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ABSTRACT

Noting that Head Start has become the largest community-based preschool program providing services to children with disabilities, this guide is intended to build the skills of Head Start staff in effectively using the Individualized Education Program (IEP) to accommodate children with disabilities. Following an introductory section, the guide presents three training modules. Each module details expected outcomes, key concepts, background information, learning activities, and next steps. Handouts are included for each module. Module One, "Laying the Groundwork," provides information to help identify characteristics of the IEP and IFSP (Individualized Family Service Plan), including purpose, benefits, and stages in the development process. Module Two, "What Do I Do Now? Understanding and Implementing the IEP," assists in formulating strategies for translating IEP goals and objectives into classroom activities that reflect developmentally appropriate practice and developing a systematic approach for monitoring ongoing process. Module Three, "Working Together," identifies methods for encouraging collaboration and communication between families, Head Start staff, and related service providers. The final sections of the guide provide strategies supervisors can use to help staff apply new skills and extend their learning, and resource lists of print and audiovisual materials. (SD)

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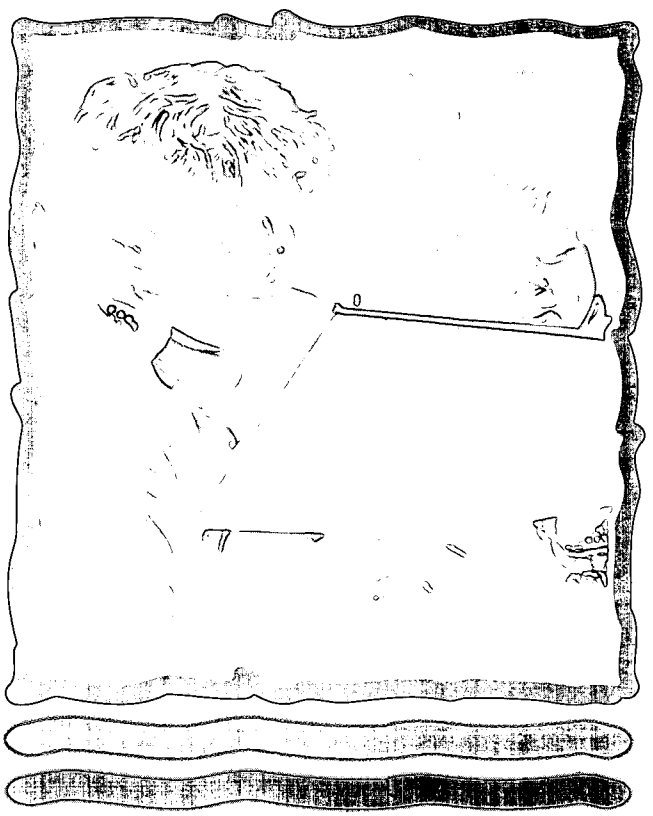
Training Guides for the Head Start Learning Community

Translating the IEP into Everyday Practice



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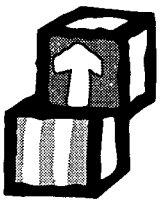

Translating the IEP into Everyday Practice

Training Guides for the Head Start Learning Community

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
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Head Start Bureau

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Photographer: Andrea Nix, Education Development Center, Inc.
Photograph taken at Worcester Child Development Head Start, W.P.S., Worcester, Massachusetts.

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Preface

I learned about the meaning of inclusion when I become the director of a new preschool in 1960. We were totally integrated: 50 percent children with disabilities and 50 percent without. The children and families taught me and my staff that inclusion is much more than merely allowing children with and without disabilities to be in the same classroom. Each child must be part of the group, participate in all activities, and feel comfortable about his abilities and needs.

Over the years, I have worked with more than 1,000 children. Their stories stay with me, especially Keri's. She was three years old when I first met her. She was small and thin, and she had a sweet, gentle smile that was always there. She liked to listen to stories, participate in music activities, and see her friends each day. She also had cerebral palsy.

Though Keri couldn't walk, she was still included in every activity. We made three special chairs so she could sit next to her friends during circle time, while also getting the leg support she needed. When Keri received physical therapy, she wasn't taken out of the room. Rather, the physical therapist worked in the classroom, not just with Keri, but with other children with and without disabilities. They, too, benefited from the small-group activities. When her speech therapist suggested different exercises we could work on with Keri during the day, we made it into a game. All the children loved "silly sounds" time. When the other children danced, Keri danced too, in her teacher's arms.

Over the years, I kept in touch with Keri's mother. She called me when Keri was elected to the high-school student council. She called to announce that Keri had gone to her prom. I was honored to attend Keri's high-school graduation. Just a few weeks ago, I found out that Keri, now 19 years old, is living on her own and working at a nearby hospital. I beam every time I hear the news.

What made the difference for Keri? I think it was that Keri learned, at an early age, how to make her wishes known. She learned to get people to listen until she was understood. And she learned that she could be part of a class, part of a community. And she insisted on that kind of interaction wherever she went.

The Individualized Education Program (IEP) process also contributed to Keri's success. The IEP offered a blueprint for her success in school and in life. It gave her teachers a tool for translating the goals and objectives into developmentally appropriate classroom activities. The IEP offered her parents a realistic view of Keri's strengths and needs and a vehicle for accessing resources. The IEP also offered her parents a process they could use to advocate for Keri throughout her school career. A wise rabbi once said, "If I am not for myself, then who is?" Keri's parents learned that if they were not for their child, no one would be.

When Keri attended our preschool, we worked closely with her parents. In the beginning, we served as models and coaches. We encouraged them to exercise their rights, and acknowledged them as experts in their knowledge of Keri's strengths and needs. And whenever there was an IEP meeting, we sat at the table with them. With time, they became comfortable speaking in a voice that was loud and clear, articulating what they knew Keri needed and deserved. They learned to interact, and they became her best advocates. And now, Keri has achieved what we had always hoped: she has become a young woman living on her own, dealing with the world on her own terms.

Eleanore Grater Lewis
Associate Director, New England Resource Access Project
Education Development Center, Inc.

Keri's story illustrates what this guide aims to show: how Head Start staff can provide the assistance and support that children with disabilities and their families need as they navigate the system during the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) process. For many families, the process can be a frightening one, with all the testing, the discussions, the meetings with specialists. It may be the first time they come to the realization that their child has a disability. Head Start staff can play a central role in supporting families throughout the process, from referral through implementation, and finally in the transition from Head Start to public school. Head Start staff can also help parents build the knowledge, skill, and confidence they need to be effective advocates for themselves and for their children.

Successfully including all children in Head Start demands a comprehensive approach, one that involves all the players, and is responsive to the special needs and strengths of children and their families. That is the purpose of this technical guide: to help Head Start teaching staff develop the skills they need to work collaboratively with families, specialists, and each other in using the IEP and IFSP to provide quality educational services for infants and young children with disabilities and their families.

Head Start managers play an important role in the process. They can help ensure that the IEPs/IFSPs are understandable to parents and staff, and that they are accessible to the education team; only then can Head Start teachers use these documents as blueprints to guide their practice. Head Start managers can also set the tone by serving as models in reaching out and working collaboratively with local education agencies (LEAs), early intervention programs, and other agencies involved with children and families in their program. In addition, Head Start managers can demonstrate their support for staff by allocating time for training, by planning for follow-up from the very start of the process, and by being involved as participants themselves.

Each program will need one key person to coordinate this staff development effort and identify suitable trainers. We recommend selecting trainers who are knowledgeable about the content of this guide and understand the day-to-day realities of Head Start staff. The Education guides in the series lay the foundation for the skills introduced in this technical guide. We hope that taken together, these materials will strengthen Head Start's capacity to better serve all children and their families.

In developing this guide, we spoke with Head Start staff across the country. We also met with parents like Keri's, who continually interact with professionals from numerous service systems as they strive to advocate for their children with disabilities. The stories that families shared and the insights they provided have been invaluable. This guide is dedicated to them.

Overview

Purpose

In 1972, Head Start began to reserve at least 10 percent of its enrollment for children with disabilities. In the years since, Head Start has become the largest community-based preschool program providing services to children with disabilities and their families. To ensure the meaningful participation of children with disabilities in all aspects of the program, Head Start staff must enhance their ability to individualize for these children and their families, while providing a developmentally appropriate program. The Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) can serve as blueprints, helping Head Start staff achieve that goal.

This guide will build the skills of Head Start staff in effectively using the IEP to analyze and adapt the program, routines, and activities to accommodate children with disabilities so they can demonstrate their varying abilities alongside their peers. It will also help staff work collaboratively with parents and related service providers to plan and implement the IEP/IFSP.

Audience

This technical guide is written for Head Start teaching teams. It will also be useful to home visitors, family service workers, managers, parents, and related service providers.

Performance Standards

This guide applies Head Start core values, as well as the Head Start Program Performance Standards, including, but not limited to, the Performance Standards on Services for Children with Disabilities.

Organization of the Guide

This guide includes the following sections:

Module 1: Laying the Groundwork helps participants identify characteristics of the IEP and IFSP, including purpose, benefits, and stages in the development process; the basic principles underlying the IEP and IFSP process and how they apply to everyday practice; and strategies they can use to promote family and staff collaboration during the development process.

Module 2: What Do I Do Now? Understanding and Implementing the IEP helps participants formulate strategies for translating IEP goals and

objectives into classroom activities that reflect developmentally appropriate practice and develop a systematic approach for monitoring the ongoing progress.

Module 3: Working Together helps participants identify methods for encouraging collaboration and communication between families, Head Start staff, and related service providers; and develop strategies for helping parents gain the information, skills, and self-confidence to become advocates for their children. Note: While the focus of Modules 2 and 3 is on the IEP process, many of the principles and strategies discussed are applicable to the IFSP process as well.

Continuing Professional Development offers strategies that supervisors can use to help staff apply new skills and extend their learning.

Resources lists print and audiovisual materials and other resources that staff can use to learn more about the key issues presented in the guide.

Organization of the Modules

In order to accommodate the needs of different grantees, each module offers two different delivery strategies: workshop and coaching. Workshops are suitable for groups of 10 or more participants. Workshops can build strong site-based teams, as well as help staff from multiple sites develop a program-wide identity. Coaching permits one, two, or three staff members to work together under the guidance of a coach, who could be a Head Start director, coordinator, head teacher, or outside consultant. Coaching provides individual flexibility and helps participants work on actual issues and challenges in their own program. While activities vary according to the type of delivery strategy, the content and objectives are the same for each approach.

Each module is organized so that workshop leaders and coaches can easily implement the activities. All modules contain the following sections:

- The *Outcomes* section summarizes the skills participants will learn in the module.
- The *Key Concepts* section describes the critical issues addressed.
- *Background Information* provides a rationale for the module.
- The *Activities* section provides step-by-step instructions for workshop or coaching sessions.

- The *Next Steps: Ideas to Extend Practice* section includes strategies to help participants practice the skills learned in the module.

Some activities include a Discussion Guide or Lecture Guide to help workshop leaders and coaches think through the session's key ideas and anticipate participants' responses. Handouts and transparencies appear at the end of each module.

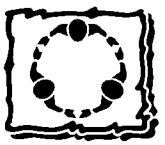
Ideally, participants should complete all the workshops or all the coaching activities in each module sequentially. Similarly, the modules should be used sequentially, since activities in each delivery strategy build on the previous ones. If possible, allow participants to complete the modules over an extended period of time, perhaps over a four- to six-month period. With *Next Steps: Ideas to Extend Practice* and *Continuing Professional Development,* training could extend into a year-long process.

Definition of Icons

Coaching

A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

Workshop



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

Next Steps: Ideas to Extend Practice

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

Continuing Professional Development

Follow-up activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes:

1. Opportunities tailored to the participant to continue building on the skills learned in the training.

2. Ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as higher education, credentialing, or community educational programs.

At A Glance

Module	Activity	Time	Materials
Module 1: Laying the Groundwork	Activity 1-1: Family Matters (W) This activity gives participants a sense of the IEP process from the parent's perspective, highlighting the important role that everyone plays in making it work.	90 minutes	Handout 1–Vignettes Handout 2–Reaction Sheet Handout 3–Checklist Handout 4–Road Map Easel, chart paper, markers, tape
	Activity 1-2: What Exactly Does This Mean? (W) In this activity, participants analyze a sample IEP, identify difficult-to-understand technical terms, and develop a system for deciphering some unclear IEP language.	90 minutes	Handout 5–What Does This Mean? Appendix B–Glossary Appendix C–Gerard's IEP Easel, chart paper, markers, tape
	Activity 1-3: Decoding an IEP (C) A coaching adaptation of Activity 1-2: What Exactly Does This Mean?	90 minutes	Handout 5–What Does This Mean? Appendix B–Glossary Next Steps: Ideas to Extend Practice

W = Workshop
C = Coaching

Module	Activity	Time	Materials
Module 2: What Do I Do Now? Understanding and Implementing the IEP	Activity 2-1: What Does This Mean for Me and My Classroom? (W) Using the case of one imaginary Head Start classroom, participants practice integrating IEP objectives into activities appropriate for all children.	180 minutes	Handout 6–Ms. Peggy's Classroom Handout 7–Sample Planning Matrix Handout 8–Planning Matrix Handout 9–Activity Planning Sheet Appendix C–Gerard's IEP Appendix D–Erica's IEP Overhead projector and screen, markers for transparencies
	Activity 2-2: The Children in My Classroom (C) A coaching adaptation of Activity 2-1: What Does This Mean for Me and My Classroom?	75 minutes	Handout 7–Sample Planning Matrix Handout 8–Planning Matrix Handout 9–Activity Planning Sheet Next Steps: Ideas to Extend Practice
	Activity 2-3: Documenting Progress (W) This activity helps participants learn how to adapt their current documentation practices for assessing and reporting on the progress of children with IEPs in their own classrooms.	90 minutes	Handout 10–Sample Recording Form Handout 11–Sample Anecdotal Record Handout 12–Documenting Erica's Progress Appendix D–Erica's IEP Easel, chart paper, markers, tape

W = Workshop
C = Coaching

Module	Activity	Time	Materials
Module 3: Working Together	Activity 3-1: Sharing a Vision (W) This activity helps participants understand how clear communication and strong collaboration skills can contribute to the success of the IEP/IFSP process.	90 minutes	Handout 13–Listening and Working Handout 14–How Did It Feel? Appendix A–About IEPs and IFSPs Easel, chart paper, markers, tape Lego™ blocks Long table Trays or small tables
	Activity 3-2: I Can Do It Myself (W) This activity introduces participants to related services, and addresses how Head Start staff can include them in the IEP/IFSP process.	90 minutes	Handout 15–Related Services Handout 16–Marlissa Handout 17–Viewpoints: Marlissa's IEP Handout 18–Marlissa's IEP Worksheet Easel, chart paper, markers, tape
	Activity 3-3: Making the Most of Related Services (C) A coaching adaptation of Activity 3-2: I Can Do It Myself.	90 minutes	Handout 15–Related Services Handout 16–Marlissa Handout 17–Viewpoints: Marlissa's IEP Handout 18–Marlissa's IEP Worksheet Letter from Eleanore Grater Lewis (p. viii) Next Steps: Ideas to Extend Practice Easel, chart paper, markers, tape

W = Workshop
C = Coaching

Introduction

Getting Started

While there are no simple recipes for a successful staff development experience, here are some key steps to follow:

- *Learn about the program.* If you are not a Head Start staff member, identify background information about the particular program and the real concerns that teachers, specialists, and administrators struggle with daily as they work to meet the diverse needs of children. The more relevant the session is to staff's immediate needs, the more effective the experience will be.

- *Develop links with supervisors.* Supervisors can help you assess the interests and needs of staff. They can also give you a picture of the day-to-day issues that arise. Lay the foundation for a positive partnership by meeting with supervisors before you begin.

- *Become familiar with the guide.* Before conducting any activities, familiarize yourself with the guide, its contents, and its goals.

- *Review Appendix A–About IEPs and IFSPs.* While the information covered in the appendix is not the focus of the training, participants may have questions about these topics during activities.

- *Develop links with participants.* Just as children need a supportive, safe environment to learn and grow, staff, too, need a climate that facilitates team building and open communication. They need encouragement and time to reflect on their practice as they develop strategies for meeting the individual needs of children and their families. We hope that this guide will help you to provide Head Start staff with the tools they need to translate the IEP into everyday practice.

Trainer and Coach Preparation Note:

Throughout the training, remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Before participants share their descriptions of children and families in the program, make sure they fully understand issues around confidentiality.

For Further Reading

For more information about IEPs and IFSPs, refer to Appendix A and the Resources section. The following sources will also be helpful.

Campbell, P.H, B. Strickland, and C. La Forme. 1992. Enhancing parent participation in the Individualized Family Service Plan. *Topics in Early Childhood Education.* 11(4): 112–24.

Goodman, J.F., and L. Bond. 1993. The Individualized Education Program: A retrospective critique. *The Journal of Special Education.* 26(4): 408–22.

