat together as a family.**

**Outcome #3: Melissa will play with other children and communicate with them.**

**Outcome #4: Melissa will make decisions and choices.**

**Outcome #5: Melissa will play by herself.**

Leigh returned to the first outcome and stated, "The same process we used to come up with steps for accomplishing the first outcome of reducing the number of people in your life, the next thing we need to do for each of these outcomes is to come up with steps, or 'objectives'. This is where I am going to ask all the team members to use their expertise – Anthony and Mary, we will need your expertise on Melissa. Each of the interventionists will contribute their expertise on learning and participation. Let's take the objective of eating together as a family." The intervention team created the following objectives for:

**Outcome #2: All the Canalettos will eat together as a family.**

### IFSP OBJECTIVES

#	Who	Will Do What	Under What Condition	Criterion	By When
2.1	Melissa	Will enjoy her bottle by taking turns hitting it on a cause-effect toy with a family member, and mouthing it, while holding it using a whole hand grasp	When modeled	With mother, father and Julia During breakfast, lunch and dinner All the time it is offered	1 month
2.2	Melissa	Drink 2 ounces of liquid while sitting in her highchair in a straight posture after reaching to indicate a choice between two liquids	When adult holds the bottle	With mother, father and Julia During breakfast, lunch and dinner All the time it is offered	3 months
2.3	Melissa	Drink 2 ounces of liquid using a whole hand grasp while sitting in her highchair in a straight posture after reaching to indicate a choice between two liquids	Independently	With mother, father and Julia During breakfast, lunch and dinner All the time it is offered	5 months
2.4	Melissa	Drink 4 ounces of liquid using a whole hand grasp while sitting in her highchair in a straight posture after reaching to indicate a choice between two liquids	Independently	With mother, father and Julia During breakfast, lunch and dinner All the time it is offered	6 months

*As the team established the objectives for each outcome, they talked about how they would provide recommendations that could be used across many of the activity settings identified. For example, once Melissa is enrolled in the Montessori program, recommendations to support Melissa to drink from a bottle could be implemented there. The following adapted Activity Setting Intervention Matrix was created:*

<b>Intervention Plan</b>					
Date: <u>September 9, 2002</u>		Child's name: <u>Melissa</u>			
Parent's name(s): <u>Mary and Anthony Canaletto</u>					
Outcome #2:	All the Canalettos will eat together as a family.				
Outcome #3:	Melissa will play with other children and communicate with them.				
Outcome #4:	Melissa will make decisions and choices.				
Outcome #5:	Melissa will play by herself				
<b>Activity Locations</b>		<b>Outcome #</b>			
<b>Family Settings:</b>		<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Eating meals		X			
Clothes shopping			X	x	
Swimming			X	x	
Playing with peers		X	X	X	
Playing with Matthew		X	X	X	
Playing with toys			X	X	X
Watching television and videos				X	X
Going for walks and stroller rides				X	X
Family outings/trips		X	X	X	
Eating out		X		X	

*Adaptations and supports do not change the child to meet external demands. Instead, the environment is changed to meet the child's characteristics and the result is an increase in child participation.*

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# Module 5

## Promoting The Use of Activity Settings: Adaptations and Supports

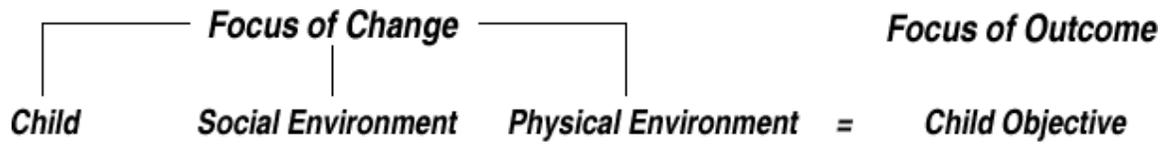
Child functioning in family and community activity settings can be increased through adaptations and supports – modifications and additions to the physical and social environment. Adaptations and supports do not require the use of intervention strategies attempting to change the child to meet external demands. Instead, the environment is changed to meet the child’s characteristics yet the result is an increase in child participation. When participation is difficult, resulting in low interest, it can be made easier through adaptations and supports so the child can become interested and engaged in, and benefit from, the activity settings. Active participation and learning can be promoted by adjusting the environment, activities, and routines to meet the child’s unique learning and functional style. The emphasis is acceptance of the child by building on his/her strengths and interests through adaptations and supports versus identifying child weaknesses to be addressed. This module focuses on the adaptations and supports that can be made within family and community activity settings to promote child participation. It addresses how to make changes to the social and physical environment to provide each child with opportunities to learn in his or her own unique way.

Adaptations and supports are used to optimize a child’s participation in existing and desired activity settings. This involves:

- Observing the social and physical environment to determine where and how adaptations can be made and supports incorporated (i.e., analysis of the environment).
- Modifying interaction patterns to promote child interaction with the social and physical environment and facilitate emerging emotional regulation (e.g., speaking to the child at a slow pace so the child can maintain a calm state).
- Designing the environment to build on a child’s strengths and interests (e.g., even carpeting throughout the childcare room so the child can independently roll to a different activity settings during transitions).
- Modifying the goal of an activity setting (e.g., child cruises holding on to the balance beam at gymnastics, rather than walking on the balance beam).
- Developing materials for increasing a child’s independence (e.g., wrapping foam around the handle of a spoon, making it easier for the child to grasp).

## From IFSP Objectives to Adaptations and Supports

The previous elements of the IFSP process prepare the intervention team for identifying not only the need for environmental modifications and additions, but evidence for what those adaptations and supports should look like. The functional assessment provided an opportunity to observe the social and physical environment of the activity setting, and the influence of the environment on the child's functioning. The integrated objectives outlined exactly what the child is expected to do to increase participation and competence in the specific activity setting. The next element is to determine if adaptations and supports can modify the social and physical environment to facilitate the achievement of the objective instead of, or in addition to, modifying the child.



**Figure 5-1:** Different foci of change to affect the child objective.

Even if child behavior warrants intervention, a supportive environment is necessary to ensure the environment will be responsive to any child change. Adaptations and supports should always be considered before intervening directly on child behavior.

### Activity 5-1: Identifying the Need For Adaptations

Review Melissa's functional assessment report in Module 3 and IFSP objectives in Module 4. Choose two objectives. For each objective, determine if adaptations and supports are needed in the social and/or physical environment to facilitate the achievement of the objective. What would you need to know more about to determine specific adaptations and supports?

IFSP Objective: \_\_\_\_\_

Need for Social Adaptations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Need for Physical Adaptations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Need to Know More About: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Activity 5-1 Con't: Identifying the Need For Adaptations

IFSP Objective: \_\_\_\_\_

Need for Social Adaptations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Need for Physical Adaptations: \_\_\_\_\_

\_\_\_\_\_

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Need to Know More About: \_\_\_\_\_

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## Identifying Needed Adaptations and Supports

As discussed in Module 3, the need for adaptations and supports are identified during the functional assessment by observing the influence of the social and physical environment on child participation and learning. Whenever the social and/or physical environment hinders child participation, ways to modify the environment should be identified. The same creativity early interventionists use to develop and implement individualized intervention strategies should be called upon to identify and make use of adaptations and supports. Families have been known to be extremely creative in finding ways for their child to participate in activity settings important to them. For example, a mother used a toy shopping cart for her child with cerebral palsy to walk with support while grocery shopping with her. However, the cart frequently tipped when the child put too much pressure on it. So the mother placed a 5-pound bag of flour in the child's cart, which gave enough weight to support the child and was appropriate to the activity setting.

The questions outlined in Module 3 will facilitate the identification of where adaptations and supports are needed. The following general guidelines have been developed to help early interventionists determine specific adaptation and support recommendations. Adaptations and supports should:

**Allow an infant or toddler to participate in the activity settings family members value:** Adaptations and supports should be useful within the activity settings identified by the family, fostering participation and learning. For example, the family may want to take

the child grocery shopping, so an adaptation could be made to the grocery cart so the child can sit in the cart. Meeting this guideline is straightforward when a functional assessment is conducted in the identified activity setting, attending to the environment and the child's functioning and reactions to the environment. For adaptations and supports to be considered successful, the child's participation in the activity setting should increase.

**Be valued by family members.** The role of early interventionists is to recommend adaptations and supports. Family members must decide whether the adaptation or support makes sense and "works" for their activity settings. Essential elements in recommending an adaptation or support are a clear description of the adaptation (with visual models if possible) and a logical rationale for using the adaptation or support. When family members understand what the adaptation or support will "look like" and how it will enhance their child's participation and learning, the more likely they will appreciate, accept and utilize it in activity settings.

**Promote development and competence.** Adaptations and supports should facilitate achievement of IFSP objectives and increase his/her independent participation in an activity setting as appropriate for his/her age. For example, the use of a communication board can lead to the learning opportunity of interacting with others. The use of non-skid foam rubber kitchen liner on a highchair tray will keep the child's bowl in place while scooping food with a spoon, decreasing the likelihood that his/her caregiver will need to hold the bowl.

**Facilitate participation in age-appropriate activities.** An adapted activity should support a child to do the things other children the same age are doing. For example, if a child requires support for sitting while his or her peers are sitting independently, a blow-up U-shaped ring could support the child's independent sitting during infant music group.

**Promote acceptance by peers.** When recommending adaptations and supports, care should be taken to look as ordinary and attractive as possible. Many times, everyday household objects can be adapted. Sometimes, ordinary and attractive are contradictory. For example, communication devices that "talk" when you press a button are very popular among all toddlers.

**Promote generalization.** Adaptations and supports should increase the child's functioning across existing and desired activity settings. This means the adaptive equipment must be available to the child across activity settings and that family members and possibly community providers are involved in selecting and using the adaptations and supports.

## Adapting the Social and Physical Environment

Children learn by interacting with the social and physical world around them. The availability and arrangement of materials, equipment, furniture, and space influence how and what children participate in and learn. So too does the appropriateness of interactions with others.

### Social Environment

Adapting the social environment requires an understanding of how the child interacts, and the responses from the environment. Children inherently desire to have control and predictability in their environment. They want to manipulate objects, receive responses when they initiate, and consistently know what to expect in regularly occurring activity settings. Adaptations of

the social environment can focus on providing that control and predictability to a child with disabilities. Particular social adaptations include:

**Identifying and responding to subtle communicative cues.** During the functional assessment, the child's communicative cues should be identified. Consistently recognizing and responding appropriately to these cues affords the opportunity for reciprocal communication every child requires for social-emotional development. During peer interactions, an adult can support the interaction by identifying a child's subtle communication cue for a peer to understand and respond. Note that the child with a disability is not being asked to change his/her communication style. The support provided changes the social environment – the peer's response.