Michnowicz, L.L., S.R. McConnell, C.A. Peterson, and S.L. Odom. 1995. Social goals and objectives of preschool IEPs: A content analysis. *Journal of Early Intervention.* 19(4):273–82.

National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health. 1989. *Guidelines and recommended practices for the Individualized Family Service Plan.* This publication is available from Association for the Care of Children's Health, 3615 Wisconsin Avenue, N.W., Washington, DC 20016.

Notari-Syverson, A.R., and S.L. Shuster. 1995. Putting real-life skills into IEP/IFSPs for infants and young children. *Teaching Exceptional Children.* Winter: 29–32.

Peck, C., S. Odom, and D. Bricker (eds.). 1993. *Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation.* Baltimore, Md.: Paul H. Brookes Publishing Co.

Rose, D.F., and B.J. Smith. 1994. *Providing public education services to young children with disabilities in community-based programs: Who's responsible for what?* Policy & Practice in Early Childhood Special Education Series. Research Institute on Preschool Mainstreaming, 2500 Baldwick Rd., Suite 15, Pittsburgh, Penn. 15205; (412) 937-3093.

Salisbury, C.L. 1991. Mainstreaming during the early childhood years. *Exceptional Children.* 58 (October/November): 146–55.

Vincent, L.J. 1992. Implementing Individualized Family Service Planning in urban, culturally diverse early intervention settings. *OSERS News in Print.* 5(1): 29–33.

Laying the Groundwork

Outcomes

After completing this module, participants will be able to:

- Identify their own role in developing and implementing the Individualized Education Program/Individualized Family Service Plan (IEP/IFSP), as well as strategies they can use to promote family and staff collaboration.
- Use a process by which they can read, interpret, and understand the goals and objectives of a typical IEP/IFSP.

Key Concepts

- The family is the key decisionmaker in the IEP/IFSP process.
- Developing the IEP/IFSP requires ongoing collaboration between family, Head Start staff, and local education agency (LEA) staff. Meaningfully involving everyone from the very start is essential to successful implementation.
- It is the responsibility of Head Start teaching staff to understand the language and content of the IEP in order to more clearly define their role in its classroom implementation.

Background Information

Research and practice confirm that when a classroom is truly developmentally appropriate, it can meet the needs of children with varying abilities. However, because children with disabilities have unique needs directly related to their disabling condition, they often require additional services and support if they are to be fully included.

The IEP and the IFSP provide an individualized "road map" that Head Start programs can use to meet the educational and family needs of children with disabilities. The IEP and IFSP can offer a number of benefits,* which include the following:

- help parents and staff develop a comprehensive program that recognizes the child's needs and strengths across different settings, and identifies functional goals and objectives which can be translated into home and school activities

*Benefits adapted with permission from the Region VIII Resource Access Project, University of Colorado at Denver, 1997.

- help parents and staff adapt environments and accommodate services to respond to a child's special needs and strengths
- assist programs in documenting the services provided to each child who has an IEP/IFSP, and assure accountability by reporting stated goals and objectives
- assist programs in reviewing and modifying services for each child with an IEP/IFSP
- provide a uniform method of documenting the provision of services and the child's progress
- bring specialists and staff together to work with the child with disabilities and her family
- help parents develop skills to advocate for themselves and for their child, skills that will last a lifetime

Developing the IEP/IFSP requires a collaborative effort between family, Head Start, and staff from the responsible public agency. Meaningfully involving everyone early on is essential for successful implementation. While many people participate in the IEP/IFSP process, the key decisionmaker is the family. Teachers and other Head Start staff also play an important role in working with parents and specialists, and in translating IEP/IFSP goals and objectives into practice. In order for Head Start staff to meet this challenge, they must first understand the language of the IEP/IFSP and key points/destinations in the IEP/IFSP process.

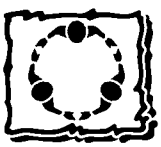
For an overview of the activities in this module, see At A Glance on p. 5.

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review Appendix A– About IEPs and IFSPs. While the information covered is not the focus of the training, participants may have questions about these topics during activities.

Throughout the training, remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Before participants share their descriptions of children and families in the program, make sure they fully understand issues of confidentiality.

Activity 1-1: Family Matters



Purpose: This workshop activity, which provides participants with a view of the IEP process from the parent's perspective, highlights the important role that everyone plays in making it work.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate:
- Handout 1–Vignettes (pp. 24-25): one for each participant
- Handout 2–Reaction Sheet (pp. 26-27): one for each group of 5
- Handout 3–Checklist (p. 28): one for each participant
- Handout 4–Road Map (p. 29): one for each participant

Leading the Activity

1. Introduce the activity and review the agenda with participants.

2. Give a brief overview of IEPs and IFSPs. Tell participants that the **Individualized Education Program (IEP)** is the written statement of a child's education program relating to her disabilities. The **Individualized Family Service Plan (IFSP)** describes what services infants and toddlers with disabilities and their families receive. Rather than being an individualized plan for the child alone, it is an individualized plan for the entire family.

3. Ask participants to choose 1 or 2 partners who are sitting near them. Ask each group to complete this metaphor: "IEPs and IFSPs are like road maps because . . ." After 10 minutes, ask for volunteers to share a few ideas from their group. Point out that while Head Start staff may enter the IEP/IFSP process at different points, these documents serve as road maps that Head Start programs use to meet the educational needs or family needs of children with disabilities. Emphasize that teachers and other Head Start staff play an important role, as they will see in Gerard's story.

4. Divide participants into groups of 5. Ask for volunteers in each group to choose one of the following roles: reader, facilitator to lead the small group discussion, timekeeper, recorder, and reporter to the larger group. Distribute Handout 1–Vignettes, one to each participant.

5. Have "readers" stand and take turns reading the vignettes to the *entire* group.

6. Lead a *brief* discussion with the entire group, asking general questions such as, "If you were Gerard's mother, how would you feel

about the IEP process?" "How would you feel about Head Start's role in the process?" Help participants see that Head Start staff can make a difference in the lives of families, especially during the IEP process.

7. At the end of this large-group discussion, have participants work in their small groups. Distribute one copy of Handout 2–Reaction Sheet to each small group. Tell participants they will have 20 minutes to discuss the questions and complete the worksheet as a small group.

8. While the groups are working, hang up 5 pieces of chart paper. Write one of the following headings on each of the first 2 sheets: "What made the experience positive?" and "What made the experience negative?" Leave the third sheet blank.

9. At the end of 20 minutes, ask each small-group reporter to summarize the responses on their small group's worksheet. Record responses on the appropriate sheet of chart paper.

10. After each small group has reported back, ask the large group to look over all the responses and create a list of elements/features that contribute to positive experiences. Record responses on the third sheet of chart paper.

11. After discussing the key features of a positive IEP process, distribute Handout 3–Checklist. Review the handout together. Encourage participants to add their own ideas, examples, or strategies for supporting parents to the handout. Record major ideas on the fourth sheet of chart paper.

12. Tell participants that developing the IEP is only the beginning of the process. In order to understand the role they play throughout IEP implementation, Head Start staff need a clear picture of the major points in the IEP process. Give each participant a copy of Handout 4–Road Map, and review it with them. Explain that the road is not necessarily a direct or straight path. They will take U-turns and detours. They might even get lost, and need to consult specialists and parents to "find their way." But through collaborative efforts they can use the IEP to help children succeed.

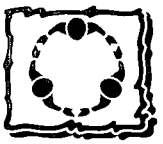
13. Turn participants' attention to the ideas generated in step 11. Ask participants to review the list, then identify 3 specific steps they can take now, or in the future, to help families during IEP development and implementation. Encourage participants to record these ideas on the back of Handout 3–Checklist, and share them with their supervisors.

Summing Up

Close the activity by reminding participants that Gerard's mother's story represents the experience of only one Head Start family. Staff must be sensitive to the needs, experiences, and perspectives of a range of families. Emphasize that cultural, religious, community, and family norms all play a role in how families respond to having a child with disabilities, how they work with "expert" professionals, and how they feel about the IEP process in general. Close by emphasizing three points:

- The family is the key decisionmaker in the IEP process, and needs information and support to make decisions that are the best for them and for their child.
- Developing and implementing the IEP requires ongoing collaboration between family, Head Start staff, and LEA staff.
- The IEP serves as a road map that teachers, parents, and specialists can use to help children succeed.

Activity 1-2: What Exactly Does This Mean?



Purpose: During this workshop activity participants will analyze an IEP and identify technical terms that may be difficult to understand. Together they will develop a system for deciphering the language of the IEP for their own classroom use.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate: Handout 5–What Does This Mean? (p. 30): one for each participant
Appendix B–Glossary (p. B-1): four copies
Appendix C–Gerard's IEP (p. C-1): one for each participant

Trainer Preparation Note:

In order to decode the language of the sample IEP, participants may need resources to supplement Appendix B–Glossary. The Resources section (p. 83) includes helpful reference materials, such as *Dictionary of Developmental Disabilities Terminology* by P.J. Accardo and B.Y. Whitman. Your regional training and technical assistance (T/TA) provider can also recommend resources.

Leading the Activity

1. Introduce the activity by explaining the purpose to participants and reviewing the agenda.

2. Begin with a warm-up exercise. Ask participants to brainstorm a list of reasons why they would need to understand the language of an IEP. Record responses on chart paper and post it so you can refer to it later.

3. Distribute Appendix C–Gerard's IEP and review its components using the Discussion Guide below.

4. Tell participants to read through Gerard's IEP, and highlight or note the words or phrases they do *not* understand. Allow participants 10 minutes to complete this step.

5. Post 4 sheets of chart paper on the wall.

6. Ask participants to read aloud any words or phrases they found confusing. Record these on chart paper. Distribute the list evenly across the 4 sheets of paper as you are recording.

7. Divide the participants into 4 small groups and distribute Handout 5–What Does This Mean? and Appendix B–Glossary.

> **Tip for the Trainer:**
>
> Emphasize that while the law requires IEPs to be written in a language that parents and teachers can understand, there may still be times when staff will need to draw on other resources to understand the IEP.

8. Tell participants that you will demonstrate the process that the small groups will use. Choose 1 word from the list. Ask 1 or 2 participants to use the resources to find the definition. Then, ask the group to describe this term in simple language. If they are unable to translate the word or phrase, ask participants where they might go for help.

9. Distribute the lists (one to each small group) and tell participants their group has 20 minutes to find the meaning of any unknown words. They should list the word or question in the left column, and the "translation" in the right column.

10. Ask each group to assign someone who will report back to the whole group when the task is completed.

> **Tip for the Trainer:**
>
> Remind participants that people are resources, too. Encourage participants to use each other as resources during their small-group work. They should also consider who else in the program, the community, or their regional training and technical assistance (T/TA) network could offer assistance.

11. Reconvene the large group and ask the reporters to share the following information:

    - how they approached the task
    - what they learned (for example, the meanings of some unfamiliar terms)
    - where they ran into trouble, and what steps they would take to get help

Record the next steps on chart paper as they are reported.

Discussion Guide

Although IEPs may vary by state and school system, there are certain essential components every IEP will have.

> **Tip for the Trainer:**
>
> Point out that the terms used vary from state to state. For instance, the "P" in IEP may refer to a "program" in some states, and a "plan" in others. What is important is not the exact terminology, but who is involved in the development process. This discussion focuses on the document that is generated in collaboration with the LEA or designated public agency.

Cover/Title Page of an IEP: Indicates who the IEP is written for and what period of time the IEP covers, usually a calendar year. It also notes the school system and school responsible for the IEP. The cover has information about whether the program is for a child who is being referred for the first time or if this a review or re-evaluation of an existing program. Also on the cover is a list of the participants of the team meeting where the IEP was developed, and the role of each person who attended the meeting.

Student Profile or Background Information: This will tell you something about the child's current strengths and needs. It is usually a narrative that gives details that test results alone might not highlight, for example, activities a child particularly enjoys.

Overview of Special Education Services: This section gives the specifics of the program such as when, where, and how often a child will receive certain services, and who will provide the services.

Present Level of Development: This part of the IEP will tell you how a child is currently functioning in the different domains of development. For example, in Gerard's IEP (p. C-4), in the fine motor area, the fact that he favors his right hand is listed.

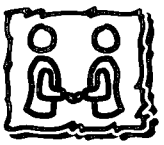
Annual Goals: Annual "goals" are long-term expectations for what a child will be able to accomplish by the end of the time period the IEP covers, usually no more than one calendar year. For example, one of the goals for Gerard is that he will increase his English vocabulary.

Short-Term Objectives: "Objectives" are smaller, more focused tasks than goals. In fact, they usually target a specific behavior that will help a child *achieve* one of his annual goals. For example, one of the objectives for Gerard is to verbally identify objects in the classroom. This will in turn help him to meet the *goal* of increasing his English vocabulary. Objectives will sometimes include special criteria about how a child's progress will be evaluated.

Summing Up

Emphasize that in order to meet the goals and objectives of children's IEPs, and to communicate effectively with parents about children's progress, Head Start staff must understand the language and intent of the IEPs of children in their classroom. During the wrap-up, highlight some of the ideas generated by participants about the importance of understanding IEPs and methods they could use to decipher the language for their own classroom use.

Activity 1-3: Decoding an IEP



Purpose: In this coaching activity, participants examine the IEP of a child in their classroom, then develop a system they can use to decode the language often used in IEPs.

Preparation

This session has two major parts: 1) an overview of the IEP; and 2) analyzing an IEP. At the end of the session, participants will choose which Next Steps they will work on to extend their learning. To prepare for this session:

- Review all the directions and handouts for this session.
- Duplicate Handout 5–What Does This Mean? (p. 30); Appendix B–Glossary (p. B-1); and Next Steps: Ideas to Extend Practice (pp. 22-23): one for each participant.
- Supplement Appendix B–Glossary with additional resources that participants can use to decode the language of an IEP. The Resources section (p. 83) includes helpful reference materials, such as *Dictionary of Developmental Disabilities Terminology* by P.J. Accardo and B.Y. Whitman. Your regional training and technical assistance (T/TA) provider can also recommend resources.
- Ask participants to bring a photocopy of an IEP for one child who is currently in their classroom.

Coach Preparation Notes:

All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Therefore, if more than one participant is involved in this coaching session, suggest they remove any information on the IEP that would identify the child, before the session begins.

If participants do not have a child with an IEP in their classroom, suggest they analyze an actual child's IFSP or use Appendix C–Gerard's IEP.

- Arrange for easel, chart paper, markers, and tape.

Conducting the Session

1. Welcome participants to the coaching session and review the agenda with them.

2. Discuss with participants why they would need to understand the language of an IEP. Emphasize that an IEP is a road map that provides guidance on how to meet the needs of children with disabilities in their classrooms. This "map" provides critical information that will guide the decisions they make in their daily practice.

3. Explain the different parts of an IEP using the Discussion Guide from Activity 1-2–What Exactly Does This Mean? (pp. 18-19). Ask participants to follow along and identify the parts using the IEPs they brought with them, or Appendix C–Gerard's IEP.

4. Have participants carefully read through the IEPs they brought with them. Tell them to highlight or note the words or phrases they do *not* understand. Allow 10 minutes to complete this step.

5. Ask participants to share which words and phrases they chose from their IEPs. Generate a combined list on chart paper.

6. Distribute Handout 5–What Does This Mean? Select a word from the list to enter into the first space.

7. Have participants use Appendix B–Glossary and other available resources to find the definition. Then, ask them to describe the term in simpler language. If they are unable to find a translation for the word or phrase in any of their resources, ask participants where they might go for help. Remind participants that people are good resources, too. For example, they might call their regional training and technical assistance (T/TA) provider with an expertise in disabilities services for more information.

8. Repeat the process for the remaining words on the list.

Wrap-Up and Next Steps

Summarize this coaching session by reminding participants how important it is to understand the language of IEPs. It will help them understand their roles and responsibilities in helping the children meet their short-term objectives, and ultimately, their long-term goals. It will also help them communicate with parents about these goals and objectives and contribute to monitoring children's progress in an informed and meaningful way.

Give participants a copy of Next Steps: Ideas to Extend Practice. Help participants choose the Next Step(s) they would like to pursue.

Next Steps: Ideas to Extend Practice

As a supervisor, you can encourage and support staff members to practice what they have learned in this module. Some suggestions include:

1. Help participants develop and work on a "Back Home Plan."* Each plan should include a specific goal or goals, strategies to reach the goal(s), and a target date for completion. Ask staff to share their plans with at least one other person on a regular basis.

2. Feature a parent panel. Invite Head Start parents who have children with IEPs and/or IFSPs to share their experiences with other Head Start parents, staff, and community members. Ask the panelists to focus on ways Head Start staff and other providers helped them during each stage of the process, from development through evaluation.

   As an alternative, ask a team (parent, teacher, coordinator, specialist, etc.) that has successfully worked on the development and/or implementation of an IEP/IFSP to make a presentation to other staff, parents, and consultants. Presenters may share their experiences, focusing on what strategies they used to work effectively as a team, challenges they encountered, and benefits that were realized as a result of the process.

   Your local speakers' bureau or your regional Head Start training and technical assistance (T/TA) provider can help you identify speakers for this session.

3. Arrange for individual staff to observe an actual IEP/IFSP meeting. (You will have to get permission from the child's parents ahead of time.) Ask the observers to take notes about what they noticed, what they found confusing, what they liked, specific ways that team members acknowledged (or failed to acknowledge) parents' expertise, and specific ways that Head Start staff supported parents during the process. Prior to the meeting, give staff some background information about who will be attending, what the protocol is, and what they might expect. Also discuss guidelines for observations ("do's and don'ts" during the meeting). After the meeting, ask the observers to share their ideas/thoughts with you or another staff member. As an alternative, you might also consider staging a mock IEP/IFSP meeting for interested staff and parents.

*Adapted with permission from B. Wolfe. 1994. Spotlight on Training Strategies: Follow-Up: A Key Component of Successful Training. *Inclusion Forum.* 2(1): 1.

4. Attending an IEP/IFSP meeting for the first time can be stressful for parents. Ask staff and parents to discuss (and create) strategies that they can use to help prepare families for IEP/IFSP meetings. One successful strategy that Head Start staff have used, for example, involves developing a series of questions that can help parents think through issues that may arise during the IEP/IFSP meeting. Asking questions such as what skills they, as parents, would most like their child to develop during the year; what they perceive their child's major strengths and weaknesses to be; and specific ways they would like the IEP/IFSP team to assist them and their child during the coming year will help prepare parents. Head Start staff may also identify a "buddy" (another parent in the program or community who has gone through the IEP/IFSP process) or create a parent support group to offer parents just beginning the process the practical and emotional support they need to serve as effective advocates for their children.

Handout 1: Vignettes

Vignette 1: What's the Trouble?

Gerard's teacher asked if we could talk. I said "Sure," but inside I was nervous. I know that whenever a teacher wants to talk, there's usually trouble. She was nice, though. She offered me coffee, and then we talked about Gerard. First off she said she's happy Gerard is in her class, and that he seemed happy, too. But after the screening, she did have some concerns. He seemed to fall down a lot, and sometimes he had trouble communicating what he needed. She thought getting him evaluated might be a good next step. Then she asked me what I thought.

Vignette 2: Waiting

Gerard's teacher said I should talk to the disabilities services manager (DSM). She could explain more about evaluations and help me request one, if that's what I wanted. For fifteen minutes, I waited while the DSM talked on the phone. When she got off, she said, "I'm so sorry I can't talk now. Something urgent has come up. Why don't you talk to Ruby and she'll set up another time for us to meet." Ruby booked a time. Then she handed me a bunch of pamphlets. One was called *Helping Parents Cope When Their Child Has a Disability.* Who ever said I needed help coping? And who ever said Gerard had a disability?

Vignette 3: At the Playground

Gerard made mud cakes with some other kids. Then I saw Martha, whose daughter goes to Head Start, too. She asked me how things were going. I was about to say "Fine," but then I let it all out. At first I thought she might think it was strange, like there was something wrong with Gerard or me. But she didn't. She said her daughter was evaluated last year and she got an IEP, and she's doing a lot better now. Before I left, Martha gave me her phone number and said I should call her whenever I wanted to talk, and maybe she could help.

Vignette 4: The Appointment

The school psychologist led Gerard into a little room with some toys. I started to follow them, but the psychologist said, "No, you need to wait out here, Mom." When the tests were finally over, the psychologist asked me to come into his office. Then he asked Gerard to wait out in the hallway. I should have said that Gerard shouldn't be out there by himself, but I didn't.

Handout 1: Vignettes (page 2)

Vignette 5: More Testing
Gerard's teacher asked me how things were going. I said all this testing was hard for Gerard, and for me, too. But we only had one more test to go. She asked if I wanted her to come along. I almost hugged her.

Then I told her what Gerard had said about the psychologist. Gerard thought that man was blind. Why else would he need Gerard to describe what was happening on all those picture cards? We had a good laugh.

Vignette 6: Getting Ready
I met with Gerard's teacher today. We talked mostly about the IEP meeting. She told me some things she's noticed about Gerard. Then she helped me think about what *I* wanted for Gerard, what I thought his strengths were, and where I felt he needed some help. It helped to talk, and I could tell she really listened.

Vignette 7: The Meeting
My husband and I met Gerard's teacher and the DSM at the IEP meeting. I was really nervous. But it was good to know that I wasn't alone. There were lots of people there: the school psychologist who had tested Gerard, the special education director, and the school principal. We all introduced ourselves at the beginning, then people talked about Gerard. The DSM interrupted a lot at first, every time someone used technical words. She'd say, "Excuse me, but could you explain that term?" "What do you mean by that?" Eventually, people began to speak in a language that we all could understand. And they asked me questions about what I thought and what my concerns were. At the beginning I felt like an outsider. By the end, I felt like I was part of the team.

Handout 2: Reaction Sheet

Choose a few vignettes that you think made the IEP process positive for Gerard's mother. Then answer the questions below for each vignette you chose.

Title of Vignette: _____

What made the experience positive? (Be as specific as possible.)

Title of Vignette: _____

What made the experience positive? (Be as specific as possible.)

Title of Vignette: _____

What made the experience positive? (Be as specific as possible.)

Handout 2: Reaction Sheet (page 2)

Choose a few vignettes that you think made the IEP process difficult for Gerard's mother. Then answer the questions below for each vignette you chose.

Title of Vignette: _____

What made the experience negative? (Be as specific as possible.)

What could have made the experience more positive?

Title of Vignette: _____

What made the experience negative? (Be as specific as possible.)

What could have made the experience more positive?

Handout 3: Checklist

Handout 3: Checklist

SUPPORTING PARENTS DURING THE IEP/IFSP PROCESS

Appoint a Head Start staff member to support the family throughout the IEP/IFSP process. This person may be the disabilities services manger, teacher, or someone else in the program who is knowledgeable about the IEP process and relates well to the family. This person can help in the following ways:

- ✓ Share with parents the screening and assessment results, explaining what the results mean and why an evaluation would be helpful. Be sure to ask parents about their thoughts and observations or any questions they may have.
- ✓ Provide parents with an overview of the IEP/IFSP process and the steps that are involved. Point out the benefits that the process offers.
- ✓ Inform parents about requesting a diagnostic evaluation from the local education agency (LEA), and assist them in obtaining one. (For example, some programs develop form letters that parents can sign.)
- ✓ Assist parents as their child goes through the evaluation process. (Some Head Start staff take the parent and child to the clinic, and offer support while the evaluations are being conducted.)
- ✓ Involve parents in assessing their child's strengths and needs. Find out what *they* want and need for their child; help them clarify their goals.
- ✓ Inform parents about organizations in the community that can offer assistance as they go through the process, such as parent support and advocacy groups.
- ✓ Familiarize parents with federal and state laws and regulations that protect the rights of children with disabilities and their families. Be sure that parents know that they don't have to sign the IEP/IFSP right away.
- ✓ Prepare parents for the IEP/IFSP meeting. Tell them what they can expect when they walk into the room, who will be there, and what might happen. If possible, introduce parents to key people ahead of time. Obtain copies of the IEP/IFSP forms from the school department before the meeting and walk through the forms together.
- ✓ Accompany parents to the IEP/IFSP meeting. Make sure that you, and the parents, understand what is said. If team members use jargon, don't hesitate to say, "I don't understand that phrase. Can you explain it, please?" During the meeting, encourage parents to share their goals, expectations, and priorities, as well as any concerns they may have.

Other:

Handout 4: Road Map

Use the following points of reference to help guide you along the road to effective IEPs.

Screening: *All* children enrolled in Head Start receive health screening as well as screening for developmental, sensory, and behavioral concerns. Though screenings are not used to determine that a child has a disability, the results may indicate the need for further evaluation.

Developmental Assessment: Developmental assessment is the collection of information on each child's functioning in a number of areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills, and expressive language. Developmental assessment is an ongoing process, one which helps staff plan program activities and determine children's progress. It may also indicate that a child needs further evaluation.

Evaluation: The disabilities services manager arranges for further, formal evaluation if a child has been identified as possibly having a disability. The evaluation must be made by a mutlidisciplinary team, including at least one teacher or specialist with knowledge in the area of the suspected disability. A child cannot be evaluated without the parent's written approval.

Multidisciplinary Team Meeting: The multidisciplinary team convenes to discuss evaluation results. If it is determined that the child has a disability, the team then develops an IEP. The IEP identifies goals and objectives for the coming year. It also specifies what additional supports and services will be provided to meet these goals and objectives. Parents are the key decisionmakers in the process; the IEP cannot be implemented without their approval. Once signed, the IEP cannot be changed unless the team meets again and parents (or legal guardian) show their agreement with a signature.

Implementing Goals and Objectives: Once an IEP has been signed, the real work of providing needed services to a child with disabilities begins. Teachers work with parents and related service providers to translate the goals and objectives of the IEP into everyday practice.

Annual Review: The team reconvenes to determine if a child continues to need an IEP, and if so, how they can revise it to best meet the needs of the child and his family.

Assessing, Documenting, and Sharing Progress: Assessing progress is an ongoing process. Continual observation and documentation of child progress, and refinement of practice, are key elements in any quality educational program. By taking "snapshots" of a child's progress and problems, Head Start staff can more meaningfully involve the child's parents and related service providers to meet the goals and objectives.

Handout 5: What Does This Mean?

IEP term	Translation
Example: hypotonia	weakening of the muscles

What Do I Do Now? Understanding and Implementing the IEP

Outcomes

After completing this module, participants will be able to:

- Formulate strategies for translating Individualized Education Program (IEP) goals and objectives into classroom activities that reflect developmentally appropriate practice.
- Develop a systematic approach for monitoring the ongoing progress of children with IEPs.

Key Concepts

- The IEP does not represent the entire educational program for a child with a disability. The goals and objectives of the IEP focus on the problems and needs that are a direct result of the child's disability.
- Ongoing observation and documentation of child progress, and refinement of practice, are key elements in any quality educational program; they are also legally required components in the IEP process, and essential to the successful implementation of any IEP.
- Throughout the IEP process the team must remain sensitive to issues of language and culture in order to effectively assess and address the needs of children and families.

Background Information

There are a number of variables that influence a Head Start teacher's level of involvement in the development of an IEP/IFSP. Sometimes a child arrives at Head Start with an IEP/IFSP already written. Sometimes teachers are involved from the very beginning. They alert the family and appropriate staff to any suspected problems, participate in identifying a child's current strengths and needs, and shape appropriate goals and objectives.

Once an IEP has been developed, the real work of providing needed services to a child with disabilities begins. The IEP process has implications for many aspects of classroom life. Teachers will need to consider scheduling, the physical classroom environment, and how the activities they plan will help children with special needs meet their unique goals and objectives. Teachers will need the advice and support of specialists to help them make progress toward the goals and objectives. At the same time they must understand that an IEP is only part of an overall program for a child with a disability. Its purpose is to address the special needs of a child that may interfere with his educational progress.

Many practitioners already understand that "best practice" means working on goals and objectives for IEPs within a developmentally appropriate classroom in a way that does not single out the child with disabilities. In order for teachers to meet this challenge, they must develop methods for incorporating new activities or modifying existing ones in a way that will support the progress of all children as well as help children with disabilities meet their goals.

Ongoing assessment of each child's progress is good teaching practice, and is an integral part of the IEP implementation process. In fact, teachers are required to monitor and record this progress. Head Start teachers who have children with disabilities in their classrooms must develop a process for documenting the progress of these children. States will vary in terms of what they require for documentation of progress for children with IEPs. Within each state, local education agencies (LEAs) may have devised different methods for meeting those requirements. It is important for teachers to understand what policies affect them directly. This will allow them to contribute in a meaningful way to any periodic reporting that is required.

For an overview of the activities in this module, see At A Glance on p. 6

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review Appendix A– About IEPs and IFSPs. While the information covered is not the focus of the training, participants may have questions about these topics during activities.

Throughout the training, remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Before participants share their descriptions of children and families in the program, make sure they fully understand issues around confidentiality.

Activity 2-1: What Does This Mean for Me and My Classroom?

Purpose: During this activity, participants will examine the story of an imaginary Head Start classroom that contains children with IEPs. They will practice integrating the objectives from the IEPs into activities that are appropriate for all the children.

Preparation

Arrange for: Overhead projector and screen

Bring: Marker for writing on overhead

Make: Overhead of Handout 7–Sample Planning Matrix (p. 47)
Overhead of Handout 9–Activity Planning Sheet (p. 49)

Duplicate: Handout 6–Ms. Peggy's Classroom (pp. 45-46): one for each participant
Handout 7–Sample Planning Matrix (p. 47): one for each participant
Handout 8–Planning Matrix (p. 48): one for each pair of participants
Handout 9–Activity Planning Sheet (p. 49): one for each participant
Appendix C–Gerard's IEP (p. C-1): one for each participant
Appendix D–Erica's IEP (p. D-1): one for each participant

Trainer Preparation Notes:

This is a very long activity. Plan for approximately 3 hours to complete it. As you review the steps, decide where you would like to give participants an extended break.

The process of integrating IEP goals and objectives into classroom activities begins with understanding them. An IEP may contain complex language. Explain to participants that although the law requires that IEPs be written in language that is easy for parents and teachers to understand, there may still be times when staff will need to draw on other resources to understand the IEP. Carefully review both IEPs used in this activity (Appendix C–Gerard's IEP and Appendix D–Erica's IEP) before you begin this activity. It may be helpful to have staff complete Activity 1–2 What Exactly Does This Mean? before beginning this one.

Leading the Activity

1. Introduce the activity and review the workshop agenda with participants.

2. Distribute Handout 6–Ms. Peggy's Classroom to each participant. Explain that the story describes a Head Start class and a few of the children in it. Two of the children have IEPs. If participants have already completed Module 1, point out that the classroom includes Gerard, the boy who was the focus of that module.

3. Tell participants that after they read the scenario they will think about what kinds of activities will allow the children with disabilities to work on their goals and objectives within the ongoing classroom routine. Tell them to take notes about children's apparent needs or to underline parts of the story that may help with the discussion to follow.

4. Allow participants about 10 minutes to read the handout. You may choose to read the handout aloud as participants read along.

5. Ask participants to share their comments about the scenario. You might ask:

   - What events in Peggy's classroom can you identify with?
   - In what ways do the children in her classroom remind you of children you have taught?

> **Tip for the Trainer:**
>
> All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. As participants share their descriptions of children they have taught make sure they fully understand issues around confidentiality.

6. Tell participants that they will analyze the IEPs of 2 children in Peggy's classroom. Distribute Appendix C–Gerard's IEP, and Appendix D–Erica's IEP.

7. Review the IEPs, and answer any questions participants may have about them, or about the scenario in general.

Tip for the Trainer:

Participants may assume that Carol has an IEP or needs one. One of the issues teachers often struggle with is dealing with children with challenging behaviors. Many times children present needs that require some individualized planning even though they are not receiving special education services. Don't allow the discussion to be sidetracked into discussions of possible diagnosis. While participants may want to discuss issues of referral, emphasize that the purpose of this activity is to help participants think of ways to structure the classroom activities and routines so that *all* children can participate fully, whether they have been diagnosed as having disabilities or not.

8. Ask for examples of how Peggy could meet the goals and objectives for Gerard and Erica within the classroom context.

9. Display the overhead of Handout 7–Sample Planning Matrix, and distribute Handout 8–Planning Matrix to participants.

10. Tell participants that together you will use the matrix to look at overall objectives for the class, and then discuss how to incorporate Gerard's and Erica's unique needs into the plan.

11. Explain the Planning Matrix:

    The overhead/handout has some of the information completed for Peggy's classroom. Across the top of the matrix the names of the children in the classroom are listed. Along the side of the matrix the 5 domains of development are listed: Cognitive, Physical/Perceptual, Self-Care, Speech & Language, and Social & Emotional. Remind participants that most IEPs have objectives for 1 or more of these 5 domains.

    Under each domain, space is provided to list specific objectives. They should be objectives from Gerard's or Erica's IEP, along with some that teachers, parents, or consultants may have created for other children in the classroom. In the space under each child's name, a check is placed if the objective relates to their IEP or if it is an objective teachers and/or parents have for any child.

12. Review the example:

    In the Physical/Perceptual domain Peggy has listed "climbing/ slide" because it was included in Gerard's IEP as a short-term objective ("Gerard will climb up and go down the slide"). Through her observations of the classroom she also noticed that this is an area that Miles could also work on. Peggy has checked the space under their names on the matrix. She has also indicated that Carol and Dolores need to work on fine motor skills, by placing a check under their names. Peggy has written an objective in the cognitive domain that meets an objective for Gerard and also addresses a need for another child in her class, Dolores.