**Providing opportunities for the child to try activities independently or to initiate asking for assistance.** The child should be able to try to figure out activities by him/herself when the activities are interesting and appropriately challenging. Adults can support the child by demonstrating positive affect toward the child's attempts, regardless of success. The child's persistent efforts should not be disturbed unless s/he gets frustrated or asks for help using his/her own communication style. When a child is given the opportunity to ask for help instead of having help thrust upon him/her, s/he gains a sense of control.

**Extending wait time before initiating interactions or facilitating interaction turns.** Some children need more time to initiate, or control, an interaction or to respond to another's initiation. A slower to respond interaction would be interrupted, and therefore unsuccessful, if a typical interaction pace was used. Slowing the pace of interaction, or waiting longer for a child's response, provides the opportunity for the child to participate in, and share control of, the interactional environment. In peer interactions, adults can support a peer to wait for the communication from the child with a disability, modifying the environment yet promoting the child's participation with peers.

**Activity 5-2: Adapting The Social Environment**

Review the functional assessment in Module 3. What types of social adaptations might the Canalettos need for Melissa? Consider both family and community activity settings.

**Family Activity Settings:**

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**Community Activity Settings:**

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## Physical Environment

Infants and toddlers often benefit from adaptations in the physical environment, which can be an unobtrusive method for supporting independent participation. The physical environment can be adapted in a variety of ways, including:

**Changing the way space is arranged:** The design of the physical environment should consider the mobility and sensory abilities of the child. For example, the toddler bed mattress can be placed on the floor instead of on the bed frame so the child who commando crawls for mobility can climb into bed. This simple adaptation provides the learning opportunities of independence and motor planning during the activity setting of going to bed. At the same time, the child's sense of competence is increased as he is successful and independent. Referring back to the process of learning, the goal is for the child to learn to function independently based on his/her strengths and interests (**competence**) and to develop a **sense of mastery**.

**Planning a child's surroundings to promote engagement with materials:** A child's engagement with materials is increased when materials are interesting to the child. Increasing a child's interest occurs by providing materials that are responsive based on the child's sensory strengths (e.g., lights, sounds) and can be accessed by the child independently (low shelves, easy to grab objects/containers). In addition, providing furniture and other supports that facilitate positioning can promote engagement since the child is stable and can concentrate on the materials available. These considerations are purposely general to be implemented across a variety of activity settings.

**Adapting materials:** Materials can be modified to increase child participation and facilitate child success. One very common adaptation for all young children is to glue knobs onto puzzle pieces so they are easier to manipulate. Materials can be adapted in a variety of ways. Often, by observing a child functioning in specific activity settings, adaptations can be identified and developed.

### Activity 5-3: Adapting The Physical Environment

Review the functional assessment in Module 3. What types of physical adaptations might the Canalettos need for Melissa? Consider both family and community activity settings.

#### Family Activity Settings:

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#### Community Activity Settings:

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## Adapting Curriculum

For children with disabilities to successfully participate in the activity settings occurring in childcare and toddler education programs, curriculum adaptations may be required. Activities should be individualized or adapted to accommodate the characteristics of every child. When early interventionists provide consultation to early childhood educators on ways to adapt curriculum, early childhood educators learn how to make adaptations for all children in their class. There are several ways to adapt curriculum, including:

**Developing related goals:** The goal of a group activity can be adapted so that all children are participating in the same activity setting, but with different outcomes. For example, for one child, the goal of an art activity may be to give objects to a peer (grasp and release, turn taking), while the goal for another child might be to ask for a paintbrush and grasp it (initiate request, grasp)

**Adding goals:** Some young children may benefit from interactions in areas not emphasized by a program's curriculum. For example, researchers have shown that the social development of children with disabilities lags behind the social development of their same age peers. Learning opportunities should be added to the curriculum that target goals such as turn taking, initiating interactions, maintaining play, and developing friendships.

**Adapting materials:** Materials can be adapted by simplifying them, or using similar, but different materials. For example, taping down the cardboard jacket of a board book will make it easier to turn pages yet the child can still participate in "book reading." Or, while creating an art project, a child can use markers instead of crayons so less pressure is needed to successfully color. These adaptations allow the child to fully participate in the same activity as others, eliminating environmental barriers.

### Activity 5-4: Adapting Curriculum

The Canalettos are interested in Melissa attending a Montessori toddler program. Based on what you know about Melissa, what may be some possible adaptations to the program so Melissa can participate and meet her IFSP objectives.

**Related Goals:** \_\_\_\_\_

Increase Participation and Meet IFSP Objectives by: \_\_\_\_\_

**Added Goals:** \_\_\_\_\_

Increase Participation and Meet IFSP Objectives by: \_\_\_\_\_

**Adapted Materials:** \_\_\_\_\_

Increase Participation and Meet IFSP Objectives by: \_\_\_\_\_

Through creative thought and team brainstorming, it is possible to devise a number of adaptations for any child, within any family or community activity setting. The essential element of adaptations and supports is to increase participation by decreasing the obstacles in the environment.

## The Role of Assistive Technology

Assistive technology refers to any item used to “increase, maintain, or improve the functional capabilities of children with disabilities.” Assistive technology ranges from simple items often found in local stores, such as cups with built-in straws, to sophisticated equipment designed for disabilities, such as standers and electronic communication systems. Any adaptations discussed above that modified materials are considered assistive technology.

Assistive technology should be used to support child participation, including a child’s ability to:

**Communicate.** Many such devices are available and range from homemade communication boards to sophisticated electronic systems.

**Perform motor activities.** Assistive technology devices can assist children to move around their environment without physical assistance from others. For example, walkers can help children move where they choose, and many store-bought walkers designed for all children can be used as-is, or require minimal modifications.

**Understand the world around him or her.** Assistive technology can support a child to better understand, control and respond to the world around them. For example, switch-activated toys can teach a child to indicate choice, attend, and learn cause and effect.

Several questions should be asked when using assistive technology in activity settings:

- How often does the child engage in the activity setting?
- Does the assistive technology promote independence and successful participation in family and community activity settings?
- At what level does the child participate in family and community activity settings without assistive technology
- Will the assistive technology be pleasant, enjoyable, and motivating for the child?

Assistive technology should always begin as low tech as possible, and make use of the everyday objects that many young children have today and modify as needed.

Adaptations and supports can increase child participation in family and community activity settings. The Activity Setting Analysis Worksheet on the following page can be used to document the adaptations and supports applied to each activity setting. This worksheet can be used as a reminder of the adaptations recommended for families and community providers to use. For planning purposes, the worksheet can also be used as a visual guide to determine adaptations that can be applied across different activity settings, decreasing the number of activity settings to remember.

## Making Use of the Everyday

Adaptations and supports are used to increase the child's participation in everyday activity settings. The adaptations and supports recommended need to be understood and easily utilized by the people participating in those activity settings.

While adaptations are frequently considered only for children with disabilities, there are many "adaptations" that naturally occur for young children. Games are adapted to the age of the child, such as t-ball instead of baseball or putting gutter bumpers in bowling lanes. New caregiving equipment that supports child independence, participation, and development are constantly being manufactured. Some examples are:

- Blow-up rings to support sitting.
- Push toys to walk without adult assistance.
- Sippy cups with straws to begin straw drinking without spillage.
- Vibrating bouncy seats that can soothe "colicky" babies and support young children self-regulate.
- Velcro shoes so young children can independently put on their shoes.

These adaptations and supports occur in everyday society to create age appropriate learning opportunities. Every parent tailors what items are bought and in which activity settings to take part based on the unique characteristics of their child and their family. While children with disabilities sometimes require more adaptations, starting with what is already available can make modifications easier and make use of everyday materials that are already in the activity setting. The charge to the intervention team is to recognize that making adaptations for a child to be successful is a normative part of parenting and to make use of ordinary objects in the family and community activity setting to facilitate child participation and learning.

This module focused on adaptations in the social and physical environment, as well as early childhood curriculum. The module stressed the importance of using adaptations to promote participation and develop functional, age-appropriate skills in family and community activity settings, using everyday materials. Regardless of whether specific child-focused interventions will be a part of the IFSP plan, the social and physical environment must be examined to determine adaptations and supports that will promote child participation and learning, and to remove barriers to participation and learning. In planning the recommended adaptations and supports, the intervention team can make use of its early intervention experts across disciplines, building on each other's recommendations, to create adaptations and supports that are least intrusive for families. While *input* from early intervention team members will be required at different times, all team members will not have direct *implementation* responsibilities. The next element of the IFSP process discussed is the assignment of intervention responsibilities in a transdisciplinary model.

## **Module 5: Promoting the Use of Activity Settings**

### **Checklist**

- ✓ Observe the social and physical environment to determine where and how adaptations can be made and supports incorporated.
- ✓ Modify interaction patterns to facilitate child interaction with the social and physical environment and emerging emotional regulation.
- ✓ Design the environment to build on a child's strengths and interests.
- ✓ Modify the goal of an activity setting.
- ✓ Develop materials to increase child independence.
- ✓ Adapt curriculum for full participation all children in early care and education programs.
- ✓ Ensure that adaptations and supports are as minimally intrusive as possible.
- ✓ Understand and convey to families the normative role of adaptations and supports for all young children.

## Module 5: Promoting the Use of Activity Settings

### Module Reflection

What topics in the module do I:

1. Understand and practice:
  - a. Supports I need to put into practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

**Notes:**

# IFSPs for the 21<sup>st</sup> Century

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## Family Story: Promoting the Use of Activity Settings

*At this point in the IFSP process, the intervention team, including the Canalettos, has gathered information on family interests, activity settings and learning opportunities, and of Melissa's participation in the activity settings. Through collaborative goal setting, they have identified outcomes, integrated objectives for each outcome, and the activity settings where intervention recommendations can be utilized. The next element is identifying adaptations and supports that will facilitate Melissa's participation in the family-identified activity settings.*

*Ruth Stern, the PT, described, "Before we look at strategies to help Melissa learn, we first want to see if there are changes in the places where Melissa participates and the materials within them that can support Melissa's participation. These changes may be modifications to what is already there, as well as adding things. For example, one change I would recommend is a bottle that is hollow in the middle. These bottles are easier to grasp so Melissa can be more independent in her drinking. And I know independence is important to you." Mary mentioned, "We actually have that kind of bottle because Matthew tried to hold the bottle very early but his hands were too little at the time to get them around a full bottle. I didn't use them with Melissa because I wanted to use what they had at the NICU."*

*Through team brainstorming, multiple adaptations and supports were recommended. Adaptations and supports included:*

- *Teaching Matthew where to hold objects where Melissa can see them.*
- *Using a sitting ring to support her while playing alone and with other children.*
- *Using play materials that would enhance Melissa's use of vision (e.g., stickers to place on critical features of toys so she can see where to focus).*
- *Placing an insert in the highchair to improve her posture, which will improve use of her hands and mouth.*
- *Waiting for Melissa to look at the adult before helping in her play or other activities.*
- *Creating a simple communication board.*

*The team also discussed that, when Melissa was enrolled in Montessori, they could consult on ways to adapt the classroom activity settings, materials and curriculum so Melissa could fully participate.*

*Mary and Anthony were very excited about these adaptations and felt that they could already help Melissa participate more and learn, while at the same time making some of the activity settings more enjoyable for the entire family.*

*Building on family and child interests, the transdisciplinary approach takes advantage of the natural learning opportunities occurring throughout the day, decreasing disruption of family life and increasing the utilization of early intervention recommendations across multiple activity settings.*

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# Module 6

## Assigning Intervention Responsibilities: The Transdisciplinary Approach and Collaborative Consultation

The use of multiple perspectives with equal participation among intervention team members is critical to IFSP design. The number of team members during IFSP planning depends on child and family interests and characteristics. When it comes time to implement the IFSP however, a limited number of team members will be directly involved, with other team members providing support.