13. Ask participants to tell you what other short-term objectives they would list in each of the developmental domains and which children they apply to. List a minimum of 2 objectives for each domain. Write these in on the overhead as you discuss them. Use the examples below to help lead the discussion.

    Examples:

    - In the Self-Care domain, they may list "dressing without assistance." This objective appears on Gerard's IEP, and may be an area of need for Miles as well.

    - For the Social & Emotional domain, they may list "getting help in resolving conflicts" for Erica and Carol.

Tip for the Trainer:

It is appropriate for teachers to base some of these decisions on their experience with young children. For example, they may suggest that all the children would benefit from some activities to increase a particular fine motor skill. Allow them to do this for some objectives but not all of them. Encourage them to draw from the scenario to identify activities to meet the needs of specific children. Highlight the instances where other children in the class present needs similar to those mentioned in Gerard's and Erica's IEPs.

14. Display the overhead of Handout 9–Activity Planning Sheet. Select one of the suggested objectives and write it in the space provided.

15. Ask participants: What activity could Peggy plan that would allow the children to practice/develop this skill? Which children should Peggy target? Use the participants' responses to complete the rest of the planning sheet.

16. Ask participants to select a partner to work with for the remainder of the workshop.

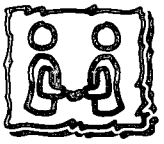
17. Distribute Handout 9–Activity Planning Sheet. Ask pairs of participants to select 2 of the objectives listed or develop 2 others that would be appropriate for this group of children, then complete an activity plan for each of the objectives. Remind them to be sure that at least one objective they select is for either Erica or Gerard. Allow participants about 15 minutes to complete their plans.

18. Reconvene the large group and ask for volunteers to share their ideas. Encourage participants to share how the activities meet objectives, how they work for a developmentally appropriate classroom, and how other children might benefit.

Summing Up

Wrap up the discussion by emphasizing the importance of integrating IEP objectives into developmentally appropriate classroom activities in a way that does not stigmatize children with disabilities, and also offers benefits to other children. This is an important process in assuring the successful inclusion of children with disabilities. Though it may require additional work in the beginning, the matrix can help teachers more efficiently plan activities to meet many needs at once. If participants are interested in sharing the activities they generated, offer to photocopy and distribute them to the other participants.

Activity 2-2: The Children in My Classroom



Purpose: During this coaching session, participants will think about the children in their classrooms, including one child who has an IEP. They will make plans for how to integrate the objectives from IEPs into activities that are appropriate for all the children in their classroom.

Preparation

This session has two major parts: 1) a discussion about characteristics of participants' classrooms; and 2) developing a plan for integrating the objectives from IEPs into activities. At the end of the session, participants will choose which Next Steps they will work on to extend their learning. To prepare for this session:

- Review all the directions and handouts for this session, and Next Steps: Ideas to Extend Practice (p. 44).
- Duplicate Handout 7–Sample Planning Matrix (p. 47) and Handout 8–Planning Matrix (p. 48), one for each participant; and Handout 9–Activity Planning Sheet (p. 49): two for each participant.
- Ask participants to bring a photocopy of an IEP for one child who is in their classroom.

Coach Preparation Notes:

All families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Therefore, if more than one participant is involved in this coaching session, tell them to remove any information on the IEP that would identify the child before the session begins.

If participants do not have a child with an IEP in their classroom, suggest that they analyze an actual child's IFSP or use Appendix C–Gerard's IEP (p. C-1).

- Arrange for easel, chart paper, markers, and tape.

Conducting the Session

1. Welcome participants and review the agenda with them.
2. Ask each participant to take a few minutes to introduce her classroom to the others. Use the following questions/prompts to guide them:

- How many children are in your classroom?
- What is the age range?
- Tell us about the different cultures and language backgrounds in your classroom.
- Tell us a little about the child with disabilities you will focus on for today's session.
- What challenges do you face in including this child?
- What activities do you and the children enjoy most?

3. Direct participants to review the IEPs they brought with them, especially the different goals and objectives this child is working on now.

4. Ask participants to share some of the goals and objectives with the other participants. Record these on chart paper.

5. Distribute Handout 7–Sample Planning Matrix. Explain that this Sample Planning Matrix is for an imaginary classroom. Across the top of the matrix the names of the children in the classroom are listed. Along the side of the matrix the 5 domains of development are listed: Cognitive, Physical/Perceptual, Self-Care, Speech & Language, and Social & Emotional. Remind participants that most IEPs have objectives for 1 or more of these 5 domains. Emphasize that even though an IEP contains specific objectives for a child, they often represent areas of growth that are appropriate for all children. In this matrix, the teacher has listed some of the objectives from a child's IEP. Objectives are also listed for children who are more typically developing. The checks under children's names indicate what areas they need to work on.

6. Ask each participant to give you an example of one objective for their focus child (with disabilities) which might be an area for growth for other children in their classrooms as well.

7. Distribute Handout 8–Planning Matrix. Direct participants to list the names of a few of the children in their class in the appropriate space at the top of the matrix.

8. Ask participants to select objectives from the IEP they brought with them and write these in under the appropriate domain in the planning matrix. They should also list objectives for children in their

classroom who do not have an IEP, so that there are at least 2 objectives for each domain of development.

9. Give each participant 2 copies of Handout 9–Activity Planning Sheet. Direct participants to select 2 objectives for which they will do more extensive planning. Be certain that they take at least 1 of these objectives from the IEP of the child they are focusing on for this session. Participants should complete all the sections of Handout 9–Activity Planning Sheet for each of the 2 objectives they selected. Allow about 20 minutes for this task.

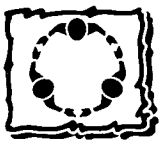
10. Ask participants to discuss their plans with each other. Encourage them to highlight instances where they see connections between the needs of the child with disabilities and the children who are more typically developing in their classroom. Emphasize how this planning approach helps address the needs of the child with disabilities without singling the child out and making her feel different.

Wrap-Up and Next Steps

Wrap up the discussion by emphasizing how this process is a way of assuring the successful inclusion of children with disabilities. Though it may require additional work in the beginning, the matrix can help teachers more efficiently plan activities to meet many needs at once. If participants are interested in sharing the activities they generated, offer to photocopy and distribute them to other participants.

Give participants a copy of Next Steps: Ideas to Extend Practice. Help participants choose the Next Step(s) they would like to pursue.

Activity 2-3: Documenting Progress



Purpose: In this workshop activity, participants will discuss their current practices for documenting the progress of children in their classrooms and for adapting these practices to meet the reporting requirements for children with IEPs.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Bring: Ask participants to bring any forms they use for observing and recording child progress, including what they use for children who have IEPs. This is particularly important if the tools they use for children with IEPs are different from other observing and recording tools they use for children who are more typically developing.

Duplicate: Handout 10–Sample Recording Form (p. 50): one for each participant
Handout 11–Sample Anecdotal Record (p. 51): one for each participant
Handout 12–Documenting Erica's Progress (pp. 52-53): one for each small group
Appendix D–Erica's IEP (p. D-1): one for each participant

Trainer Preparation Note:

The requirements for recording and reporting progress on IEP goals and objectives vary from state to state. Make sure you are familiar with these requirements before you begin this session. A good resource person for this information is the program's disabilities services manager (DSM), other staff or consultants with this content expertise, or your regional Head Start T/TA provider knowledgeable about disabilities services.

Leading the Activity

1. Introduce the activity by explaining the purpose and reviewing the agenda with participants.

2. Begin with a general discussion about the methods teachers currently use for observing children in their classrooms and the reasons they conduct observations. (Participants may refer to the materials they brought with them to the workshop.) Use the Discussion Guide below to help lead this discussion.

3. Conclude the discussion by emphasizing that there are many different purposes and methods for observing children. This session will focus on what teachers must do in order to contribute in a meaningful way to the process of documenting the progress of children with special needs.

Tip for the Trainer:

For further information and more in-depth training on the purpose and procedures for observing children, participants should consult the Education guide in this series, *Observation and Recording: Tools for Decision Making*.

4. Distribute Appendix D–Erica's IEP, Handout 10–Sample Recording Form, and Handout 11–Sample Anecdotal Record.

5. Divide the participants into groups of 6 or fewer. Make sure they bring any observation forms they currently use with them. Distribute 1 copy of Handout 12–Documenting Erica's Progress to each group. Review each handout and answer any questions participants have. Point out where progress must be noted on the actual IEP form.

6. Explain to participants that during their small-group discussions they will examine the different methods they have used, and use the handouts to identify which methods will be most effective in helping them document the progress of children with disabilities. Emphasize that they are not choosing a "right" answer in this process. In some cases they may find that more than one method of observing and recording is useful.

Tip for the Trainer:

Note that the process of implementing a child's IEP and documenting progress is a shared responsibility. A team of adults is responsible for helping Erica meet her goals and objectives. Not all objectives will be met within the classroom context. Consider who will logically be with Erica in the settings where she will be engaged in activities that address her objectives. Direct participants to think of a plan for observing and recording that includes themselves as well as parents, other Head Start staff, and specialists.

7. Ask groups to select a recorder and reporter before they begin. Tell the groups to select 4 objectives from Appendix D–Erica's IEP, and answer the questions on Handout 12–Documenting Erica's Progress for each objective. Allow 30 minutes for groups to complete their discussions.

8. Reconvene the large group. Ask the reporters to share one response/ objective and the decisions they made about observing and recording progress. Record the highlights of these examples on chart paper.

Discussion Guide

Why observe children in the first place?

- *To understand children's interests and needs.* Observing children helps us learn about who they are, what they enjoy, what they are good at, and what they find challenging. This will allow teachers to plan more effectively for activities and routines that meet the needs of all children in the class.

- *To communicate with parents and keep them informed.* Parents are concerned about their children's well-being and progress. When we observe children we can report accurate information to families about how their children are doing.

- *To ensure that curriculum goals are being met.* Observing helps us document how things are going overall in the classroom environment. For example, you can see how much interest children have in certain activities and document this interest with data (for example, 10 children visited the science corner today and spent 20 minutes engaged in activities).

- *To have a base line for identifying potential problems children may have and to measure growth and development.* It is important to begin the program year with a point of reference for each child in your classroom. This "base line" helps us document how each child is growing in her own unique way and identify areas that may need further attention.

- *To improve practice.* Teachers can use the process of observation to promote reflection about their own work. As a result of observing children, they can understand what they might need to change about their own teaching methods, the schedule, the environment, or materials in their classroom.

Summing Up

Wrap up this discussion by emphasizing the importance of documenting progress for all children, including children with IEPs. Remind participants that many of the methods they use for documenting progress for children with disabilities will also be useful for the children who are more typically developing.

Next Steps: Ideas to Extend Practice

As a supervisor, you can encourage and support staff members to practice what they have learned in this module. Some suggestions include:

1. As a follow-up to Activity 2-1, ask participants to use Handout 8 to create a planning matrix for their own classrooms. Then arrange a time for teachers to discuss their experiences in creating the matrix, and how they used the information to plan activities for their classroom. During the discussion, ask teachers to identify how they could use this tool in the future to individualize activities for children.

2. Ongoing communication between parents and teachers is important for all children, but it is critical for children with disabilities. With participants, share (and develop) creative strategies for communicating information with families about those areas in which the child is doing well, what the child is finding challenging, special accomplishments, etc. One Head Start teacher, for example, used beads to make special necklaces. On each, she attached a handmade notebook (several pieces of paper stapled together). Children liked wearing their jewelry; and the notebook provided both parents and teachers with an opportunity to exchange daily notes about the child's progress. Make sure that the language and reading level are appropriate for each parent.

3. Seeking the advice of a specialist can help teachers make a real difference in the progress of children with disabilities. Teachers should be encouraged not to simply wait for a specialist to report to them, but to be proactive, and initiate regular consultations to discuss the strengths, needs, and progress of the children with disabilities in their classroom. In conjunction with the process of documenting progress, ask teachers to compose a short list of questions for the consulting specialist on how to meet a particular IEP goal or objective.

Handout 6: Ms. Peggy's Classroom

Ms. Peggy smiled and waved as the last of the children from her classroom settled in on the yellow minibus. "Is everybody in their seat?" the driver asked as she checked each child. Through the window Ms. Peggy could see Gerard happily chatting with his cousin Marlon. Erica sat behind them, staring out into the distance. Near the back of the bus Carol stood on her seat, laughing and singing. For a few minutes she ignored the driver's gentle insistence that it was time to sit down so the bus could get going. Ms. Peggy waited until the bus drove out of sight before she walked back inside. It had been a busy day.

There are 18 children in class with Ms. Peggy and her assistant teacher Ms. Andrea. There is one other Head Start classroom in the local middle-school building. The teachers like the arrangement because some of the middle-school students volunteer in the classrooms, and the children seem to really enjoy them.

ARRIVAL AND BREAKFAST

This morning everyone arrived on time and no one was absent. When Erica arrived she asked Ms. Andrea for help with her jacket. Ms. Andrea asked Erica to try it herself first. Erica went over to the cubbies and gestured to one of the girls there who unzipped it for her. Gerard and Miles were the breakfast helpers. Miles' mother, Ms. Joanne, was volunteering for the day. She handed the boys the utensils and named each of them, and they repeated the names as they set the table. Breakfast was mostly uneventful. Erica sat at the table watching the others eat. When Dolores noticed this, she asked Ms. Joanne, "How come she's not eating?" Erica heard her and pointed to the bread. Ms. Joanne handed her a piece, and it sat on her plate for a while before she went off to the quiet corner to look through some picture books.

Carol said, "Maybe she thinks it's yucky," and left the table to build an airport out of blocks. When it was finished she used a toy plane to take off from the runway and then charged around the room yelling, "Look out!" She ran up to Erica, running the plane across the top of her head, yelling, "Look out! The pilot's lost control!" Before Ms. Peggy could catch up to her, Erica and the plane crashed into the airport, and blocks scattered everywhere. "Oh my gosh!" she cried, "Everyone's dead!"

At circle time Ms. Joanne taught the children a song. After circle time there were a number of activities around the room for the children to try. There were drawing materials at one table, clay at another table, and bubbles at a third. The children could paint at the easels or play in the housekeeping area. Ms. Peggy, Ms. Andrea, and Ms. Joanne circulated around the room to observe, participate, and help the children solve problems.

ACTIVITY TIME

Erica sat at the end of the table with the drawing materials. She focused on the paper, and drew an elaborate scene with trees, mountains, and birds. She did not notice that other children had joined her at the table until one of them tapped her on the arm to ask her for a crayon.

Handout 6: Ms. Peggy's Classroom (page 2)

Miles sat at the drawing table, too. "I need a blue crayon," he announced as he looked around. "I'm making the ocean." Someone handed him a green one and he began to color.

Dolores and Aminah were making cups out of the clay and pretending to have coffee. When Carol joined them and Dolores told her, "There's not enough clay for you," Carol went to the drawing table and Aminah followed her. Carol drew a large letter C on the paper. "Look, I made a C for Carol," she said. "I can do that, too," Aminah said. She drew a C on her paper. "See?" she said as she held the paper up to Carol. "C is not for 'minah," Carol responded. "It's not?" Aminah asked. "What is for me?" "M is for 'minah," Carol answered. "Watch!" Carol drew a large M on the paper next to the C. "This is M."

OUTDOOR PLAY

When the class went outside the children played on swings and climbing equipment. A few of the girls gathered together and sat on the grass talking. Erica watched them for a while and then tried to join by squeezing in next to Aminah. Aminah cried, "No pushing, Erica!" Erica looked puzzled and began to cry. Ms. Peggy went over to them and tried to explain to Erica that if she wanted to join the circle she would have to ask the girls to make room for her; that way she would be welcomed and the other girls wouldn't think she was trying to push them. Erica listened carefully and then left to play on the swings.

Erica climbed into one of the swings. Ms. Joanne offered to push her. She smiled and nodded yes. When Gerard came by, Erica began to wave excitedly and gestured for Gerard to join her at the swings. Gerard greeted them both with a friendly hello and allowed Ms. Joanne to help him into a swing. Erica smiled contentedly as they swung together. Carol and Miles decided to climb on the jungle gym. When they got to the top they began to sing. They called out to the other children, "Hey, look at us! We made it to the top!" When it came time to climb down, Miles could not figure out how to do it. He looked confused and afraid, took a couple of steps, and then froze. When Ms. Andrea overheard some of the other children trying to convince Miles to jump, she went over and helped him down.