This module focuses on the use of the transdisciplinary approach to implement the IFSP. The module describes this approach and discusses its advantages. The practice of providing consultation to other early interventionists, families and community providers is explored. This module looks at the practice of role release and provides recommendations for the successful implementation of the transdisciplinary team approach.

### The Transdisciplinary Team Model

Many kinds of team structures exist in early intervention. The transdisciplinary team model has been identified as the ideal for the purpose of early intervention – to increase child participation and learning, and to enhance family and community capacity.

#### Transdisciplinary Approach and the Purpose of Early Intervention

The transdisciplinary approach to early intervention is effective because it is based on two principles discussed earlier.

1. Children participate in activity settings and learn through **integrating developmental domains**, where all developmental domains mutually influence each other and are utilized to reflect child functioning
2. Early intervention is intended to **support families and community providers** in facilitating child participation and learning across multiple activity settings.

Integrated development has been emphasized throughout this manual it has been discussed in terms of activity settings, functional assessment, and integrated objectives. Since children function by using all domains simultaneously, interventions should reflect that functionality – focusing on all domains at once. If every intervention is focusing on the same functional objective that crosses developmental domains, only one interventionist needs to be directly involved in the family and community activity settings. It is expected that the primary

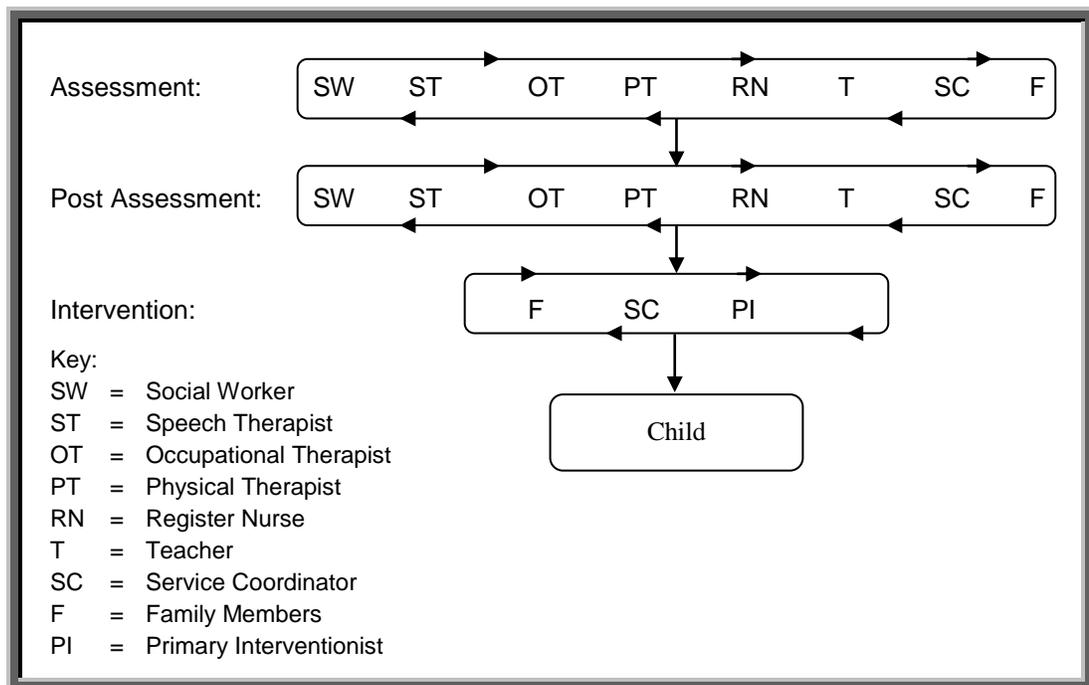
interventionist (PI) is sufficiently trained across developmental domains to address child participation and learning, with the support of the intervention team.

Functionality is reflected in the purpose of early intervention – to enhance family and community capacity. Families and community providers are not expected to conduct therapeutic interventions to promote discrete, domain-specific skills. They are not expected to become experts in physical, occupational and/or speech therapy. Nor are they expected to be experts in special instruction. Instead, they are expected to utilize intervention recommendations to facilitate child functioning in identified activity settings. As a consultant to families and community providers, the PI must recommend adaptations, supports and strategies that are easy to implement while enhancing development across all domains.

Considering integrated child functioning and the role of early interventionists as consultants to families and community providers, the transdisciplinary approach makes intuitive sense by:

- Eliminating the unnecessary duplication of services.
- Reducing the number of inconsistent recommendations made to the family.
- Producing a more accurate and complete picture of a child’s participation and learning.
- Maximizing the team’s ability to meet family interests.

The transdisciplinary approach involves the sharing of information and skills across traditional and professional discipline boundaries. In the transdisciplinary model, all team members (including the family and community providers) teach, learn, and work together to accomplish the mutually agreed upon plan as outlined in the IFSP. The roles that individual team members play are defined by the needs of the situation, rather than by the function of a specific discipline.



**Figure 6-3:** A model of how an early intervention team would function using the transdisciplinary approach.

The primary purpose of the transdisciplinary approach is to pool and integrate the expertise of the team members. This approach minimizes the number of persons directly involved in intervention. With a minimal number of persons involved, this approach respects a family's right to be a family first. Therefore, activity settings can maintain family and community-defined attributes, and are even enhanced as the child's participation increases.

## Introduction to Collaborative Consultation

Collaborative consultation is an essential component of the transdisciplinary model. In early intervention, collaborative consultation is the process team members use to achieve goals that can be reached only through shared commitment and joint problem solving. The process of collaborative consultation involves establishing a shared vision, arranging opportunities to meet, identifying roles, and solving problems as a team. These processes require the abilities to communicate, negotiate, trust, and manage conflict. The key to collaborative consultation is the realization and acceptance that no one individual or agency has all the resources and expertise needed to address the diverse interests of families and characteristics of their children. Collaborative consultation is an essential component of the transdisciplinary approach.

### Activity 6-1: Identifying The Advantages of Collaboration

What are the advantages of a collaborative approach toward early intervention? Think about each of the following characteristics of collaboration and describe how these characteristics could improve the support available to the Canalettos.

#### Characteristics of a Collaborative Approach

Mutual goals: \_\_\_\_\_

\_\_\_\_\_

Parity among participants: \_\_\_\_\_

\_\_\_\_\_

Shared responsibility for participation and decision-making: \_\_\_\_\_

\_\_\_\_\_

Shared accountability for outcomes: \_\_\_\_\_

\_\_\_\_\_

Shared resources: \_\_\_\_\_

\_\_\_\_\_

## Assigning Roles And Responsibilities

When using a transdisciplinary team approach to implementing the IFSP, team members must answer the following questions:

- Who will be the primary person(s) responsible for implementing intervention recommendations?
- Who will be the primary interventionist (PI) consulting to the persons implementing the recommendations?
- What other team members will be involved in providing support to the PI?

## Primary Person(s) Implementing Recommendations

As discussed earlier, children learn by practicing and using functional skills across the multiple family and community activity settings in which those skills will be used, increasing participation. The interventionists on the team spend a relatively small amount of time with the child, and are involved in relatively few activity settings compared to the amount of time and activity settings in which family members and community providers are involved. To maximize child learning and participation across multiple activity settings, family members and community providers must be able to effectively utilize intervention recommendations. The specific people responsible for intervention recommendations will be decided during IFSP development however, they would be the individuals who participate in the activity setting with the child.

When families have inaccurate information about what early intervention is (“fix-it” model, hands-on therapeutic or special education services, etc.), interventionists sometimes try to “ease” the family into a full participatory role by starting with direct treatment and moving toward more family implementation. However, there are many challenges with this strategy. First, if early intervention was described accurately during the early conversations with the family, contradictory information is given between what was described and what actually occurred. Second, families can get accustomed to the direct treatment model and feel uncomfortable when they are expected to “perform expert therapy”. Finally, families cannot generalize what they do not know into activity settings in which the interventionist does not participate. Consistent messages and consistent expectations support families in understanding the supporting role early intervention plays in their lives and the primary role they play in their children’s lives.

## Primary Interventionist

In deciding which early interventionist should be the PI for an individual family, the IFSP team must consider a number of factors, including:

**Family interests and child characteristics.** When assigning interventionist roles and responsibilities, the first consideration of the intervention team (remember: including the family and community providers) should be the family’s interests, family and community activity settings, and learning opportunities. The competencies of the PI selected to be directly involved in interventions should fit the family and child’s interests. When assigning roles, the team should consider carefully the competencies and interests of specific PIs, rather than the specific skills associated with a particular discipline.

The most important criteria for the PI is that s/he should have an open and trusting relationship with the family, provide an appropriate level of support to community providers, have a supportive and integrated team from which to receive guidance, and should understand increasing child participation and learning in family and community activity settings.

**The skills and knowledge of individual team members.** The PI selected should have the skills to address functional development and participation within and across family and community activity settings. In addition, the PI should feel comfortable in his/her role as a consultant to the family. For example, a physical therapist may be selected as the primary interventionist because s/he can provide recommendations related to a child's participation in the various activity settings available at a park, riding in a canoe, eating dinner and taking a bath, spanning all developmental domains.

**The availability of the primary interventionist.** For families and community members to feel confident and competent, the PI must provide consultation within the activity settings where the intervention recommendations will be utilized. The PI must also have the flexibility to participate in a variety of activity settings, as families may feel uncomfortable generalizing the intervention recommendations to other activity settings where consultation has not yet occurred. Some interventionists may have the competencies to provide consultation on child participation across developmental domains, but not have the ability to observe within and across the activity settings identified by the family. For example, a special educator who teaches in a classroom during the day and contracts at night has been consulting to a family during the activity setting of eating dinner. However, the family feels uncertain about utilizing the intervention recommendations when the child is eating breakfast, and the early childhood educator feels uncomfortable when the child is eating lunch at the childcare program. While the interventionist could ideally consult during breakfast on the weekend, s/he is not available for the childcare program, which is only open on the weekdays. When determining who is best suited to be primary interventionist for a particular family, the current and future activity settings and the availability of the interventionist must be considered.

**Activity 6-2: Identifying Persons Responsible for Implementing Recommendations and Primary Interventionist**

The previous sections focused on identifying the persons who will be responsible for utilizing the intervention recommendations (family members and community providers) and identifying the primary interventionist (PI). Think about the Canaletto's family story.

Who are the persons who could be responsible for utilizing the intervention recommendations?

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What factors should be discussed among team members when deciding who should be the PI? Who do you think should be the PI and why?

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**Consulting Interventionists**

In a transdisciplinary model, the primary interventionist consults to families and community service providers while other interventionists who are part of the team provide ongoing collaborative consultation to the PI via direct observation and indirect support. For example,

an occupational therapist serving as PI for a family may approach a special educator in need of recommendations for positive behavioral supports. Through questioning, elaboration and further discussion, the special educator provides indirect support and recommendations to try. The PI provides consultation to the family on utilizing the positive behavior supports recommendations. If these strategies prove to be unsuccessful, the special educator may accompany the PI to the activity setting and directly observe, providing consultation to both the OT/PI and the family. Note that the special educator continues to be a consultant to the PI.

## **Role Release**

The team member who is selected as the PI is supported through the process of role release. “Role release” refers to the teaching, sharing, and exchanging of certain roles and responsibilities among team members. Specifically, it involves “releasing,” or sharing, some of the roles traditionally associated with a particular discipline. In the previous example, the special educator is “releasing” the role of behavior specialist and sharing the traditional responsibility with the OT, the family’s primary interventionist. In order to implement the process of role release effectively, early interventionists must:

**Be willing to learn from the skills and expertise of other team members:** This philosophy includes recognizing that families and community providers have valuable information and skills. Therefore, they must be considered full members of the intervention team throughout the entire IFSP process (planning, implementation and evaluation).

**Be willing to share knowledge with other team members:** Role release involves teaching others how to perform skills associated with a particular professional discipline. However, each team member continues to be recognized as the authority in his or her own discipline. Assistance and support should be furnished in an ongoing manner.

Collaborative partnerships among team members require a high degree of trust, respect, open-communication, problem-solving skills, shared sense of responsibility, and cooperation. The success of the intervention strategies will depend on the manner in which a team can effectively function. The next section will elaborate on what factors are important in influencing the transdisciplinary approach.

### Activity 6-3: The Consulting Interventionists

Consider the current team members for the Canaletto family. Who would remain on the team? Why?

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Who would be the consulting interventionist(s) to the PI identified in Activity 6-2?

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When do you think the PI may require:

Indirect Support: \_\_\_\_\_

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Direct Observation: \_\_\_\_\_

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## Critical Factors Effecting The Transdisciplinary Team Approach

The success of the intervention will depend on the manner in which the team functions. In order to help ensure that a transdisciplinary team is effective, its members have the responsibility to:

**Understand the approach.** Every member of a transdisciplinary team must understand, appreciate and implement the transdisciplinary approach, in order for the IFSP goals to be obtained.

**Be willing and open to change.** The transdisciplinary team model can be difficult to implement because its approach is less familiar than traditional team structures. It is also different from what families typically perceive as the “job” of a therapist or special

educator. Effective implementation requires time, commitment, a willingness to change the way things have always been done, and the ability and willingness to clarify the approach for families.

**Maintain a strong commitment to the families participating in early intervention.** A transdisciplinary team is comprised of individuals who have different backgrounds, philosophies, and approaches to early intervention. A shared vision about the role of early intervention and values clarification for supporting families helps a team overcome philosophical and professional differences.

**Communicate effectively.** Good communication can enhance the ability of a team to work together effectively. In order to communicate well, language that is familiar to everyone must be used. All team members must listen to what others say, and provide feedback to confirm that messages have been heard and interpreted correctly.

This module has focused on the transdisciplinary approach to early intervention. The transdisciplinary team approach provides a model for effectively implementing the IFSP using family and home activity settings, and related learning opportunities. Building on family and child interests, the transdisciplinary approach takes advantage of the natural learning opportunities occurring throughout the day, decreasing disruption of family life and increasing the utilization of early intervention recommendations across multiple activity settings. The transdisciplinary approach can be utilized to recommend adaptations and supports, as described earlier, or implementing specific intervention strategies.

## Module 6: Assigning Intervention Responsibilities

### Checklist

- ✓ Understand and explain the transdisciplinary approach to early intervention team members.
- ✓ Identify and apply characteristics of effective teams.
- ✓ Identify family members and community providers who will be the primary persons implementing intervention recommendations.
- ✓ Identify the primary interventionist for families based on characteristics and interests of individual families, skills and knowledge of team members and availability of possible PIs in relation to family and community activity settings.
- ✓ Provide collaborative consultation to PIs on the intervention team.
- ✓ Recognize and apply the critical factors of the transdisciplinary approach to your own intervention team.

# Module 6: Assigning Intervention Responsibilities

## Module Reflection

What topics in the module do I:

1. Understand and practice:

2. Understand but not yet practice:

a. Supports I need to put into practice:

3. Not fully understand:

a. Supports I need to put into practice:

**Notes:**

# IFSPs for the 21<sup>st</sup> Century

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## Family Story: Assigning Intervention Responsibilities

*As the conversation continued, Anthony questioned, “Everyone at this meeting seems to have so much to offer, and from different viewpoints. I feel like we could use everyone, but again, we don’t want so many people involved either.” Lisa Liefeld, the speech pathologist, described the transdisciplinary model. She said, “I agree that everyone is providing valuable input into the intervention plan. However, once the plan specifies what is going to happen, everyone does not need to be involved in actually implementing it. At that point, different team members take on different roles. The way we structure the interventionists on the team is that a single person primarily works with you to utilize the intervention recommendations across activity settings. Other interventionists contribute their expertise by providing ongoing consultation with the primary interventionist only or, if needed, coming with him/her to meet with you and Melissa.”*

*Leigh added, “And, while we’re on the subject of roles and responsibilities, I wanted to reiterate that, regardless of who the primary interventionist is, that person will consult with you and coach you in utilizing the intervention recommendations.”*

*Anthony raised some concern, “I know that all along you’ve been telling us this, but now that we’re creating this plan – how can Mary and I do what you experts can do? I don’t know if we have the time and energy to do more. And, we cannot forget about Matthew.”*

*Julia, the nurse, explained, “I know that all this planning can make intervention seem overwhelming. But once the plan is in place, hopefully you will see that it will make your life easier. Remember when Melissa first came home from the hospital and you weren’t sure how to do Melissa’s feedings? But I showed you how to feed her, and watched you feed her and gave you some pointers. Now I’m sure you wouldn’t say that you now could be a nurse, but you can say that you’re able to feed your child, which is what parents do. That is what will happen for all intervention recommendations. And, in terms of time, all visits from the interventionists occur within the activity settings you’ve identified. No additional activities are expected of you. We provide recommendations that will increase Melissa’s participation in the activity settings. If we’re doing our job right, things should be easier and certainly not harder.”*

*Julia’s explanation eased the Canalettos’ concerns. They expressed confidence in the transdisciplinary and consultation approach. Through team discussion, it was decided that Julia should serve as primary interventionist. She is with the family from 4 to 11 p.m. on weekdays and can consult with the night nurse. In addition, there is an established relationship between her and the Canalettos.*

*It was also decided that Leigh, as service coordinator, would contact the Montessori program and the YMCA to discuss Melissa’s participation and how they can be part of the intervention team.*

*Learning that is contextualized and focuses on functioning in everyday experiences fosters child participation in the family and community activity settings valued by the family.*

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# Module 7

## Developing and Implementing Intervention Strategies: Promoting Participation Within and Across Activity Settings

Developing and implementing intervention strategies within and across family and community activity settings can take advantage of the naturally occurring learning opportunities within those settings that promote child development. To maximize achievement of IFSP objectives and related outcomes in activity settings, interventions should be **contextualized**. That is, interventions build on the everyday learning opportunities that are a part of family and community life, considering the cultural, social and individual characteristics of families discussed in Module 1. Contextualized interventions *do not* supplement naturally occurring learning opportunities with “add-on” activities. Nor do they create recommendations that change the essence of the activity setting. Instead, contextualized interventions *do* enhance what is already occurring, maximizing child interest and engagement in achieving new, or practicing emerging, behaviors that increase activity setting participation.

This module addresses how to design intervention strategies that maximize the development-enhancing opportunities available in family and community activity settings to achieve IFSP outcomes. The module focuses on strategies that enhance naturally occurring learning opportunities by considering child initiation, interest and engagement to promote target behaviors by individualizing environmental responses to child initiation. The module begins by suggesting general intervention guidelines based on the process of learning described in Module 2. Next, it reviews antecedents and consequences and their use as intervention strategies. Then, situated learning intervention strategies are discussed. Finally, the model describes consultation and coaching strategies that ensure families and community providers can access and utilize the intervention recommendations over time and across activity settings.

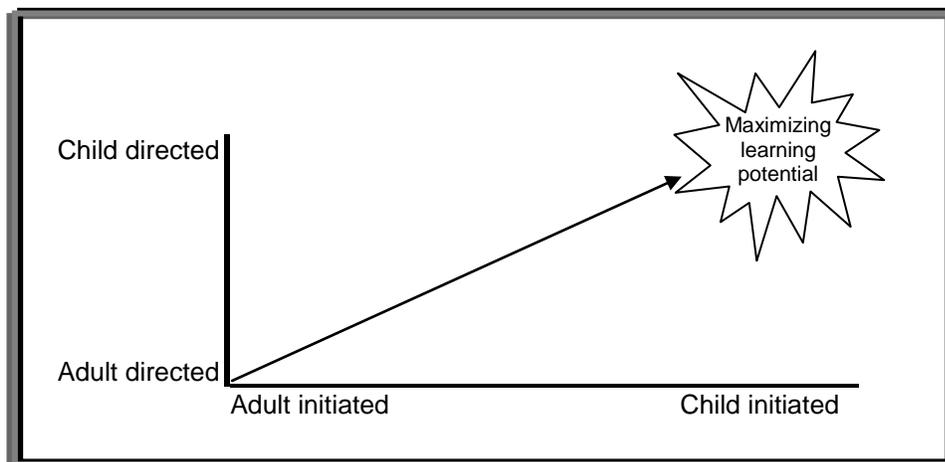
### Guidelines for Facilitating IFSP Outcomes and Objectives

As described in Module 2, the characteristics of learning opportunities promote child interest and engagement. When children are engaged in learning opportunities, they are actively exploring, manipulating, and interacting with people, materials, and objects. These experiences provide opportunities for children to learn how their behavior influences the environment – the consequences of their behavior. As children understand that their behaviors create effects, they gain a sense of mastery. This sense of mastery promotes increased interest and engagement in both new and existing learning opportunities. General

guidelines for creating intervention strategies that utilize this process of learning are described below.