LUNCHTIME AND DISMISSAL

At lunchtime Ms. Peggy watched Dolores eat. She took the chicken nuggets and carefully placed them on the end of her fork to eat them. She tried to do this with the peas also, but grew frustrated and started eating them with her fingers. When Carol said, "I'm finished," there were still some peas left on her plate. She threw them one at a time at Erica, who frowned at her and tried to bat them away. Ms. Joanne reacted right away. "Food is not for throwing," she said as she got up from her seat at the table. "Come help me in the kitchen." Carol stuck her tongue out at Erica and then smiled, picked up her plate and cup, and followed Ms. Joanne to the kitchen.

At the end of the day, as the children were preparing to leave, Ms. Andrea noticed that Miles had put his jacket on inside out. When she tried to help, Miles got upset. "I can do it!" he shouted. When everyone was dressed, Ms. Peggy and Ms. Andrea escorted the children out to the buses.

Handout 7: Sample Planning Matrix

DEVELOPMENTAL DOMAINS

Child's Name:	Amina	Dolores	Erica	Gerard	Miles	Carol	Notes
Cognitive Counting		✓		✓			
Physical/ Perceptual Climbing/slide				✓	✓		Miles likes to climb on playground structure
Fine motor (using utensils)		✓				✓	
Self-Care							
Speech & Language							
Social & Emotional							

Handout 8: Planning Matrix

Child's Name:

DEVELOPMENTAL DOMAINS

							Notes
Cognitive							
Physical/ Perceptual							
Self-Care							
Speech & Language							
Social & Emotional							

Handout 9: Activity Planning Sheet

Objectives:

Procedures:

Materials/Resources:

Ongoing Assessment:

Handout 10: Sample Recording Form*

Date	CLASSROOM ACTIVITY	OBJECTIVE	NAME			
			Aminah	Carol	Miles	Gerard
April 12	Water Play	Ask questions of other children	+	NA	-	+
April 19	Outdoor Play	Climb up and go down slide	NA	+	+	-

+ = correct response
- = incorrect response
NA = not applicable

*Adapted from Great Lakes Resource Access Project, Region V. 1993-94. *We're Ready, We're Set, Let's Go: Implementing the IEP.* Quarterly Resource, Vol. 8, No. 4.

Handout 11: Sample Anecdotal Record

You can create anecdotal records in a number of ways. Some teachers use index cards or keep notes on pieces of scrap paper and transfer them later to a notebook. What's important is to develop a system that works well for you, one that allows you to accurately and objectively take notes on a regular basis.

Child's Name: Gerard

4/9
Outside play. Gerard stood in line for the slide but decided not to go on it when it was his turn.

4/12
This morning Gerard helped Carol set the table for breakfast. She told him the names of the utensils and he repeated them.

4/16
Gerard refused to eat a lunch today.
Menu: chicken in red sauce, pasta, salad, bread sticks

4/17
Gerard built a "fort" out of blocks with Erica during free play (make note in Erica's log also!)

4/23
Gerard's mother volunteered today. She taught the class a song during circle. Gerard seemed to really enjoy this.

Handout 12: Documenting Erica's Progress

1) **DOMAIN OF DEVELOPMENT:** _____

OBJECTIVE: _____

Which method(s) for observing and reporting will provide you with evidence of the progress Erica is making toward this objective?

In what situation/circumstance can this be observed (for example, in the classroom, outside, at meal time, at home)?

Who will most likely be able to observe Erica in these circumstances?

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2) **DOMAIN OF DEVELOPMENT:** _____

OBJECTIVE: _____

Which method(s) for observing and reporting will provide you with evidence of the progress Erica is making toward this objective?

In what situation/circumstance can this be observed (for example, in the classroom, outside, at meal time, at home)?

Who will most likely be able to observe Erica in these circumstances?

Handout 12: Documenting Erica's Progress (page 2)

3) **DOMAIN OF DEVELOPMENT:** _____

OBJECTIVE: _____

Which method(s) for observing and reporting will provide you with evidence of the progress Erica is making toward this objective?

In what situation/circumstance can this be observed (for example, in the classroom, outside, at meal time, at home)?

Who will most likely be able to observe Erica in these circumstances?

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4) **DOMAIN OF DEVELOPMENT:** _____

OBJECTIVE: _____

Which method(s) for observing and reporting will provide you with evidence of the progress Erica is making toward this objective?

In what situation/circumstance can this be observed (for example, in the classroom, outside, at meal time, at home)?

Who will most likely be able to observe Erica in these circumstances?

Working Together

Outcomes

After completing this module, participants will be able to:

- Collaborate more effectively with parents, related service providers, and community agency representatives.
- Identify related service providers and their roles in working with children with disabilities and their families, and with Head Start.
- Work with parents of young children with disabilities so that parents may gain more information, skill, and self-confidence to become better advocates for their children.

Key Concepts

- Developing and implementing the Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) requires a collaborative effort with Head Start staff, parents, related service providers, and community agency representatives.
- Successful collaboration depends on open and ongoing communication between all the people and agencies involved with a child and family.
- Head Start plays a critical role in helping children and families access community resources.
- Head Start can play a key role in assisting families during transitions by communicating and coordinating with parents, decisionmakers, and providers.

Background Information

The IEP process ensures that parents are informed about and in charge of their child's education. It is a road map for families and professionals to create a unified, developmentally appropriate program that helps a child with disabilities participate fully in school and family life. The plan includes goals and objectives for developmental progress, assures that certain activities will be included in a child's program, and establishes who is responsible for carrying out those activities. The IEP and IFSP do not, however, spell out how all the people will work together in a positive way to form a coordinated program that will meet the needs of children and families.

Teachers, parents, community service agencies, and related service providers all have important roles in the implementation of an IEP or an IFSP. Related service providers such as psychologists, occupational and physical therapists, and speech and language therapists are specialists who are not typically Head Start staff, but are included in the educational plans of children with disabilities to enhance and support their inclusion at home and in school. They bring a range of knowledge, expertise, and perspectives to the educational process. For many children with disabilities and their families, specialists will participate in their educational program throughout high school and beyond. Parents need to learn who these people are, how to access their services, and how they might contribute to the quality of their child's life.

Head Start supports parents as primary educators, nurturers, and advocates for their children. The documents that are produced and the IEP process itself are tools that families can use to ensure that their children receive needed services and to learn how to become advocates for their children. Families need to learn how all the pieces of their child's program can fit together for maximum benefit for themselves and for their child. Head Start staff can set the tone for positive family and community partnerships that will help parents advocate for their child in the future.

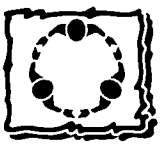
For an overview of the activities in this module, see At A Glance on p. 7.

Trainer and Coach Preparation Notes:

Before leading the activities in this module, review Appendix A– About IEPs and IFSPs. While the information covered is not the focus of the training, participants may have questions about these topics during activities.

Throughout the training, remind participants that all families have a right to confidentiality. That is, information about Head Start children and families can only be shared within Head Start on a "need to know" basis. Before participants share their descriptions of children and families in the program, make sure they fully understand issues around confidentiality.

*Activity 3-1: Sharing a Vision**



Purpose: Every member of the education team, both family members and professionals, has an important role in the IEP process. In this activity participants will experience a collaborative project in which everyone must take a specific role and follow clear-cut rules. They will then analyze how this process relates to being a member of a child's education team.

Preparation

Make: A small model using about 15 Lego™ blocks or a similar structural toy. **(Cover the model so that none of the participants can see it.)**

Arrange for: Easel, chart paper, markers, and tape
One long table for models
Tray or small table, one for each group of 5 participants
Enough extra blocks for each small group of 5 participants to copy your model.

Duplicate: Handout 13–Listening and Working (p. 69): one for each participant
Handout 14–How Did It Feel? (p. 70): one for each participant
Appendix A–About IEPs and IFSPs (p. A-1): one for each participant

Trainer Preparation Notes:

Be creative with your model. It should be a structure that is not easy to describe or copy. Use blocks of varying shapes, sizes, and colors.

Leading the Activity

1. Introduce the activity by explaining the purpose to participants and reviewing the agenda.

2. Ask participants to form groups of 5. Have each group move into a separate part of the room.

Tip for the Trainer:

If the participants do not divide evenly into groups of 5, some groups can have an extra person who observes the activity and reports to the large group.

* Adapted with permission from S. Bianchi, J. Butler, and D. Richy. 1990. *Warm-Ups for Meeting Leaders.* San Francisco, CA: Jossey-Bass Publishers.

3. Distribute Handout 13–Listening and Working to each participant. Ask a volunteer from each small group to read the handout aloud to her group.

4. Explain that the activity requires each group member to take on a particular role, and ask them to divide the roles among themselves. While participants are choosing roles, bring each group their blocks and make sure they have a tray or small table on which to build their model.

5. Give the groups 20 minutes to build their models. Emphasize that participants must remain in their roles during the building process.

6. When all the groups are finished, make sure their models are placed on the large table so that all the participants can see all the models. Then remove the cover so that everyone can see the original model.

7. Ask participants to take a few minutes to look carefully at each small group's model and compare it to the original model and to the other models. Lead a *brief* discussion, eliciting participants' overall reactions to the finished products as well as to the process of building the models (for example, Was the process easy or difficult for you? What made the building project a challenge? What would have helped make the process more successful?).

8. Distribute Handout 14–How Did It Feel? to each participant. Tell participants that as you read each item aloud they can write answers in the space provided. Explain that these are personal worksheets that they will keep for themselves.

9. Read Handout 14 aloud, allowing time for participants to answer each question.

10. Reconvene the large group. Use the Discussion Guide below to help participants relate their experiences during the activity to the IEP/ IFSP process.

11. Ask participants to think about how they can use what they have learned to be more effective members of an IEP/IFSP team. Then have participants jot down 2 steps they can take to collaborate more effectively with parents, related service providers, and community agency representatives.

Discussion Guide

- *How did you feel about not being able to talk openly and freely to everyone on the team? Not being able to ask questions, make suggestions, give feedback? How would it affect your work in the classroom if you could not speak with parents, other teachers, administrators, or related service providers?*

  Acknowledge the frustration that participants may have experienced when they felt "cut off" from other team members. By not being a full member of the "crew," they were not able to contribute as much as they could. Open and ongoing communication between team members is essential, whether it is a construction crew or multidisciplinary team. Like the crew members, teachers, as part of the team, need to feel like they are in the loop and active team members. If teachers feel that they are left out, they will be less able to translate goals and objectives into everyday practice. If there is no open communication, they will not share progress with other team members or solve problems together. For example, related service providers who only see children once or twice a week need to be informed about successes or problems a child may be having in order to respond effectively to the child's ongoing needs. Everyone on the IEP/IFSP team needs to constantly observe, assess, and communicate with each other about how a child is doing in order to effectively respond to the child's evolving needs in a consistent way.

- *How did you feel about being told to build something without a model? Having to depend on someone else's vision? What if a child in your classroom has an IEP that you haven't seen? Or what if a child has an IEP that contains goals and objectives you do not understand or agree with based on your knowledge of the child?*

  Only one member of the construction team had a vision of how the model should look. Other members did not contribute to, or even understand the vision. Consequently, there was no clarity about the goals or how to reach them. For a team to work effectively, all members must understand and contribute to that shared vision, whether it is a vision for creating a building, or for developing a plan to help a child with disabilities (or without disabilities) succeed. Acknowledge that developing a shared vision during the IEP/IFSP process can be difficult, especially if team members do not share similar experiences and ideas. However, in order to successfully develop and implement an IEP/IFSP, team members must take extra steps to collaborate and organize themselves around a common vision for the child's and family's welfare.

Summing Up

Distribute Appendix A–About IEPs and IFSPs and review it briefly with participants. Remind participants that IEPs and IFSPs are tools that everyone on an educational team must use to give children with disabilities and their families the support and services needed to provide an individualized, developmentally appropriate program. The team includes everyone who is involved with the child and family, each person taking a different role according to their skills, expertise, and the child's needs. What pulls people together is having a common vision for the child, understanding the need for clear communication, acknowledgment that everyone contributes to the program, and a belief in the positive power of collaboration and partnership in education.

Activity 3-2: I Can Do It Myself

Purpose: Related services are often included as part of a child's IEP or IFSP. The purpose of this workshop activity is to introduce participants to related services, and give them an opportunity to make decisions about how to include related services in a child's educational program in a meaningful way.

Preparation

Arrange for: Easel, chart paper, markers, and tape

Duplicate:
- Handout 15–Related Services (p. 71): one for each participant
- Handout 16–Marlissa (p. 72): one for each participant
- Handout 17–Viewpoints: Marlissa's IEP (p. 73): one for each participant
- Handout 18–Marlissa's IEP Worksheet (pp. 74-75): one for each participant

Leading the Activity

1. Introduce the activity and briefly discuss its purpose. Ask participants to keep in mind that one of the most important challenges to the education team is to create a unified, functional educational program which includes all the related services and supports a child and her family may need.

2. Distribute Handout 15–Related Services to participants and read it aloud to the group. After reading each description, ask for a show of hands of people who have worked with such a provider.

3. Ask participants to choose a partner and share an experience they have had working with a related service provider or some other education team member that worked particularly well. Also encourage participants to discuss what made the experience successful. Allow 5 minutes.

4. Ask for volunteers to report a successful experience working with related service providers. Write the elements for success on chart paper. If needed, suggest possibilities such as mutual respect, ongoing and honest communication, content knowledge, practical experience, regard for the parent's thoughts and feelings, willingness to adapt procedures to accommodate the needs of the child, family, teacher, etc.

5. Distribute Handout 16–Marlissa to participants, then read it aloud. Tell participants that Marlissa's story offers a snapshot of the

workings of a team. In small groups, they will identify issues that need to be addressed, and then use the elements for success they generated to create possible solutions.

Tip for the Trainer:

Encourage participants to think about Marlissa in two ways: as a little girl who appears to be regressing in an important area of her life, and as a child with complicated special needs whose progress depends to a large extent on receiving related services. The challenge is to create one coordinated, realistic program that fits comfortably into Marlissa's daily life and helps her progress in positive ways.

6. Divide participants into groups of 4 to 6. Distribute Handout 17–Viewpoints: Marlissa's IEP and Handout 18–Marlissa's IEP Worksheet, one to each participant.

7. Ask for one volunteer in each group to read the different viewpoints aloud as the others read along. Ask for another volunteer in each group to record the group's answers on Handout 18–Marlissa's IEP Worksheet.

8. Give participants 30 minutes to read the viewpoints, and then discuss and record their answers to the questions on Handout 18. Remind them to consider the viewpoints of everyone on the team during their discussion; there are no right or wrong answers.

9. While the groups are working, post 2 sheets of chart paper with the titles "Issues" and "Solutions," one title to each sheet.

10. When the small groups have finished, ask a member from each group to briefly describe the group's most pressing problem and solution on the appropriate piece of chart paper. Point out the variations between groups, paying special attention to the different problems and solutions the groups created.

11. Ask participants to share how their small groups made decisions, and how the process relates to the role of related services providers, teachers, and parents in educational programs for children with disabilities. Lead a discussion with the entire group, using the Discussion Guide below.

12. With participants, discuss the important role that the classroom teacher can play as a member of the team that is implementing the

IEP. Emphasize that the teacher has consistent contact with the child, the family, and related service providers. Therefore, the teacher is the "point person" on the team, and can help specialists figure out how their goals and activities can be included in a child's program in a functional, effective way, and how their services can address the parents' concerns. The teacher can help related service providers make realistic plans. For example, a child with sensorimotor delays and emotional problems who is just learning to get dressed independently may have tantrums when he is learning new tasks. The teacher can help the occupational therapist and psychologist figure out a program that fits the child's schedule and perhaps uses reinforcements the teacher knows work well for the child.

Discussion Guide

Use the following questions to guide the discussion.

- *How did you go about identifying and prioritizing the problems?*

  Each team member has a different perspective and offers different expertise. An important first step, therefore, is discussing each team member's viewpoint. The IEP goals and objectives can be used as a tool for guiding the discussion. For example, consider how Marlissa is doing in terms of self-help skills, speech and language, fine-motor, and gross-motor skills. Also consider what progress Marlissa has made in each area and what concerns still remain. Then the group can consider which concerns are the greatest. Which problems, for example interfere with Marlissa's ability to feel good about herself? Fully participate in classroom activities? Feel successful at home? What does her aunt think is the most pressing concern?

- *What were the barriers to reaching agreement on problems and solutions?*

  There's an old joke in which two people are arguing. They finally go to a mediator. The mediator listens to one side, then says, "Yes, you're right." The mediator then carefully hears the other side. The mediator pauses for a moment and says, "You're right, too!" "What, how can we both be right?" the two people ask the mediator. "You're right again!" responds the mediator.

  Though the viewpoints differ from one another, each viewpoint can be valid. Real collaboration occurs when everyone on the team realizes that no one person has the best or only solution to a problem, and that sharing knowledge and expertise is the key to forming true partnerships. While concerns, problems, and goals should be shared,

the team must remember that Marlissa's aunt should guide program planning. She is the ultimate decisionmaker.