**Base interventions on the child's strengths and interests.** When an activity interests a child, the child's attention and motivation are enhanced. Child interest leads to engagement, necessary for learning. Focusing on what the child is currently able to do (strengths), and is interested and engaged in, provides opportunities to reinforce growth-promoting behaviors. When behaviors are reinforced, the child is more likely to try either elaborations of the behavior or new behaviors, both of which result in learning and competence.

**Follow the child's lead and arrange the environment for child control.** Activities that interest and engage a child most are the ones that s/he initiates or controls. Intervention strategies should focus on providing the child these opportunities by reinforcing the behaviors the child currently has available. For example, responding to a child's communicative cues, regardless of how subtle, reinforces the child's use of these cues, increasing the likelihood the child will use the cue again, and try other means of communication. Or, adapting a toy so the child can create an effect without adult assistance reinforces the independent behavior of the child. Again, this increases the likelihood of using the behavior again, and trying new behaviors. The less adult direction, the more opportunity the child has to encounter the natural consequences of his or her actions (e.g., an infant touches a mobile and the mobile moves). See the illustration of this concept in Figure 7-1.



**Figure 7-1:** Relationship between learning potential and intervention strategies.

**Promote generalization of objectives.** In order for a behavior to be learned, the child must use the behavior across any activity settings the behavior may be used. Providing opportunities for the child to practice new and emerging behaviors across activity settings, using a variety of materials, with different peers and adults, promotes generalization. For example, when different friends, family members and community providers reinforce a child's attempt to request desired objects with gestures (e.g., toys, snacks, instruments) in numerous activity settings (e.g., playing in the family room, picnicking, playing music in toddler music class), the child learns the behavior to the point of mastery.

**Support a child in becoming more independent in his or her world.** The selected strategies should facilitate a child's independence and ability to participate in activity settings. These strategies might involve offering physical assistance during mealtimes, prompting the

correct response to complete a puzzle, or providing Velcro shoes so the child can put on his/her shoes independently.

**Target several skills during one activity setting.** Thinking back to integrated, functional development, a child uses a variety of skills from different developmental domains to participate in an activity setting. Accomplishing this is simple at this point in the IFSP process because the objectives were already created with attention to integrated developmental domains (See Module 4). The key is applying the integrated objective to intervention implementation.

### Activity 7-1: Facilitating IFSP Outcomes and Objectives

The five guidelines reviewed above promote participation and learning within and across activity settings. Review the Canalettos' IFSP objectives for Melissa from Activity 4-6 or the examples that were provided. Choose two objectives. Think of possible intervention strategies that meet each of the five guidelines. Make sure that an intervention strategy suggested for one guideline does not prevent another guideline from being realized and that the activity setting in which the objective will be practiced is considered.

Objective (1): \_\_\_\_\_

Use child's strengths and interests:

Follow child's lead and arrange environment for control:

Promote generalization:

Support independence:

Target several skills:

Objective (2): \_\_\_\_\_

Use child's strengths and interests:

Follow child's lead and arrange environment for control:

Promote generalization:

Support independence:

Target several skills:

## Review of Antecedents and Consequences

Intervention strategies differ from one another, according to how and when assistance is provided. In some instances, intervention is provided **before** the child engages in a desired behavior. For example, the availability of crayons encourages drawing. Acts such as

providing crayons are sometimes referred to as **antecedent events**. Antecedent events are designed to increase the likelihood that a child will become interested in a desired activity setting.

Intervention strategies also can be implemented **after** the child performs a behavior. For example, a child might be “rewarded” for transitioning into a sitting position because s/he could reach for and attain a toy. In this instance, the reward is a **consequent event** — it occurred after the child transitioned to sitting. Rewards or reinforcers increase the likelihood that a desired behavior will be repeated.

## **Antecedents: Intervention Strategies Used To Promote Interest and Engagement**

**Arrangement of the social and physical environment.** Antecedents can include environmental arrangements and adaptations as discussed in Module 5. The environmental analysis conducted during the functional assessment will illustrate adaptations and supports that, when applied to the social and physical environment, create antecedent conditions to promote interest and engagement. Examples of social and physical arrangements include:

- Engaging in activity settings the child enjoys doing.
- Providing opportunities for the child to initiate interactions using his/her own communication style.
- Having proper positioning available so the child can concentrate on the activity setting.
- Identifying and making sure high preference toys and materials are accessible.
- Ensuring that peers understand the child’s communicative cues.

**Assistive prompts.** Antecedents can also involve the use of assistive prompts. There are several types of prompts. A child’s characteristics determine the type of prompt most likely to be effective. For example, if a child’s strengths lie in understanding gestures, the prompts would be pointing or other gestures, not verbal prompts. When using prompts, the general guidelines for facilitating IFSP outcomes and objectives described earlier must still be met. When selecting a prompt, the least intrusive prompt should be tried first, before selecting a more intrusive prompt. Assistive prompts include:

- **Verbal prompts.** For example, the prompt, “Do you want juice or milk?” might facilitate a child’s interest in learning to drink from a cup. The prompt provides an opportunity for the child to control the environment through choice making. When the child has control of the environment, the child is more likely to engage in the learning opportunity.
- **Tactile Assistance.** Use touch to facilitate a desired response. An example would be touching an infant’s hand to gain his attention toward a toy near his hand, encouraging interest in the toy.
- **Physical Assistance.** This strategy involves physically guiding a child through a behavior. Providing light pressure to a child’s elbow to prompt the child to lift a spoon to his/her mouth is an example. This physical assistance is the least intrusive

manner facilitates success and the reinforcement of eating. This reinforcement will prompt the child to try the behavior again.

- **Interrupted Routines.** Daily routines (e.g., dressing, eating, diapering) require the completion of several steps in an ordered sequence. A routine can be interrupted by omitting a step or by completing a step incorrectly. An example of completing a step incorrectly might be putting socks in a child's pocket rather than on his or her feet. This can make the activity interesting for the child, promoting engagement in the activity by attempting to put his/her socks on, vocalizing, or interacting with others.

### **Activity 7-2: Using Antecedents To Promote Interest and Engagement**

Antecedents increase the likelihood that a targeted behavior will be performed by increasing interest and engagement. Review Melissa's objectives. Identify appropriate antecedents for each objective, considering Melissa's current level of interest and engagement and the least intrusive strategies. Consider both the social and physical environmental arrangement and assistive prompts.

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When the child is already interested and engaged in an activity setting, the focus of intervention should be on reinforcing the child's behaviors.

### **Consequences: Intervention Strategies Used To Reinforce Interest and Engagement**

Deciding how to reinforce interest and engagement is an important part of planning intervention strategies. A reinforcer is anything (e.g., praise, attention, or a pleasant sound) that appears to increase the occurrence of the same behavior (**fluency, maintenance and generalization**) or an elaboration of the behavior (**acquisition**).

There are two types of reinforcers:

1. **Naturally occurring reinforcers** are the natural consequences of a child's behavior (e.g., signing "more" then receiving another cookie, smiling at Dad results in Dad smiling back). Social responses to a child's behaviors can be very reinforcing. Natural social reinforcers include:

- Respond to a child’s initiations to continue an interaction.
- Comment on behavior with positive affect.
- Join in play without intruding on the child’s behaviors.

In some instances, an infant or toddler may need more than naturally occurring reinforcers to learn a skill.

2. **Learned reinforcers** (e.g., praise) increase the desired response. To help the child recognize his or her own achievements, **always pair learned reinforcers with naturally occurring reinforcers** (e.g., smiling at an infant and saying, “You got your rattle.”).

There are several guidelines for using reinforcers. These include:

**Telling a child why s/he is being rewarded:** When a child is engaged in a desired behavior, it is important to explain to the child why s/he is being rewarded. For example, a child can be praised by saying, “Good job, you put on your hat!” This helps the child connect the rewarded reinforcement with the desired behavior.

**Developing a schedule for providing reinforcement:** It is important to be aware of the frequency of reinforcement use. The amount of reinforcement provided influences the rate at which learning occurs. Giving reinforcements too frequently will cause them to lose their effect. While it may be best to give reinforcement for each desired response when a skill is emerging, reinforcements should gradually be eliminated when the skill is learned.

**Presenting a variety of reinforcers:** A reinforcer will lose its effectiveness if used continuously. Vary verbal reinforcers by changing the words used or the tone of voice.

**Selecting naturally occurring reinforcers whenever possible:** A child should learn to respond to natural reinforcement. For example, when a child requests a toy, the opportunity to explore and play with the toy should be the reinforcement. The use of naturally occurring reinforcers decreases the likelihood of the child becoming dependent upon learned reinforcers.

### Activity 7-3: Using Reinforcers

Reinforcers increase the likelihood that a targeted behavior will be performed again. Choose two (2) of Melissa’s objectives. Identify at least one reinforcer for each objective. Consider if the reinforcers can be used across family and community activity settings.

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Antecedents and consequences have long been traditional elements of early intervention. The challenge to early interventionists is to apply the concepts of antecedents and consequences in family and community activity settings in ways that promote participation and make use of the interesting and engaging aspects of the learning opportunities.

## Promoting Engagement and Learning Through Situated Learning

Situated learning refers to learning that is embedded in real life experiences, within family and community activity settings. Learning that is **contextualized** and focuses on **functioning in everyday experiences** fosters child participation in the family and community activity settings valued by the family. Therefore, family interests are inherently included in situated learning.

Situated learning helps the child learn behaviors in ways that are more easily generalized and possess “real life” meaning for the child and family. Through situated learning, interventions:

- Are a part of everyday family and community activity settings.
- Emphasize the acquisition of functional competencies.
- Make it possible to increase a child’s participation within and across activity settings.
- Are both social and non-social.

The keys to situated learning intervention strategies are:

- The child must be interested in the activity or interest is the focus of the intervention strategy.
- The “intervention strategy” should not look like intervention; it should look like a child enjoying a typical learning opportunity.

Situated learning encompasses four primary teaching methods:

### Incidental Teaching

Incidental teaching takes advantage of unstructured, natural learning opportunities that occur throughout the day. Incidental teaching occurs when a child initiates an interaction, based on his/her interest in something and the adult contingently responds to the child to encourage the child to respond with an increase in a specific behavior or to change the behavior.

### Contingent Responsiveness

Contingent responsiveness teaches a child that their behavior can cause a response. The behavior-response contingency must occur often enough that the child learns the relationship. Any behavior can be considered the child’s initiation to interact, even if initially unintentional, opening the door to an adult response. The response can be **social** (e.g., child looks at his grandmother and vocalizes “ma”, his grandmother vocalizes “ma”) or **non-social** (e.g., child drops his cup on the floor, his father picks it up and puts it on the highchair). Contingent responsiveness can be **planned**, where the interventionist and the family determine social and nonsocial responses to a specific behavior (e.g., whenever he vocalizes, imitate the sound), or result **naturally** (e.g., dropping objects results in his father picking them up). The fact that contingent responsiveness depends on the child beginning

the interaction, child initiation is promoted. Additionally, the child learns that s/he has control over his/her environment. As this understanding of initiation and control emerges, interest and engagement in behaviors can be promoted whenever adult behavior is a reinforcer.

## Response Contingent Learning

Response contingent learning teaches a child that a specific behavior must be performed to produce a specific effect. For example, to get an electronic toy turned on, the child must sign “help” independently. The desired response, turning on the toy, is contingent on the behavior of signing “help.” The response should be a reinforcer for the child (e.g., playing with the toy) based on his/her interests.

## Responsive Teaching

Responsive teaching is based on the principles of reinforcement, and focuses on the child’s current behaviors as competencies from which to promote new behaviors, or competencies. The child becomes **interested** and **engaged** in a learning opportunity through antecedents that:

1. Already exist in the activity setting (activities the child likes to do)  
OR
2. Were created through environmental arrangement or prompts. This usually occurs when the child is experiencing activity settings that were identified by the family as not enjoyable to the child, but important to family life. (See Module 2)

When a child is engaged, responsive teaching uses natural or learned reinforcers to promote behaviors the child can already accomplish. The child’s current competencies are reinforced. By reinforcing these behaviors, the child becomes:

1. Interested and engaged in practicing the behavior until it is mastered  
AND
2. Interested in attempting new behaviors related to the current behavior (elaborations).

Strategies to promote elaborations of current competencies include:

- Praise the child’s effort regardless of success whenever the child attempts a new behavior.
- Arrange the environment so the child is more likely to try something new (e.g., when a child enjoys playing with toys in the bathtub, use toys that sink to encourage reaching).
- Model elaborations of current competencies during interactions. Do not intrude on the child’s current activities or force the child to comply with the competency.
- Provide just enough support to move the child one step closer to the elaborated behavior (i.e., scaffolding).

For example, a toddler crawls over to his mother’s desk to interact with her (interest). To get his mother’s attention, the child pulls to stand (current behavior). While he stands holding onto the desk with two hands, his mother smiles and speaks to him (reinforcement). The child then squats down and then pulls to stand again (practicing current behavior). His mother reinforces his behavior with smiles and talking. This time however, she also lifts one hand off her keyboard and waves at the child (model elaboration). The child smiles, squats down and pulls to stand again. His mother again smiles, speaks, and waves. This time, the toddler lifts one hand off the desk and waves (elaboration).

This example demonstrates the use of responsive teaching. The child's mother attended to the child's interests and abilities, maintained child engagement, reinforced current competence, and provided an opportunity to learn a new behavior through modeling elaborations during interaction.

**Activity 7-4: Situated Learning Strategies**

Consider the Canalettos' objectives for Melissa. Use each of the situated learning methods to create intervention strategies to meet Melissa's objectives. Make sure the strategies can be used across multiple activity settings.

Incidental Teaching:

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Contingent Responsiveness:

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Response Contingent Learning:

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Responsive Teaching:

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**Implementing the IFSP Through Consultation and Coaching**

Federal legislation (IDEA, 2004) and the tenets of the transdisciplinary approach state that the role of the early interventionist (PI) is to consult with and coach families and community providers to enhance child development. When the PI is coach/consultant/teacher, s/he is sharing knowledge and expertise on how to increase child participation, resulting in enhancing the capacity of families and communities to fully support that participation.

For some early interventionists, being a consultant and coach may be different than what they were trained to do. However, supporting families and community providers in understanding, appreciating and using intervention strategies for their individual child will promote generalization of the strategies across multiple activity settings. This generalization will provide numerous opportunities for the child to practice behaviors, supported by the intervention adaptations, supports, and strategies, to participate and learn. While there are different models of coaching and consulting, there are four components necessary to ensure that families can accurately utilize the intervention strategies.

**Explain the intervention strategy.** The interventionist should fully describe the intervention strategy, including why the strategy will facilitate participation and learning. If families understand the rationale for the strategy, they are more inclined to appreciate and utilize the strategy.

**Model the strategy.** The interventionist should model the strategy. After modeling, the interventionist provides feedback on the effectiveness or ineffectiveness of the strategy. If ineffective, reasons are discussed. Perhaps the child needs more exposure to the strategies to respond, the child is not as comfortable with the interventionist as s/he would be with the family member, or the strategy was not appropriate. If the latter, another strategy is discussed and modeled.

**Family/community provider practices the strategy.** The family and community providers should have an opportunity to try the strategy **while the interventionist is observing**. This component is frequently missing in many interventions. Students of early intervention frequently identify practice and feedback (e.g., internships, student-teaching, practica, affiliations) as critical to their professional development. Families and community providers need the same opportunity to practice the intervention strategy while being observed so they feel confident they are implementing the strategy correctly.

**Provide feedback.** The interventionist should provide feedback to the family and community providers on their implementation of the strategy and its impact on child participation and learning. The interventionist also discusses the family's and community providers' ease and comfort level with the strategy.

Including these four components in early intervention work ensures that families and community providers can utilize intervention strategies across activity settings. Two aspects of teaming are worth re-emphasizing. Implementing intervention should include:

**A collaborative team approach.** Early interventionists must work hand-in-hand with the family to implement an intervention plan effectively. Cooperation and teamwork increase the likelihood that outcomes and objectives will be attained.

**Ongoing sharing and exchanging of information.** Implementation should include ongoing opportunities for family members to express their thoughts and concerns. Team members need to maintain open, ongoing communication. Effective communication helps to ensure that the intervention plan is responsive to family concerns.

### **Activity 7-5: Consulting/Coaching To Families**

Providing consultation/coaching to families so they appreciate, understand, and implement intervention strategies is essential to early intervention effectiveness. For each component of consulting/coaching, describe how comfortable and competent you feel utilizing the component with families and community providers. Is your comfort level different for families versus community providers? For the components you feel less comfortable and competent, what resources would support you in feeling more comfortable and competent?

Explain strategy:

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Model strategy:

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Observe strategy:
_____
_____
_____
Provide feedback:
_____
_____
_____

*This module focused on strategies and techniques that can be used to facilitate child outcomes using the integrated objectives outlined previously, and taking advantage of the natural learning opportunities occurring within family and community activity settings. The emphasis is on contextualized learning that results in functional development and increased participation in family and community life. At this point in the IFSP process, the intervention team has created a plan of action based on family interests, activity settings, and learning opportunities. Child outcomes, objectives, and intervention adaptations, supports and strategies have been identified. The final element of the IFSP process is evaluation, determining if the planning and implementation was effective.*

## Module 7: Developing and Implementing Intervention Strategies

### Checklist

- ✓ Understand and appreciate contextualized interventions.
- ✓ Use child's strengths and interests when creating and implementing interventions.
- ✓ Follow child's lead and the arrange environment for child control when creating and implementing interventions.
- ✓ Promote generalization when creating and implementing interventions.
- ✓ Support independence when creating and implementing interventions.
- ✓ Target several skills when creating and implementing interventions.
- ✓ Effectively identify and apply antecedents and consequences.
- ✓ Promote engagement and learning through situated learning techniques (incidental teaching, contingent responsiveness, response contingent learning, responsive teaching)
- ✓ Use coaching/consultation strategies to effectively prepare families and community providers to utilize intervention strategies across family and community activity settings.

## Module 7: Developing and Implementing Intervention Strategies

### Module Reflection

1. Understand and practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

***Notes:***

# IFSPs for the 21<sup>st</sup> Century

## Family Story: Developing and Implementing Intervention Strategies

*Leigh transitioned the conversation from roles and responsibilities to intervention strategies. She presented a worksheet to the team that could be used to identify intervention strategies. She suggested that they come up with general intervention strategies, and work through the current objectives for each outcome. Any changes in the strategies would be created by Julia and the Canalettos, with input as needed by individual team members. In addition, it was agreed that any changes or additions would be written down and copied for all team members to review.*

*Below is the intervention strategy created for drinking:*

**Outcome/Desired Change:** All the Canalettos will eat together as a family.

**Objective:** Melissa will enjoy her bottle.

**What is happening now:** She cries, turns her head to avoid the bottle, and gags.

<b>Activities</b>	<b>People</b>	<b>Activity Settings</b>
<i>Julia will share strategies to increase Melissa's enjoyment of the bottle.</i>	<i>Mary, Anthony, Matthew</i>	<i>Eating meals, snacks</i>

<b>Antecedents</b>	<b>Behavior</b>	<b>Consequences</b>
<i>1) Verbally telling Melissa it is time to eat.</i>	<i>Melissa will tap the bottle on the musical toy.</i>	<i>Tap own bottle on toy to take turns. Elaborate by putting bottle to mouth.</i>
<i>2) Positioning Melissa in her highchair with inset</i>		
<i>3) Placing a musical cause-effect toy on the high chair.</i>		
<i>4) Placing the bottle on the high chair.</i>		

*An IFSP and its various activities are considered successful to the extent that the child and family's quality of life are improved.*

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# Module 8

## Evaluating Early Intervention: Systematic and Individual Quality Assurance

After developing IFSP outcomes and objectives, and identifying adaptations, supports and strategies, the team implements the intervention. Implementation is the process of putting an intervention plan into action. While the plan is being implemented, as well as during the IFSP reviews, the plan is evaluated for its effectiveness in meeting the overarching early intervention outcomes of increasing child competence and enhancing family and community capacity within the context of the individual family. When intervention teams take responsibility for evaluating the IFSP process and outcomes, they provide evidence that the adaptations, supports and strategies identified and implemented made a difference in the lives of families of young children with disabilities and their families. Without evaluation information, the effectiveness of early intervention efforts is unknown.

This module is structured around the three goals of early intervention – increase child competence, enhance family capacity, and enhance community capacity. The module ends with a look at program evaluation and an outline of the procedure used to determine the effectiveness of an early intervention program.

### Increasing Child Competence

Evaluation must be an ongoing part of early intervention programs. Evaluation of the IFSP should be conducted continuously during activity settings by interventionists, families and community providers. Integrating evaluation into activity settings is essential for the following reasons:

**Ongoing evaluation promotes quality early intervention.** Monitoring a child's performance on a regular basis helps to determine whether IFSP outcomes are being achieved. Evaluation data can help determine the nature of a child's progress, as well as identify any barriers in the social and physical environment that may be interfering with child participation and learning. Continuous evaluation facilitates earlier identification of those barriers or problems with the intervention plan.

**Collecting data can lead to decisions that are more accurate.** The criterion set for meeting child objectives require the targeted behavior be performed across people and activity settings, and consistently over time. Collecting data consistently is the only way to *know* that the child is able to perform the behavior over time, every time. Collecting data in the activity settings in which the behavior is expected to be functional is the only way to *know* that the child is able to perform the behavior everywhere. In addition, collecting data on the intensity in which the intervention

recommendations are being utilized can uncover problems with the intervention plan as it is designed. Therefore, families and community providers should understand and appreciate the importance of data collection and share the responsibility of documentation.