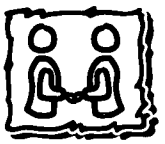
- *How can Head Start staff make the most of the specialized knowledge and services that related service providers can offer?*

  Head Start staff can make the most of providers in many ways. Therapists can provide services in the classroom, not only for the targeted child, but for other children as well, so that they, too, can benefit and enjoy the "fun activity." Related service providers can also suggest how goals and objectives can be addressed within the child's regular daily activities both in school and at home. For example, a child who needs to practice walking can be encouraged to walk to specific activities or to places within the classroom and at home; special language needs can be addressed in story time or during group discussion.

Summing Up

Remind participants that related service providers are important partners when including children with disabilities in their programs. They can help children, families, and teachers in many different ways, and should be considered an ongoing resource for planning and implementing programs. No matter how related service providers are included in an IEP, as consultants, trainers, or providers of direct treatment, their services should enhance a child's daily functional activities at home and in school. Because parents and teachers are usually the only people on an education team who see a child regularly, they are in the best position to advocate, prioritize needs, and lead the team in finding ways to help that child work towards the best possible outcomes.

Activity 3-3: Making the Most of Related Services



Purpose: This coaching session will help participants include related services in a child's educational program in a meaningful way.

Preparation

This session has two parts: 1) an overview of related services; and 2) using a story about a Head Start child with disabilities to learn how to work more effectively with related service providers and other members of the team. At the end of the session, participants will choose which Next Steps they will work on to extend their learning. To prepare for this session:

- Review all the directions and handouts for this session, the opening letter in the Preface (p. viii), and Next Steps: Ideas to Extend Practice (p. 68).
- Duplicate Handout 15–Related Services (p. 71); Handout 16–Marlissa (p. 72); Handout 17–Viewpoints: Marlissa's IEP (p. 73); Handout 18–Marlissa's IEP Worksheet (pp. 74-75); the opening letter in the Preface (p. viii); and Next Steps: Ideas to Extend Practice (p. 68): one for each participant.
- Read through the Resources section (pp. 83-88). Note resources that may be helpful for participants as they begin to apply their new skills to their daily work.
- Arrange for easel, chart paper, markers, and tape.

Conducting the Session

1. Introduce the activity and briefly discuss its purpose. Point out that different people play important roles in implementing the IEP: families, Head Start staff, and specialists. The IEP provides the team with tools to create a unified, functional educational program. Emphasize that such a program includes all the related services and supports a child and her family may need.
2. Distribute Handout 15–Related Services to participants and read it aloud to the group.
3. Ask participants to share their successful experiences in working with different related service providers. Ask questions to help participants identify elements that are key to success, such as mutual respect, ongoing and honest communication, regard for the parent's thoughts

and feelings, willingness to adapt procedures to accommodate the needs of the child, family, teacher, etc.

4. Tell participants that during the next part of the session they will focus on Marlissa's story. Distribute Handout 16–Marlissa to all participants and read it aloud.

> **Tip for the Coach:**
>
> Encourage participants to think about Marlissa in two ways: as a little girl who appears to be regressing in an important area of her life, and as a child with complicated special needs whose progress depends to a large extent on receiving related services. The challenge is to create one coordinated, realistic program that fits comfortably into Marlissa's daily life and helps her progress in positive ways.

5. Distribute Handout 17–Viewpoints: Marlissa's IEP and Handout 18–Marlissa's IEP Worksheet, one to each participant.

6. Read the different viewpoints aloud. Then ask participants to work as a team to complete Handout 18–Marlissa's IEP Worksheet. As participants think through the worksheet questions, encourage them to consider everyone's viewpoints. Emphasize that there are no right or wrong answers.

7. After participants have completed the worksheet, use the Discussion Guide that appears on pp. 63-64 to help participants reflect on how their team made decisions, and how the process relates to the role of related service providers, teachers, and parents in educational programs for children with disabilities.

8. With participants, discuss the important role that the classroom teacher can play as a member of the team. Emphasize that the teacher has consistent contact with the child, the family, and related service providers. Therefore, the teacher is the "point person" on the team, and can help specialists figure out how their goals and activities can be included in a child's program in a functional, effective way, and how their services can address parents' concerns.

9. Ask participants to revisit the key elements for successful partnerships with related service providers that they generated in step 3. With those elements in mind, ask participants to identify 2 or 3 con-

crete, specific steps they can take to make the most of specialists. For example, they may develop a system of communicating more regularly with specialists through the use of a "revolving notebook" (see Next Steps: Ideas to Extend Practice, p. 68); or they may make a time with the specialist to develop specific strategies for turning IEP goals and objectives into developmentally appropriate classroom activities that all the children would enjoy. They could also design ways to "pull in" consultants to provide services within the classroom, rather than "pulling out" the child for individual therapy.

Wrap-Up and Next Steps

Briefly summarize the session with participants. Remind participants that related service providers play an important role in working with children with disabilities and their families. They can also serve as an ongoing resource for Head Start staff in planning and implementing programs.

Read aloud the opening letter that appears in the Preface (p. viii), which illustrates some of the wonderful ways that service providers can become an integral part of the classroom while assisting specific children in developing skills. Emphasize that successfully including *all* children demands a comprehensive approach that involves *all* the players: parents, managers, specialists, teachers, home visitors, and other staff. Point out that Head Start staff, as a team, can tap resources, access supports, and creatively find ways to help all children succeed.

Give participants a copy of Next Steps: Ideas to Extend Practice. Help participants choose the Next Step(s) they would like to pursue. Together, develop a plan for how they will continue to work with other Head Start staff, families, and service providers to promote and sustain inclusion.

Next Steps: Ideas to Extend Practice

Participating in the IEP process means forming working partnerships with professionals who come from various community agencies and who are not typically part of the Head Start team. Ways to continue working on collaborative skills are:

1. Form a team to develop a plan that will solve a problem your program has been dealing with. For example, perhaps there is a child who has an IEP and the staff feels the goals and objectives are not realistic based on what they have learned from working with the child for three months. The family feels all the goals and objectives are fine, and refuse to have a meeting to discuss possible adjustments or changes. Make the team a cross section of people with different job descriptions, staff, and parents, and make sure the team has a specific goal or objective. Create a timeline for making and presenting the plan.

2. Building alliances with service providers is a process that takes time, and communication is key. You can help staff identify creative ways to communicate more effectively with service providers in a number of ways. You might ask Head Start staff, related service providers, and parents who have worked effectively together to make a presentation to staff on this topic; have staff interview their colleagues about strategies they have used; or simply brainstorm, as a team, ways to communicate more regularly, and effectively, with service providers. Some programs, for instance, use "revolving notebooks" to communicate more regularly with specialists. Teachers write notes about a child's progress and difficulties for therapists to see before their visit to the classroom. Similarly, before therapists leave the classroom, they respond to the teacher's remarks, and include comments on how the visit went and what, in particular, the child might work on. Such an ongoing conversation, although brief, can go a long way toward helping teachers and service providers achieve classroom and individual objectives.

Handout 13: Listening and Working

The goal of this activity is to work together as a team to build an exact copy of the Lego™ model hidden behind the screen in the front of the room. There are 5 members on each team, and each member must follow the rules of his/her role. As a group, decide which of you will play each of the roles described below. When you have completed the model, place it on the table in the front of the room.

ROLES AND DESCRIPTIONS:

- ***OWNER:*** You are the *only person* on the team *who looks at the original model behind the screen.* You explain to the **CONTRACTOR** what the model looks like. You cannot speak to anyone else and no one should hear what you are saying to the **CONTRACTOR.**

- ***CONTRACTOR:*** You get information about the model from the **OWNER**. You *tell* the **CARPENTER** what to do. You cannot speak to anyone else and no one should hear what you are saying to the **CARPENTER.**

- ***CARPENTER:*** You *listen* to the **CONTRACTOR**, tell the **SUPPLIER** which blocks to get, and build the model. You can speak only to the **SUPPLIER**.

- ***SUPPLIER:*** The **CARPENTER** tells you what blocks to get (how many, color, shape, size), and you get the blocks and give them to the **CARPENTER**. You *do not speak* to the **CARPENTER** or to anyone else.

- ***DIRECTOR:*** You oversee the project, but you *do not see the original model.* You can call a meeting of the entire team and speak to them as a group, but you cannot speak to any team member individually. Team members cannot speak to each other or to you. They may only listen.

Handout 14: How Did It Feel?

How did you feel about . . .

- Not being able to talk openly and freely to everyone on the team? Not being able to ask questions, make suggestions, give feedback? How would it affect your work in the classroom if you could not speak with parents, other teachers, administrators, or related service providers?

- Being told to build something without a model? Having to depend on someone else's vision? What if a child in your classroom has an IEP that you haven't seen? Or what if a child has an IEP that contains goals and objectives you do not understand or agree with based on your knowledge of the child?

Handout 15: Related Services

Related services help programs include children with disabilities. The following are examples of related services that may be needed to help programs integrate the goals and objectives of IEPs into developmentally appropriate programs.

ASSISTIVE TECHNOLOGY is any device or system that assists a child in activities, including communication systems, specially designed utensils for self-care, and various mobility aids, such as a wheelchair.

AUDIOLOGISTS identify hearing loss and refer children for further medical or other specialized attention. An audiologist may be involved in fitting hearing aids or other adaptive devices, and developing programs for detection (and prevention) of hearing loss.

OCCUPATIONAL THERAPISTS assess, identify, and treat developmental delays or disorders in fine motor and perceptual skills, sensory integration, and self-care activities. This specialist helps with development and use of adaptive devices, particularly in self-care and fine motor activities. For example, an occupational therapist may work with teachers to improve a child's fine motor skills so that she can feed and dress herself.

PHYSICAL THERAPISTS assess, identify, and treat children who have delays or disorders of gross motor, balance, coordination, strength, and mobility. For example, a physical therapist designs and implements activities to strengthen the child's whole body and improve gross motor skills.

SPEECH AND LANGUAGE THERAPISTS assess, identify, and treat delays or disorders of speech and communication. He may also be involved in the development and use of adaptive and augmentative communication devices. For example, a speech and language therapist may work with parents and teachers to use augmentative communication devices, such as talking computers, to encourage a child to use certain words both at the center and at home.

PSYCHOLOGISTS evaluate a child's general developmental level, administer tests and interpret the results, provide mental health services, and offer consultation for families and staff. For example, the psychologist may help families and staff develop strategies to help children with problem behaviors manage their behaviors.

TRANSPORTATION is provided for children with disabilities to and from the program, and to and from clinics and service providers included in the child's IEP. This includes buses or vans adapted to accommodate wheelchairs or other special equipment.

Handout 16: Marlissa

Marlissa is a three-and-a-half-year-old girl who has been in Head Start for three months. She has lived with her aunt and three older cousins since she was an infant. Her aunt works full-time, and Marlissa is cared for by her cousins and a neighbor when she is not in school.

Marlissa is a quiet and attentive child. She is very small for her age, and delayed in speech and language, fine and gross motor skills, and self-care. Her muscles are weak, and her right side is much weaker than her left side. She has recently been given a below-the-knee brace for her right foot and ankle, to keep her foot in a good position for walking, and a small brace for her right hand, to keep her wrist supported and in a good position for fine motor activities. She usually only speaks in response to direct questions, but appears to be very observant.

Marlissa's IEP includes speech therapy at the Head Start program twice a week, and 30 minutes each of occupational and physical therapy once a week, also at Head Start. All of the therapists met with each other, Marlissa's aunt, and the teacher in the beginning of the year. They each keep progress notes at a central location in the program and try to speak with the teacher during each of their visits to the center. None of them has met with Marlissa's aunt or each other since their first meeting three months ago.

Marlissa has been progressing slowly in most areas, but her aunt and teacher are particularly concerned about her self-help skills. Though Marlissa uses the toilet, she has "accidents" almost every day, and needs adult help with every aspect of toileting. Marlissa also needs extra supervision for dressing and eating.

Her aunt and teacher agree that Marlissa wants to do things by herself, but she has trouble with her balance, her strength, and her fine motor skills. The new brace on her right hand has caused her to use that hand even less than before she had the brace. Her aunt and teacher are both concerned that Marlissa is regressing in self-care and they want to meet with the therapists to figure out how they can help Marlissa with these issues.

Handout 17: Viewpoints: Marlissa's IEP

Marlissa's Aunt: One of the goals in Marlissa's IEP is for her to learn to dress herself, eat independently, and go to the bathroom by herself. I know that the different therapists are working on different things with her, but the big problem is that she still needs lots of help in these areas, and I think she feels bad about not being able to do things for herself. I think she's gotten worse since she started school: she cries when she has an accident, just stands there waiting for me or her cousins to dress her, and asks to be fed. I thought the therapy would fix things faster. What can we do?

Marlissa's Teacher: All the children spend lots of time on self-care activities. The children are encouraged to be independent, and are very proud of the skills they gain. Most of the children in Marlissa's class are toilet trained, though of course there are still accidents. We have been trying to help Marlissa in these areas, but she does get very upset when she has an accident, and she seems to be having more of them. I've also noticed that for the past few weeks Marlissa is spending more time watching other children, and she is more reluctant to engage in fine motor activities.

Speech and Language Therapist: If you remember from the IEP meeting, Marlissa's hearing is fine and she understands simple directions and identifies familiar objects and action pictures that I show her during our sessions. But she really does not speak unless asked a direct question, and I was hoping she would be talking more spontaneously by now. I'm wondering if she speaks more at home. I don't think my approach with her is working. I'm looking for ideas for helping Marlissa initiate more talking.

Occupational Therapist: I have to admit that I'm frustrated with only seeing Marlissa once a week for thirty minutes. By the time we get going on an activity, the session is over. I know that one of the important goals in her IEP is working on self-care activities, but I feel I should use my time with her to strengthen her right hand and encourage her to use both hands together. It's really important for her to adjust to the brace on her wrist, because it's preventing the muscles around her wrist from getting very stiff. If that happens, her hand will just get weaker and she will have even more problems later on.

Physical Therapist: Marlissa seems to be adjusting well to the brace on her right leg. I just want to remind everyone to keep checking that she doesn't develop any red marks on her skin where the brace might be rubbing too hard. I have been working with Marlissa on strengthening her balance and coordination, so that she feels more secure when she is doing all kinds of activities, including self-care. If we don't concentrate on strengthening her muscles now, she will have a harder time as she gets older.

Handout 18: Marlissa's IEP Worksheet

Members of Marlissa's team have different viewpoints about her needs, her progress, and pressing issues. As a team, they need to identify and prioritize problems and concerns that team members have, and create solutions that everyone, especially Marlissa's aunt, can agree to.

As a team, identify 3 issues you think the team needs to address. For each of these issues, suggest at least 1 solution. The solutions should focus clearly on the problem, help Marlissa gain functional skills, and realistically fit into her regular routine. Then, when you have completed the worksheet, rate the issues 1 to 3, with 1 being the most important.

____**Issue:**

Solution:

Handout 18: Marlissa's IEP Worksheet (page 2)

____**Issue:**

Solution:

____**Issue:**

Solution:

Professional development experiences are most effective when there is follow-up support. Follow-up builds on the team's motivation and interest and helps them transfer new skills to the workplace. It can extend the learning that takes place in workshops or coaching sessions.

Research and practice indicate that follow-up is most effective when it has the following characteristics:

- planned as a key component of professional development activities
- supported by colleagues and supervisors
- designed together with the participant(s)
- based on the needs, interests, and learning styles of the participant(s)

A survey is a simple method to assess the needs and interests of staff in your program. A sample survey appears at the end of this section.

Follow-Up Strategies

Once participants have selected their priorities, work together to design the content and approach of follow-up strategies. Below are several strategies that can be adapted to meet the needs of your staff; they can be used alone or together to help staff integrate what they have learned in their day-to-day practice.

Personal Learning Plans

Personal Learning Plans are an extension of the "Back Home Plans" (see p. 22). Staff members create written plans for themselves, and then commit to specific action. Learning Plans help staff specify what they would like to learn (working with consultants, advocacy skills), and how they would like to learn it (attend a course, observe others). As a supervisor, you can support participants by helping them create their plans. Once plans are developed, meet with participants regularly to discuss their progress, identify needed resources, or plan next steps.

Peer Support Groups

In this strategy, a small group of staff (either a mixed group or staff in similar roles) meets regularly for information and support. They share successes, discuss concerns and problems, and try to find solutions together. Peer support groups can also help staff support each other with their Back Home Plans or Personal Learning Plans. Support groups have evolving agendas, based on the needs of the members and the tasks they

select to work on together. Most frequently, support groups deal with practical issues and concerns that arise in the program. Depending on the needs and interests of the group, you may choose to be a member of the group, a facilitator, or an outside resource.

Study Groups

Study groups can be used to refine and expand staff skills. In study groups, staff read journal articles and books, watch videos, or listen to speakers. They then meet to discuss how the content applies to their own roles in the program. Study group members meet regularly to learn more about research and practice, current thinking about inclusion, and new topics and issues. The Resources section offers suggestions for sources that can be used for study group exploration.