Critical questions to ask in evaluating the impact early intervention has on child competence are:

- Is the child fully participating in current activity settings?
- Is the child participating in desired activity settings?
- To what extent and at what rate is the child making progress toward attaining outcomes?
- Are the intervention recommendations being utilized across all appropriate family and community activity settings?
- Do changes need to be made in the intervention plan?
- What behaviors have been acquired, fluent, maintained, and generalized?

There are two components to examining child competence. One is typically a part of IFSP reviews and evaluations – child progress in participating and learning in activity settings. While snapshots of child progress are provided at regularly scheduled intervals, keeping track of child progress continuously and across multiple activity settings is critical, as described previously. The second component is rarely a part of evaluation and yet is essential to understanding **whether the adaptations, supports, and strategies made a difference** in child progress – “how much” intervention recommendations were utilized by families and community providers across multiple activity settings.

## Evaluating Child Progress

Several steps should guide the evaluation process:

**Identify the objectives being measured.** It is important to know if the child is progressing toward achieving IFSP outcomes and objectives. When objectives are written in clear, measurable terms as described in Module 4, the achievement of the objective is easily observed.

**Identify the activity settings in which the objectives will be measured.** The Activity Setting Intervention Matrix presented in Module 4 can facilitate the determination of matching objectives to activity settings. The objectives should be measured in any activity setting where the target behavior could be facilitated.

**Plan evaluation procedures.** The intervention team must decide how and when information will be collected on all outcomes, at regular intervals, using a variety of methods (e.g., observation, rating scales, checklists, and curriculum-referenced measures). Developmental checklists can indicate the frequency of child behaviors and the level of assistance required. Work samples taken at regular intervals can illustrate child progress over time (e.g., the child’s drawings or video and audio recordings of the child). Written records of a child’s behavior can also be used (e.g., daily notes that describe behaviors such as spontaneous social initiations or vocalizations). The

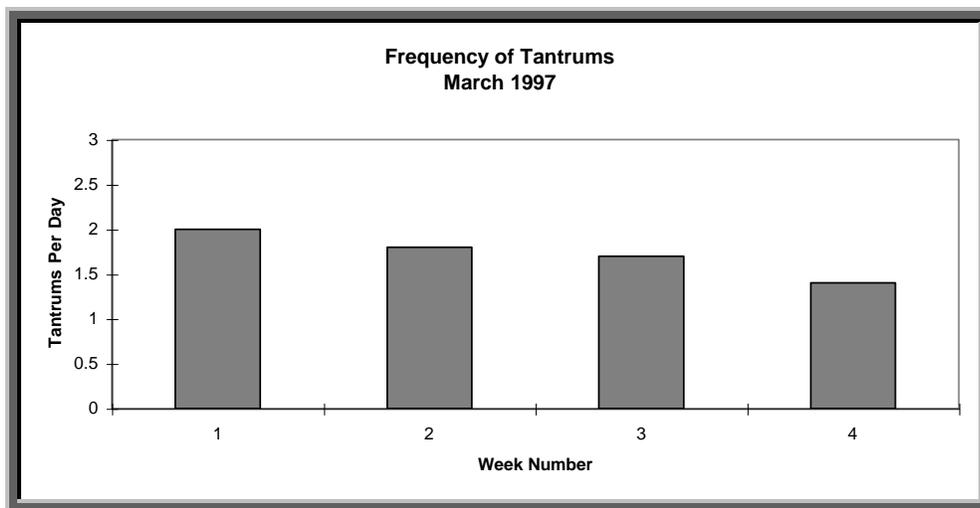
latter two measures consider the quality of behavior. Evaluation procedures should be able to identify the child's level of mastery – acquisition, fluency, maintenance or generalization.

When collecting data on integrated objectives, there are multiple skills identified within the behavioral objective. Data collection procedures should specify which skills within the behavior were accomplished and which were not. For the example integrated objective in Module 4, the child may accomplish the entire goal, but not in response to the object being pointed out and named.

**Collect data regularly.** Family members and service providers may view data collection procedures as time-consuming and burdensome. However, with time and proper planning, the collection of data can be quick and efficient, and its value is usually apparent after a few entries.

**Summarize data:** To be useful, data must be condensed into some meaningful form. A number of ways to summarize data exist. Examples include:

- **Changing data into percentages.** The calculation of percentages indicates how well a behavior is being performed. The formula for this calculation is the number of times the child performed the behavior divided by the number of learning opportunities to perform the behavior multiplied by 100 (See Table 8-1 for examples).
- **Plotting the frequency of a behavior on a graph.** Use graphs to illustrate the rate at which the child is making progress toward attaining outcomes and to indicate if performance is consistent. The vertical axis of the graph, y-axis, represents skill frequency (See Table 8-1 for calculation methodology), and the horizontal axis, x-axis, represents the passage of time (see Figure 8-1 for an example).



**Figure 8-1:** Sample frequency plot of the frequency of a behavior per day over one month's time

**Interpret data.** Data should be analyzed for the purpose of making decisions. Data should be interpreted cautiously and carefully. It is not always true to assume that changes in a child's performance are the result of intervention activities. Other variables (e.g., maturation) may have been involved in producing measured outcomes. As data are collected regarding the intensity

and accuracy of utilizing intervention recommendations, the influence of intervention on child progress can be determined.

**Make decisions based upon clear interpretations of results:** Results of data analysis can indicate that a child has accomplished an objective either completely or partially, and in what percentage of activity settings. Results can also show that little or no change has occurred in a child's behavior or that the child has mastered the objective. The interpretations of the results should be made in light of the data collected regarding intervention recommendation utilization by the family and community providers.

### **Activity 8-1: Evaluating Child Progress**

Select one of Melissa Canaletto's objectives. In the space provided, design an easy to use data collection method that can be applied across all activity settings where the objective will be applied. Make sure the activity settings are documented in the data collection method.

**Objective:**

\_\_\_\_\_

**Activity settings in which the objective will be applied:**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**Data Collection Procedure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FREQUENCY

**Definition:** A measurement of how often a behavior occurs

**Formula:**  $\frac{\text{Total number of occurrences}}{\text{Total time behavior was observed}}$  = Rate of occurrences per time unit

**Example:**  $\frac{10 \text{ tantrums}}{5 \text{ days measured}}$  = 2 tantrums per day

### DURATION

**Definition:** A measurement of the length of time a behavior occurs

**Formula:**  $\frac{\text{Total length of all occurrences}}{\text{Total number of occurrences}}$  = Average length of each occurrence

**Example:**  $\frac{60 \text{ minutes}}{2 \text{ tantrums}}$  = 30 minutes per tantrum on average

### PERCENTAGE

**Definition:** A measurement of how often a behavior occurs out of how often it could possibly occur.

**Formula:**  $\frac{\text{Number of compliances}}{\text{Total number of commands delivered}} \times 100$  = Percentage of compliance

**Example:**  $\frac{20 \text{ compliances}}{40 \text{ commands delivered}} \times 100$  = 50% compliance

OR

**Formula:**  $\frac{\text{Number of times chores completed}}{\text{Number of chores expected to be completed}} \times 100$  = Percentage of compliance

**Example:**  $\frac{20 \text{ chores completed}}{40 \text{ chores expected to be completed}} \times 100$  = 50% compliance

### INTERVAL RECORDING

**Definition:** A measurement of the occurrence of the behavior during or at the end of specified intervals over a standard time period.

**Formula:**  $\frac{\text{Number of times a behavior occurred}}{\text{Total number of intervals observed}} \times 100$  = Percentage of intervals engaged in behavior

**Example:**  $\frac{10 \text{ occurrences of behavior}}{20 \text{ intervals of time}} \times 100$  = Engaged in behavior 50% of the time

**Table 8-1:** Ways to measure behavior

## **Determining Implementation Intensity and Accuracy**

Traditionally, intensity of intervention was determined by the frequency and duration of contact between the child and the interventionist. However, intensity is actually determined by the frequency with which families and community providers utilize the intervention recommendations. If child progress evaluations demonstrate there has not been any progress, it may be that the intervention recommendations are not being utilized. This may occur because families and/or community providers (1) do not feel comfortable with the recommendations, (2) tried the recommendations and felt that they did not “fit” into the activity settings, or (3) failed to remember to utilize them. In these cases, the intervention team must brainstorm alternative intervention recommendations that suit the family’s priorities and characteristics of family and community activity settings.

Not only is the intensity of intervention implementation important to record, but also the accuracy in which the recommendations were applied should be recorded. An intervention recommendation may be ineffective because critical features of the intervention were omitted or implemented incorrectly. To document implementation when the interventionist is not in the activity settings, families and/or community providers can use checklists to determine (1) if each step in the intervention recommendation was implemented (“what happened”) and (2) note the quality of the implementation (“how it happened”). On the next page is a format families and community providers can use to easily document intensity and accuracy of intervention implementation, as well as data collection on child progress. An example is provided in the family story at the end of the Module. Using one form for all data collection will facilitate family and community provider documentation.

When analyzing the data collected, intensity and accuracy should be examined within and across activity settings to determine whether the intervention recommendations work for some, but not all activity settings, or if certain family members or community providers are struggling with implementation. Confident and competent utilization of intervention recommendations are necessary to enhance family and community capacity for supporting children with disabilities to participate in activity settings.

**ACTIVITY 8-2: EVALUATING INTERVENTION IMPLEMENTATION**

Complete the form for collecting data on child progress and intervention utilization and accuracy for one of Melissa’s objectives.

**Objective:** \_\_\_\_\_

**Adaptations and Supports:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intervention Strategies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Data Recording**

Date									
Activity Settings									
Adaptations & Supports									
Intervention Strategies									
Child Response									

✓ : Intervention recommendations correctly performed  
Child response: 0: did it without the help of the intervention strategy  
1: did it with the help of the intervention strategy

**Comments (How did it go?):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Enhancing Family Capacity

There has not been much consideration of measures for evaluating how early intervention enhances family capacity. Bailey and colleagues<sup>2</sup> have identified eight questions to guide intervention programs.

### ***Family Perceptions of Early Intervention***

1. Does the family see early intervention as appropriate in making a difference in their child's life?
2. Does the family see early intervention as appropriate in making a difference in their family's life?
3. Does the family have a positive view of professionals and the special service system?

### ***Impact on the Family***

1. Did early intervention enable to family to help their child grow, learn, and develop?
2. Did early intervention enhance the family's perceived ability to work with professionals and advocate for services?
3. Did early intervention assist the family in building a strong support system?
4. Did early intervention help enhance an optimistic view of the future?
5. Did early intervention enhance the family's perceive quality of life?

Early intervention programs can think about these questions and determine how they have enhanced families in caring for and enjoying their child, and facilitating their child's participation in family and community activity settings.

### **Activity 8-3: Enhancing Family Capacity**

Think of the 8 questions identified above. How do you think the families you work with would answer those questions? Do you think there would be differences between families? If so, why do you think there are differences?

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<sup>2</sup> Bailey, D., et al., (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. Exceptional Children, 64(3), 313-328.

## Enhancing Community Capacity

Increasing community capacity for a child with disabilities can have a ripple effect. As interventionists work with community providers to ensure full participation of one child with disabilities in a community program, that program is then better prepared for other children with disabilities to participate. For every child whose family has identified community activity settings the child enjoys, or they want the child to enjoy, interventionists should evaluate how early intervention increased community capacity. Interventionists should examine the following questions:

- Did child participation and learning increase in community activity settings at the same rate as family activity settings?
- Did community providers utilize intervention adaptations, supports and strategies to increase child participation?
- Is the family comfortable with the level of their child's participation and learning in the community activity setting?

To determine how capacity building for one family may have affected the community providers' future capacity for other children with disabilities, interventionists can examine:

- The community provider's comfort level with the participation of children in their program.
- The community provider's competence in implementing intervention recommendations.
- The level of commitment to thinking about the unique participatory characteristics of children with disabilities. For example, has the community provider suggested or attempted any adaptations, supports or strategies on his/her own?

Additionally, the early intervention program can evaluate their effectiveness to increase the capacity across community programs by examining the number and type(s) of community providers who have worked with the early intervention program. For example, were the only community providers involved with the early intervention agency childcare programs, or were there various types of programs? This question could be included in overall early intervention program evaluation.

### Activity 8-4: Enhancing Community Capacity

Reflect on your work as an early interventionist. In what ways have you been able to enhance community capacity for (1) an individual child and (2) for children with disabilities in general? What additional ways would you like to pursue? What supports/resources would be needed?

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## Evaluating Early Intervention Programs

Program evaluation generates information about the effectiveness of an intervention program. The questions that a program evaluation addresses include:

- Does the intervention program meet the priorities of all participating families? If not, what are the characteristics of families and children whose priorities are not being met?
- Are the family's stated priorities related to the outcomes being addressed by the program?
- Is the program sufficiently enhancing community capacity in their locale so that children can fully participate?
- Are services cost-effective (e.g., are child and family outcomes significant to justify the cost of early intervention)?
- To what extent is the program achieving its goals?

All the questions discussed under each of the preceding headings should be examined for the program as a whole. Those questions and the ones above address the effectiveness and efficiency of an early intervention program. In this case, "effectiveness" indicates the degree to which an early intervention program meets the outcomes of children and families. "Efficiency" is a measure that compares cost (e.g., time, energy, or money) with the results of the program.

Several phases are involved in developing a program evaluation plan, including:

**Phase 1: Determine the questions that need to be answered.** Bailey and Wolery (1989)<sup>3</sup> recommend several questions to provide insight into the overall quality of a program. These questions are:

- ◆ Can the program demonstrate that the methods, materials, and overall supports represent best early intervention practice?
- ◆ Can the program demonstrate that the methods supported in the overall philosophy are implemented accurately and consistently?
- ◆ Can the program demonstrate that it attempts to verify empirically the effectiveness of interventions or other individual program components for which best early intervention practice has yet to be verified?
- ◆ Can the program demonstrate that it carefully monitors child and family progress and is sensitive to points at which changes in the IFSP need to be made?
- ◆ Can the program demonstrate that a system is in place for determining the relative adequacy of the IFSP and child and family progress?
- ◆ Can the program demonstrate that it is moving toward the accomplishment of program goals and objectives?

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<sup>3</sup> Bailey, D., & Wolery, M. (1989). Assessing infants and preschoolers with handicaps. Columbus, OH: Merrill.

- ◆ Can the program demonstrate that the goals, methods, materials, and overall service delivery system are in accordance with the priorities and values of the community and participating families?

**Phase 2: Decide who will conduct the evaluation.** An evaluation can be conducted either by external or internal evaluators. External evaluators include private consultants, staff members of a state agency, or persons affiliated with a college or university. Internal evaluators are individuals who participate in the program in some way (e.g., family members, early interventionists, child advocates, and administrators).

It is important to consider the benefits and drawbacks of each approach. Hiring external evaluators may be time-consuming and costly. However, external evaluators typically have special training in data collection procedures and can provide an unbiased view of the program. Internal evaluators have a thorough understanding of the program, but may be somewhat less objective. Whatever the approach, the evaluation should address issues that parents, early interventionists, community providers and other stakeholders identify as being important.

**Phase 3: Select methods for gathering information.** A variety of methods should be used to collect information. When designing an evaluation, maintain a balance between quantitative and qualitative data. Quantitative evaluation measures the extent to which activities, attitudes, and learning exist. Qualitative evaluation looks at the quality of specific program features or activities.

Whether collected quantitatively or qualitatively, **evaluation data should include a full description of the program.** Questionnaires are commonly used to collect descriptive information. To compile a program description, information should be collected that thoroughly documents or summarizes characteristics such as parental preferences, types of disabilities served, and service settings.

**Phase 4: Interpret data and report results.** After program evaluation data has been gathered, it must be analyzed and interpreted. Data analysis includes summarizing data, looking for evidence that change has occurred over time, and drawing appropriate conclusions to account for the changes. Present evaluation results in a report that:

- ◆ Describes the purpose of the evaluation.
- ◆ Identifies the questions the evaluation addressed.
- ◆ Explains the methods used to gather information.
- ◆ Provide recommendations for program improvement.

Program evaluation is the process of gathering information to determine how to adjust the program to match the priorities of young children and their families more fully. In order to ensure that decisions are timely and appropriate, evaluation procedures should be an ongoing, integrated part of our early intervention programs.

### Activity 8-5: Program Evaluation

Think about the questions at the beginning of this section and in phase 1. For your early intervention program, can you answer all of these questions? Who at your program can answer all of these questions? Why would these questions be important to answer?

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*This module focused on the importance of evaluating whether the goals of early intervention were met for each individual family, and for all families in the early intervention program collectively. Specifically, the module described procedures for determining how intervention recommendations were implemented, and whether child competence increased. A structure for evaluating the effectiveness of early intervention in enhancing family capacity and questions regarding enhancing community capacity were presented. Finally, general program evaluation was described, determining the effectiveness and efficiency of early intervention programs in meeting the priorities of young children with disabilities and their families. Evaluation is the final element presented in the model. While evaluation does occur at the end of a family's involvement in early intervention, on-going, continuous evaluation occurs at evaluations and reviews, and during and between intervention visits. Like all the elements described, evaluation is revisited based on family interests and child characteristics.*

## Module 8: Evaluating Early Intervention

### Checklist

- ✓ Create and implement data collection procedures to ensure intervention recommendations are being utilized accurately.
- ✓ Evaluate child progress in participation and learning across multiple activity settings.
- ✓ Evaluate changes in family capacity in caring for, enjoying and promoting the participation and learning for their child with disabilities.
- ✓ Evaluate changes in community capacity due to early intervention involvement.
- ✓ Evaluate an early intervention program and provide recommendations for improvement.

## Module 8: Evaluating Early Intervention

### Module Reflection

1. Understand and practice:
  
2. Understand but not yet practice:
  - a. Supports I need to put into practice:
  
3. Not fully understand:
  - a. Supports I need to put into practice:

*Notes:*

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## Family Story: Evaluating Early Intervention

*As the team meeting continued, Rebecca Shatz explained the evaluation process: "Monitoring Melissa's participation and learning will involve gathering information on the extent to which Melissa is making gains in achieving objectives and whether the strategies, supports, and activities selected for Melissa are effective and useful to you."*

*Anthony asked, "How is all this data going to be used?" Rebecca responded, "By recording and looking at the information, we can determine if Melissa has increased in her participation and learning. Based on her progress, we can decide if changes need to be made to the intervention plan."*

*Mary thought that the evaluation process might be time-consuming. "I'm concerned about having to collect information all the time – especially, if it is going to take away from the time that our family spends together."*

*Rebecca responded, "It is important that we keep records of Melissa's progress, including different activity settings. That way, if Melissa can use new behaviors in different activity settings, we know that she has truly learned the behavior. However, it is equally as important that the techniques we select are not a burden on anyone. We can choose methods for collecting information that are quick and easy, but still provide a complete picture of Melissa's development and the appropriateness of the intervention recommendations."*

*The team devised an evaluation plan for collecting data (See attached Data Collection Form). Rebecca suggested that they hang weekly data collection sheets where several key activity settings occur, so it is easier to record progress. Rebecca also suggested keeping a log sheet at the Montessori program.*

*Anthony thought this was a good plan however, he was concerned about one thing, "If we are using at least three separate lists to collect data, will we be able to track Melissa's progress effectively?"*

*Julia responded, "Once a week I will collect the sheets, compile them, then record Melissa's progress onto one sheet and share it with all team members."*

*Mary and Anthony liked this plan and looked forward to seeing how well it was going to work.*

*All elements of the IFSP process were planned. Before the meeting adjourned, Leigh talked about how the team would continue to communicate. As Mary walked the team members to the door, she expressed her appreciation. "I felt like I was so overwhelmed before. You have all done a great job helping Anthony and I know how we can help Melissa participate in our activity settings. I look forward to working with you."*

Child's Name: Melissa Observer: Mary (Mom)  
 Objective: Melissa will drink from the bottle independently during meal time and snack time at home.

Adaptations and Supports:

- Have Melissa choose what she wants to drink
- Wrap the bottle with sandpaper to make it easier for Melissa to grasp
- Position Melissa in the highchair with a tray

Intervention Strategies:

Least to most prompting (verbal-model-physical in order)

Date	11/11			11/12			11/13		
Activity Settings	Break-fast	Snack	Dinner	Break-fast	Snack	Dinner	Break-fast	Snack	Dinner
Adaptations & Supports	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intervention Strategies	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child Response	3	3	3	3	2	2	2	1	1

✓ : Intervention recommendations correctly performed

Child response: 0: did it without the help of the intervention strategy

1: did it with verbal prompt

2: did it with model prompt

3: did it with physical prompt

Comments (How did it go?): Melissa needed physical assistance initially. By the end of the week, she engaged in the behavior when verbal prompt was provided.

## Conclusion: IFSPs for the 21<sup>st</sup> Century

This manual was created to support the practicing early interventionist in designing, implementing and evaluating the IFSP process in a manner that reflects the most up-to-date knowledge of activity settings, learning opportunities, child learning and intervention effectiveness. By reading and reflecting on the content, guided by the embedded activities, end of the module checklists and reflection forms, and the threaded family story, early interventionists, individually or with a team, can advance their practice.

The modules are divided into eight elements of the IFSP process:

- Family interests.
- Identifying family and community activity settings.
- Conducting functional assessments.
- Developing collaborative outcomes and integrated objectives.
- Using adaptations and supports.
- Assigning roles and responsibilities.
- Developing and implementing intervention strategies.
- Evaluating early intervention.

Taken together, each module incorporates the required aspects of the IFSP, but does not focus on policies and procedures. Instead, this manual takes a new approach to the IFSP process, concentrating on how to better meet the goals of early intervention:

- Increasing child competence.
- Enhancing family capacity.
- Enhancing community capacity.