Follow-up Materials

Perhaps the least time-consuming follow-up strategy involves sending written materials and resources to staff after the training activities are finished. These materials might include a reminder of the results of a session, questions to encourage journal writing and self-reflection, a letter that discusses the participant's involvement in the training activities and her success in applying new skills on the job, or an interesting article to read. Such follow-up materials can match the needs and interests of staff to the specific content or skill being learned.

Observation, On-the-Job Practice, and Feedback

Ideally, observation, practice, and feedback should be ongoing and routine. Observers can use a simple form to make notes for giving feedback. Forms can focus on specific skills (adapting classroom activities to include children with disabilities), or more general issues (strategies used to foster inclusion in the program). As a supervisor, you might be the observer, or you might ask staff to observe you. Other possibilities include having new staff members observe more experienced staff or having peers take turns observing each other.

This strategy is time-consuming and a bit difficult to arrange, but it is very effective and worth the effort. By observing others, staff will see different methods actually being used and will learn new skills along the way. Observation also promotes greater self-reflection, an essential skill for working effectively with others. By being observed in a nonthreatening way, participants can receive feedback about what works well, and what alternatives to explore. It also gives them a chance to practice new skills in their current roles.

Continued Training

Participants can extend their learning by taking courses at a local college, university, or adult learning center, or by attending other training sessions. Many institutions of higher learning offer courses in psychology, special education, and child and family development. Staff from the regional Head Start Training and Technical Assistance (T/TA) network may help teams identify and negotiate with colleges and universities for credited formal training that is responsive to members' needs.

Participants can also build on their skills by using the services of the T/TA network, by attending seminars sponsored by outside agencies, and by continuing to organize training sessions. When organizing training, consider joining forces with early intervention programs, preschools, the local education agency (LEA), and other professional organizations. Cosponsored training enables personnel to form networks, sets the stage for other cooperative ventures, and provides face-to-face contact between agencies. In addition, cosponsored training can multiply resources; when responsibility is shared, so are the costs.

Taking Action

With collegial support and assistance, staff can also work to educate others in the program or in the community about inclusion. They might want to investigate resources in the community and start a resource directory for staff and families, or set up a resource library with materials for parents, staff, and children (in the classroom). Such activities will enable staff to take a more active role in advocating for children and adults with disabilities in their programs and in their communities.

Professional Development Survey

Now that you have successfully completed this guide, what else would you like to learn or do? Below is a list of topics related to the learning outcomes of this guide. Place a check next to the topics that interest you. Then, in the first column, rank your top 3 choices. Follow-up activities will be designed based on your responses.

Top Three Choices	Check All that Apply	I would like to learn more about . . .
_____	❑	The principles and practices necessary for meaningfully including children with disabilities, and how I can advocate for them in the program and in the community.
_____	❑	Effective approaches for involving families of children with disabilities.
_____	❑	How I can gather information from different sources to better understand children with disabilities and to create strategies to meet their individual needs.
_____	❑	Effective strategies for translating IEP/IFSP goals and objectives into activities.
_____	❑	How I can better monitor the ongoing progress of children with IEPs/IFSPs.
_____	❑	Specific disorders—their symptoms, and different types of resources/ interventions available: Specify disorders: _____
_____	❑	How I can facilitate referrals and consultations.
_____	❑	How I can build relationships with outside specialists and incorporate their expertise into my day-to-day practice.
_____	❑	Ways to work more effectively as a team—with parents, children, outside specialists, and other Head Start staff—to support children with disabilities and their families.
_____	❑	Ways I can create a more positive classroom experience that fosters all children's self-confidence, problem-solving approaches, and social skills.
_____	❑	Ways to ease the transition for children and families as they move from early intervention programs to Head Start and from Head Start to public schools.
_____	❑	How to be seen as a full member of an IEP/IFSP team.
_____	❑	Laws and regulations that relate to IEPs and how they apply to my role, in terms of confidentiality, parents' rights, etc.
_____	❑	Other (please specify): _____

Professional Development Survey (page 2)

Check All that Apply	Personal Learning Styles
	How do you think you learn best? Check all that apply.
❑	Reading and writing on my own, with occasional sessions with a colleague, a supervisor, or an expert consultant.
❑	Meeting with peers for an ongoing support group in which we discuss successes and concerns, and create solutions.
❑	Meeting with peers for an ongoing study group in which we read articles, have discussions, etc.
❑	Observing experienced staff members and peers, and having them observe me as I practice new skills.
❑	Meeting with my team (teacher, teaching assistant, parent, etc.) or staff in similar roles to develop Back Home Plans.
❑	Attending other training sessions or taking a course at a nearby college.
❑	Receiving written notes and material from my supervisor on topics that interest me.
❑	Other (please specify): _____
	_____

Refer to the following resources to learn more about the key issues presented in this guide. This chapter is organized into three main sections: Print/Audiovisual Materials, Organizations, and Additional Web Sites.

Print/Audiovisual Materials

Accardo, P.J., and B.Y. Whitman. 1996. *Dictionary of developmental disabilities terminology*. Baltimore: Paul H. Brookes Publishing Co.

A reference guide that demystifies technical jargon with clear and thorough definitions, and answers questions that arise daily for caregivers of children with disabilities.

Ad Hoc 619 Work Group of the Federal Interagency Coordinating Council. 1995. *Assisting our nation's preschool children with disabilities and their families: A briefing paper on Section 619 of Part B of the Individuals with Disabilities Education Act (IDEA), 1986–1996.* This publication is available from NEC*TAS, 500 NationsBank Plaza, 137 East Franklin Street, Chapel Hill NC 27514; (919) 966-7463.

Provides background information about the Preschool Grants Program under IDEA. The complete text is available from the NEC*TAS's Web Site (http://www.nectas.unc.edu/).

Barrera, I. 1994. Thoughts on the assessment of young children whose sociocultural background is unfamiliar to the assessor. *Zero to Three*. June/July: 9–15.

This article suggests steps involved in carrying out culturally responsive assessment.

Benner, S.M. 1992. *Assessing young children with special needs: An ecological perspective*. New York: Longman.

This text presents an ecological perspective on assessment of young children with disabilities. The author combines theoretical discussions of this approach with analysis of family and environment, and the impact of diverse cultural backgrounds on child development. Assessment procedures for each of the developmental domains are then presented.

Batshaw, M.L., and Y.M. Perret. 1992. *Children with disabilities: A medical primer,* 3rd ed. Baltimore: Paul H. Brookes Publishing Co.

A comprehensive source book for parents and professionals which outlines causes and effects of disabling conditions, as well as some diagnostic and intervention strategies that caregivers can utilize.

Blenk, K., and D.L. Fine. 1995. *Making school inclusion work: A guide to everyday practices.* Cambridge, MA: Brookline Books.

This book offers practical suggestions for creating a truly inclusive program in terms of curriculum and materials, staffing, accessibility, evaluation, and specialists.

Buswell, B.E., and J. Veneris. 1992. *Building integration with the I.E.P.* PEAK Parent Center, Inc., 6055 Lehman Drive, Suite 101, Colorado Springs, CO 80918; (719) 531-9400.

This informative booklet written for parents provides concrete strategies for how to be an advocate throughout the IEP process.

Council for Exceptional Children, Division for Early Childhood (DEC) Task Force on Recommended Practices, 1920 Association Drive, Reston, VA 22091-1589; (703) 620-3550. 1993. *DEC-Recommended practices: Indicators of quality in programs for infants and young children with special needs and their families.*

This manual includes recommended practices and interventions across the developmental spectrum. General information and specific practice recommendations are presented in a clear, well-organized format.

Dickman, I., and S. Gordon. 1993. *One miracle at a time: Getting help for a child with a disability.* New York: Simon and Schuster.

This inspiring book offers parents of children with disabilities encouragement, hope, and practical suggestions. Featured are current developments in assistive technology, medical advances, and strategies for taking the lead in the IEP process. An extensive resource section is also included.

Dunst, C., C. Trivette, and A. Deal. 1988. *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline Books.

This book was written specifically for professionals who work with families and their children. It offers a unique blend of family systems theory, practical advice, and program models for providing resources and social support to families.

Ebenstein, B. 1995. IEP strategies: Getting what your child needs from IEP meetings and annual reviews. *Exceptional Parent.* April: 62–63.

The author describes ten strategies to help parents manage their child's IEP process. The strategies are very clear and practical, with references to legal rights and many specific suggestions for handling potential problems and recourse when parents disagree with professionals.

Edelin-Smith, P. 1995. Eight elements to guide goal determination for IEPs. *Intervention in School and Clinic.* 30(5): 297–301.

In this article the author reviews the value of developing IEPs and introduces a six-step process for writing goals and objectives that reflect concern for the individual child and functional needs.

Great Lakes Resource Access Project. 1993–94. *New requirements for developing individual education programs in Head Start.* Quarterly Resource. 8(2). Available from the University of Illinois at Urbana/Champaign, Department of Special Education, 240 Colonel Wolfe School, 403 East Healy Street, Champaign, IL 61820; (217) 333-3876.

Introduces the process of and requirements for the role of Head Start in developing and implementing the IEP. Provides detailed information on the stages of the process, specific elements of the IEP, and an analysis and review of annual goals and behavioral objectives.

Great Lakes Resource Access Project. 1993–94. *We're ready, we're set, let's go: Implementing the IEP.* Quarterly Resource. 8(4). (See previous item for access information.)

This manual focuses on the process of using the IEP in Head Start programs, and offers specific examples of classroom activities and suggestions for embedding goals and objectives in various aspects of regular classroom routines and activities.

Keefe, C.H. 1992. Developing responsive IEPs through holistic assessment. *Intervention in School and Clinic.* 28(1): 34–40.

This article examines why IEPs for students with disabilities often lack validity and accuracy, and offers methods to make IEPs more responsive to student education needs. These methods focus on assessment strategies including observation, story retellings, oral and silent reading, writing samples, and student portfolios.

National Information Center for Children and Youth with Disabilities (NICHY). 1994. *Briefing Paper—Individualized Education Programs.* Available from NICHY, P.O. Box 1492, Washington, D.C. 20031; (800) 695-0285 (Voice/TDD).

This document is a reprint of the federal regulations concerning the IEP. It also provides answers to 60 commonly asked questions.

National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health. 1989. *Guidelines and recommended practices for the Individualized Family Service Plan.* This publication is available from Association for the Care of Children's Health, 3615 Wisconsin Avenue, N.W., Washington, D.C. 20016.

This monograph offers professionals and families guidelines for developing and implementing the IFSP.

Notari-Syverson, A.R., and S.L. Shuster. 1995. Putting real-life skills into IEPs/IFSPs for infants and young children. *Teaching Exceptional Children.* Winter: 29–32.

This article offers professionals and families guidelines for developing IEP/IFSPs that reflect skills relevant to the everyday lives of young children and families. The authors introduce and discuss five general characteristics which can be used to guide the development of meaningful goals and objectives.

Vincent, L.J. 1992. Implementing Individualized Family Service Planning in urban, culturally diverse early intervention settings. *OSERS News in Print.* 5(1): 29–33.

In clear, straightforward language the author explains Individualized Family Service Planning and the requirements of Part C of P.L. 99-457. The emphasis is on understanding the spirit of the law and regulations, and the critical role of families as experts in the care of their children.

Organizations

The following organizations provide information, materials, training sessions, and technical assistance on a wide range of topics related to disabilities services.

AbleNet, Inc.
1081 Tenth Avenue, SW
Minneapolis, MN 55414
(800) 322-0956
http://interwork.sdsu.edu/ablenet.html

AbleNet designs and manufactures assistive devices for individuals with disabilities. Their quarterly publication, *ALDetails,* focuses on applications of automated learning devices for play/leisure, domestic,

vocational, and learning environments for persons with significant disabilities. A catalog of their products, which include toys and games, is also available on request.

Beach Center on Families and Disability
University of Kansas
3111 Haworth Hall
Lawrence, KS 66045-7516
(913) 864-7600
http://www.lsi.ukans.edu/BEACH/beachhp.htm

The Beach Center is a national rehabilitation research and training center with core funding from the National Institute of Disability and Rehabilitation Research and the University of Kansas. It engages in research, training, and dissemination of information relevant to families who have members with developmental disabilities, significant emotional disorders, and technology-support needs. The Center's *Families and Disability Newsletter* is published three times a year. A catalog listing many of the center's publications, a descriptive brochure, and the newsletter are free on request.

Council for Exceptional Children (CEC)
Division for Early Childhood (DEC)
1920 Association Drive
Reston, VA 22091-1589
(703) 620-3660
http://www.cec.sped.org

CEC is the largest international professional organization committed to improving educational outcomes for individuals with disabilities. Members receive *Exceptional Children,* the research journal; *Teaching Exceptional Children,* a practical classroom-oriented magazine; and a newsletter called *Exceptional Times.* CEC also publishes the *Journal of Early Intervention.* CEC is the home of the Educational Resources Information Center Clearinghouse on Handicapped and Gifted Children.

National Early Childhood Technical Assistance System (NEC*TAS)
500 NationsBank Plaza
137 E. Franklin Street
Chapel Hill, NC 27514
(919) 962-2001 (voice) or (919) 966-4041 (TDD)
http://www.nectas.unc.edu/

This organization assists state agencies in developing and implementing comprehensive services for young children with disabilities and their families.

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, DC 20013
(202) 884-8200
http://www.nichcy.org/index.html

NICHCY is a clearinghouse that provides information and services on disabilities and disability-related issues. NICHCY offers: technical assistance to parent and professional groups; referrals to other organizations, and materials about a range of disability-related issues which are available in English and Spanish. All materials and services are provided free of charge. NICHCY's newsletter, *News Digest,* is published three times a year.

National Parent Network on Disabilities (NPND)
1600 Prince Street, #115
Alexandria, VA 22314
(703) 684-6763
http://www.npnd.org/

This national network was established to provide a presence and personal voice for parents of children, youth, and adults with special needs. NPND shares information and resources in order to promote and support the power of parents to influence and affect policy issues concerning the needs of people with disabilities and their families. The NPND includes organizations of parents of children, youth, and adults with any type of disability. The governing boards of the member organizations are composed of a majority of parents.

Additional Web Sites

http://www.edc.org/FSC/NCIP

The National Center to Improve Practice (NCIP) through Technology, Media, and Materials. This site, operated by NCIP at Education Development Center, offers a facilitated discussion forum on children with disabilities, a collection of resources about technology and special education, and links to other disability-related resources.

http://www.hood.edu/seri/serihome.htm

Special Education Resources on the Internet (SERI). SERI has links to numerous disability-related sites, including national organizations and resources for parents and educators.

About IEPs and IFSPs

History of the Legislation

Head Start has been a pioneer in including children with disabilities, reaching and serving them before any federal educational mandates existed. Fortunately, laws and regulations related to the rights and protection of children and adults with disabilities have been enacted over the years. The landmark legislation, Education of the Handicapped Act, Public Law (P.L.) 94-142, was passed by Congress in 1975. This Act entitled all children with disabilities from school age to age 21 to:

- a free and appropriate public education (FAPE) in the least restrictive environment (LRE)
- rights to due process
- individualized educational programming
- parent participation in all decisions related to the education of their children

Since 1975, there have been several amendments to this landmark legislation. In 1986, it was amended by P.L. 99-457 to encourage states to provide services to children with disabilities, beginning at birth. The Act was again amended in 1990, and the name was changed to the Individuals with Disabilities Education Act (IDEA). The 1997 reauthorization of IDEA, P.L. 105-17, aims to improve educational outcomes for the nation's 5.4 million children with disabilities in a number of ways: by increasing academic expectations and accountability, and integrating the goals and services for children with disabilities into their regular education program.

Children are eligible for special education and related services if they are professionally diagnosed as having a disability according to one or more of IDEA's diagnostic categories. Children ages 3 through 9 who need special education and related services due to developmental delays may also be eligible for services through IDEA at the discretion of the state and the local education agency (LEA).

Services For Infants, Toddlers, And Preschoolers With Disabilities

P.L. 99-457, the Education of the Handicapped Act Amendments of 1986, amended the Preschool Program to encourage states to serve children with disabilities from age three, under Part B of IDEA. This program extends Part B rights to children from age three, including the provision of special education and related services, and procedural safeguards. The Individualized Education Program (IEP), a plan developed by a team including the child's parents, specify the special education and related services the child will receive.

*Adapted from the National Information Center for Children and Youth with Disabilities (NICHCY) Fact Sheet: General Information about Disabilities which Qualify Children and Youth for Special Education Services Under IDEA. Washington, DC. May 1996. Other fact sheets are available in English and Spanish from NICHCY, P.O. Box 1492, Washington, DC 20013.

†This fact sheet was revised with help from Sharon Walsh, Government Relations consultant for the Division for Early Childhood of the Council for Exceptional Children (CEC).

P.L. 99-457 also established the Part H program for infants and toddlers—renamed Part C in the 1997 reauthorization. This program is directed to the needs of children from birth to their third birthday who need early intervention services because they: 1) are experiencing developmental delays in one or more of the following areas: cognitive, physical, communication, social and emotional, or adaptive; 2) have a physical or mental condition that has a high probability of resulting in developmental delay, such as Down syndrome, cerebral palsy, etc.; or 3) at the state's discretion, are "at risk" of experiencing a substantial developmental delay if early intervention is not provided. In addition, the infant's or toddler's family may receive needed services under this program to help them foster the development of their child. Individualized Family Service Plans (IFSPs) specify the services to be made available for eligible children and their families.

While the criteria used to define eligibility under both Part B and Part C of IDEA varies from state to state, all states participate in both programs. Consequently, all eligible children are entitled to receive appropriate services as specified in their IEP or IFSP.

The IEP/IFSP—Document and Process

As required under IDEA, the IEP is the written statement of a child's education program relating to her special needs, developed by the public agency responsible for providing a free and appropriate public education (FAPE). In some cases, the multidisciplinary team may determine that a child between the ages of 3 and 5 meets Head Start disabilities services requirements; the child however, may not meet the eligibility criteria for IDEA as implemented in their state. In these cases, it is Head Start's responsibility to develop and implement the child's IEP while continuing to seek services from the LEA.

The IEP describes a child's present level of functioning, including abilities and disabilities that may affect the child's educational program, a specific diagnosis if one exists, annual goals and objectives, and a description of special education and related services that the child will receive. In addition, the IEP states who is responsible for delivering these services, when, and for how long. It is prepared by a multidisciplinary team that includes the parent(s), who must sign the document before it can take effect. The IEP cannot be changed unless the team reconvenes and parents (or legal guardians) sign the IEP to show their agreement.

Developing the IEP/IFSP requires a collaborative effort between family, Head Start, and staff from the responsible public agency, such as an LEA, or an early intervention program. Meaningfully involving everyone early on is essential for successful implementation.

While many people have a role in the IEP/IFSP process, *the key decisionmaker is the family.* Parents' perspectives are not merely legitimate; they are critical. Parents know more about their children's capabilities and needs than anyone else. Their participation in all aspects of the education process not only leads to better services and developmental outcomes for their children; it is a legal requirement as well.

Parents have the right to take part in and approve all educational decisions regarding their children. If parents ever disagree with their child's evaluation, identification, or placement, they can take a number of steps, from informal discussions with the team, to mediation, to a more formal procedure called a due process hearing in which they can contest the school's actions. Head Start staff need to educate parents about their rights so that they can be effective advocates for themselves and their children.

Teachers also play a critical role in the IEP/IFSP process, working with parents and specialists, and translating the goals and objectives into practice. Such a task may feel overwhelming for teachers who struggle daily to meet the diverse needs and tap the varying abilities of all children. However, incorporating the IEP/IFSP into classroom practice is not something new, or out of reach for most teachers. Rather, it involves building on what teachers already know, and especially on developmentally appropriate practice at its best.

Finally, besides benefiting children with disabilities, the strategies that teachers and others use as they translate the IEP/IFSP into practice can benefit other children as well. Modeling inclusive behavior teaches children that everyone is important. Children also learn how to respond appropriately to people with varying abilities and to recognize each person's unique contribution.

The Head Start Program Performance Standards describe Head Start's obligations to follow federal laws and to be active partners with LEAs and Part C providers in implementing IDEA. These regulations affirm Head Start's long-standing commitment to include children with disabilities, and represent today's best practices and the philosophy of inclusion.

Glossary*

Abduction: Movement of a joint away from the midline, or center, of the body.

ADA (Americans with Disabilities Act): A federal law that ensures civil rights and legal protections for all Americans with disabilities.

Adaptive Equipment: Devices used to assist children and adults in functional activities, including specially designed eating utensils, seating, and walking or other mobility aids.

ADD (Attention Deficit Disorder): A cluster of symptoms including short attention span and/or impulsive behavior.

Adduction: Movement of a joint toward the midline, or center, of the body.

ADHD (Attention Deficit Hyperactivity Disorder): A cluster of symptoms including short attention span, impulsive behavior, and hyperactivity.

ADL (Activities of Daily Living): Daily self-care activities including dressing, bathing, toileting, and eating.

AIDS (Acquired Immune Deficiency Syndrome): An immunodeficiency syndrome caused by HIV (human immunodeficiency virus) transmitted through bodily fluids.

Ankle/Foot Orthosis (AFO): A brace designed to be worn on the foot and lower leg below the knee; sometimes called a short leg brace.

Apgar Scores: Numbers based on a scale to measure a baby's general condition at birth and 5 minutes after birth. Baby is observed for 1) heart rate, 2) respiratory effort, 3) muscle tone, 4) reflex irritability, and 5) color. Each area gets a 1 or 2, for a maximum total score of 10.

Aphasia: A loss or impairment of the ability to understand or express language in either written or spoken form.

Apnea: A temporary cessation of breathing. Cause can be a number of medical conditions or unknown.

ASL (American Sign Language): Considered the native language and primary source of communication by many in the deaf community.

Asthma: A condition triggered by allergies, exercise, or environmental conditions and results in wheezing, coughing, and loss of breath.

Ataxia: Inability to coordinate muscular movement. May be associated with cerebral palsy.

*Adapted with permission from K. Blenk and D.L. Fine. 1995. *Making School Inclusion Work: A Guide to Everyday Practices*. Cambridge, Mass.: Brookline Books.

Appendix B

Audiologist: A specialist who evaluates and provides treatment for people with hearing loss and deafness.

Augmentative Communication: Systems of adapted technology that encourage and enhance verbal and nonverbal communication.

Autism: A childhood disorder characterized by withdrawal from people, repetitive behaviors, and impaired communication.

Balance: The ability to maintain the body in an upright posture.

Blindness: A loss of sight which is either hereditary or acquired.

Body Image: A child's self-concept of his/her body.

Braces: see *orthotic device.*

Bradycardia: A slow heartbeat marked by a pulse rate under 60 beats per minute.

Catheter: A thin, hollow tube for withdrawing fluids from the body. Commonly used by children with spina bifida to withdraw urine from the bladder through the urethra.

Central Nervous System: The part of the nervous system consisting of the brain, spinal cord, and cranial nerves; the command center of the nervous system.

Cerebral Palsy: A disorder caused by damage to the central nervous system before, during, or within two years of birth. The disorder is nonprogressive and results in various types and degrees of muscle weakness, muscle tone imbalance, and incoordination.

Cerebrospinal Fluid (CSF): Liquid surrounding the brain and spinal cord that protects against trauma and sudden pressure changes.

Cleft Palate: A condition in which the palate (roof of the mouth) does not close during fetal development, resulting in an open space. Causes difficulty with nursing, eating, and speaking and often requires multiple surgeries during childhood.

Colostomy: A surgical transfer of the lower opening of the large intestine to a small, surgically created opening in the abdomen. A bag is attached outside the abdominal hole for the collection of waste material.

Communication Board: An augmentative communication device consisting of a board on which letters, objects, and/or actions are represented. Can be manual or electronic; use and size are determined by a child's individual needs.

Congenital Amputation: Failure of part or all of a limb to grow during fetal development; child is born missing part or all of a limb.

Contracture: A permanent shortening of a muscle at a joint. Most often the joint is pulled into a flexed (bent) position resulting in weakness and functional limitations. Effects can be reduced or controlled by consistent exer-

cise, functional movement, and appropriate positioning.

Cystic Fibrosis: A hereditary childhood disease caused by defective enzyme production in the pancreas. Results in excess mucous in the lungs, causing severe respiratory problems.

Deafness: A partial or complete loss of hearing.

Developmental Delay (DD): A condition marked by a difference between a child's actual development and the expected age of reaching developmental milestones. Includes measures of sensorimotor, cognitive, social, emotional, and adaptive behavior.

Developmentally Appropriate Practice: An educational program based on age-appropriate, developmental, and individual needs of each child, emphasizing learning as an interactive process.

Diplegia: A motor disability marked by muscle weakness and tone imbalance, and incoordination of either both legs (most common) or both arms (unusual).

Disability: A limitation in a person's ability to perform an activity considered typical for her age and general circumstances.

Down Syndrome: A genetic disorder caused by abnormal cell division during fetal development. Results in variable degrees of developmental delay, medical problems, and mental retardation.

Dyslexia: A learning disability in which a child has difficulty interpreting and processing written language.

Echolalia: An involuntary repetition of words spoken by others, sometimes seen in children with autism.

EEG (Electroencephalogram): A test used to measure electrical activity in the brain.

EMG (Electromyogram): A test used to measure the electrical activity produced by a muscle contraction.

Encephalitis: An inflammation of brain tissue.

Encephalopathy: Any dysfunction of the brain. Sometimes used to describe conditions of brain damage in which the cause is unknown and there is no specific diagnosis.

Expressive Aphasia: A condition in which a person can understand written or spoken language but cannot articulate ideas or give appropriate responses.

Extension: Movement of a joint which results in the straightening of the joint.

Fetal Alcohol Effects (FAE): A cluster of developmental problems arising from fetal exposure to alcohol. Can include mild to moderate mental retardation and behavioral problems.

Fetal Alcohol Syndrome (FAS): A more severe and definitive cluster of developmental problems arising from fetal exposure to alcohol. Can include delayed developmental milestones, moderate to severe mental retardation, inappropriate social behavior, and behavioral problems.

Fine Motor: Skilled movement and hand manipulation of small objects, including eye-hand coordination skills.

Flexion: Movement of a joint which results in the bending of the joint.

Form Discrimination: Recognition by touch of various sizes, shapes, and textures of different objects.

Gastrostomy Tube: A tube placed through a surgically created hole in the abdominal wall for the purpose of getting nourishment directly into the stomach. Used in cases of serious eating and/or swallowing disorders.

Grand Mal Seizure: A convulsion lasting several seconds to minutes, involving involuntary muscle contractions of the whole body.

Gross Motor: Movement skills or development involving the large muscles. Includes postural and balance activities, crawling, sitting, walking, and running.

Handicap: Any disadvantage that limits or prevents a person from performing age-appropriate activities. Term is often used to emphasize environmental barriers to activities.

Hemiparesis/Hemiplegia: Motor dysfunction of just one side of the body, including muscle weakness, muscle tone imbalance, and incoordination.

Hemophilia: Hereditary blood disease characterized by prolonged coagulation time. Results in failure of blood to clot and abnormal bleeding.

Hydrocephalus: A condition in which excess cerebrospinal fluid accumulates in and around the brain as a result of disability or illness. It is treated by shunting the extra fluid from the brain to another body cavity, often the stomach.

Hypotonia: Muscle marked by very low muscle tone or tension. Can result in extreme muscle weakness, incoordination, and delays in motor milestones in children.

IDEA (Individuals with Disabilities Education Act): The federal law originally passed by Congress in 1975 as the Education of All Handicapped Children Act, P.L. 94-142. Establishes the legal right of all children to appropriate public education in the least restrictive environment.

IEP (Individualized Education Program): A written statement of a child's education program relating to her disabilities.

IFSP (Individualized Family Service Plan): A written statement describing what services infants and toddlers with disabilities and their families receive.

Inclusion: A process by which children with disabilities as well as peers who are more typically developing participate together in all activities. Every child in a classroom is valued and encouraged to participate fully.

Juvenile Rheumatoid Arthritis: A chronic disease marked by inflammation of the joints. Causes pain, joint swelling, and limitations of joint movement, which are controlled with medication, rest, and careful, regular exercise.

Juvenile Diabetes Mellitus: A metabolic disorder caused by faulty insulin production by the pancreas. Results in high blood-sugar levels and weight loss, which are controlled by insulin injections, diet, and exercise.

Kinesthesia: Perceptual awareness of how body parts move in space; an awareness of movement.

Knee/Ankle/Foot Orthosis (KAFO): A brace designed to be worn from the foot to above the knee; sometimes called a long leg brace.

Laterality: A young child's developing inner sense of the body's two sides. Leads to early gross motor skills involving the cooperative work of both sides (rolling, crawling, walking), fine motor skills, and preparation for complex eye-hand coordination.

Learning Disability (LD): A disorder representing a wide range of problems in the understanding, processing, and expression of written and spoken language.

Leukemia: A chronic or acute cancer of the blood in which abnormal cells in bone marrow prevent the formation of normal blood cells.

Lordosis: A significantly increased forward curve of the lower spine, sometimes called swayback.

LRE (Least Restrictive Environment): An educational placement that ensures that to the maximum extent possible, children with special needs are educated with children not in need of special education services.

Mental Retardation: A condition caused by a range of biological and/or environmental factors and resulting in delay of cognitive and social adaptive skills.

Minimal Brain Dysfunction: A mild to minimal abnormality of the central nervous system leading to a range of problems with cognitive learning and adaptive behaviors. An umbrella description for neurologically based learning disabilities.

Myelodysplasia: Any defect in the spinal cord; occurs during fetal development.

Myelomeningocele: A protrusion of the spinal cord and its encasing membrane through an opening in the bony spinal column, resulting in damage to the spinal cord. Occurs during fetal development and is often a factor in spina bifida.

Meningocele: A protrusion of the spinal cord and its encasing membrane through a small hole in the skull or spinal column in which the spinal cord remains intact. Occurs during fetal development and is a factor in spina bifida.

Microcephaly: A condition in which the head is abnormally small.

Muscle Tone: The degree of tension or tone in muscle. Normal tone has a wide range but always supports developmentally appropriate movement. Hypotonia is very low tone; hypertonia is very high tone.

Muscular Dystrophy: A progressive neuromuscular disease marked by degeneration of muscle cells. Results in increasing muscle weakness and loss of independent movement.

Neurofibromatosis: A hereditary disorder involving the development of usually benign tumors.

Neurologist: A physician who specializes in the evaluation and treatment of diseases and conditions of the nervous system.

Nystagmus: Involuntary, rapid eye movements.

Occupational Therapist: A specialist in the evaluation and treatment of developmental disorders with emphasis on fine motor and perceptual motor skills, sensory integration, and functional activities of daily living.

Ophthalmologist: A physician who specializes in the evaluation and treatment of eye disorders.

Orthopedist: A physician who specializes in the prevention and treatment of musculoskeletal disorders of the body, including bones, muscles, joints, ligaments, and cartilage.

Orthotic Device: Braces or mobility equipment (wheelchair, walker, prone stander) which support muscles and joints to encourage and support independent movement.

Orthotist: A specialist in the design, development, and use of braces and adaptive devices.

Osteogenesis Imperfecta: A congenital condition marked by imperfect bone formation and resulting in brittle bones which break easily. Sometimes called brittle bone disease.

Paraplegia/Paresis: Paralysis or extreme weakness of the lower trunk and legs caused by congenital or traumatic spinal injury.

Peripheral Nervous System: The part of the nervous system consisting of the sensory and motor nerve pathways connecting the spinal column and all the muscles of the trunk, arms, and legs.

Perseveration: Constant repetition of meaningless words, phrases, or movements.

Pervasive Developmental Delay (PDD): A childhood condition in which there is a delay across all areas of development: speech and language, cognitive, fine and gross motor, social, emotional, and adaptive behaviors.

Petit Mal Seizure: A seizure lasting several seconds and not usually observable to the casual onlooker.

Phasic Reflexes: Automatic responses to stimuli normally seen in newborn and very young infants. One example is "rooting" in which the head turns toward a touch on the cheek.

Pronation: The turning or rotation of the wrist, resulting in the palm of the hand facing downward.

Prone Position: A position in which a person lies on his stomach, face down.

Prone Stander: An assistive device designed to fully support a person in the standing position. Is often used with nonindependent walkers to give them the experience of prolonged standing and help strengthen joints and muscles.

Proprioception: Perceptual awareness of where body parts are positioned in space.

Prosthesis/Prosthetic Device: An artificial replacement for a body part.

Psychiatrist: A physician who specializes in psychological evaluation, diagnosis, and treatment. Can dispense medication.

Psychologist: A specialist who is trained to perform psychological and educational testing, evaluation, and treatment.

Physical Therapist: A specialist in the evaluation and treatment of sensorimotor delay and disorder with emphasis on gross motor, balance, walking, and general mobility and functional skills.

Quadriparesis/Quadriplegia: Paralysis or extreme weakness of the neck, trunk, leg, and arm muscles caused by congenital or traumatic injury to the spinal cord.

Range of Motion: Measured degrees or amounts of motion in joints. Each joint in the body has particular movement patterns and typical, measurable degrees of motion.

Receptive Aphasia: A disorder whereby a person cannot understand or process written or spoken language.

Righting Reactions: Automatic movements in which the head and neck realign with the trunk when the body is moved off balance.

Rotation: In reference to joint movement, turning motion which is possible at ball-and-socket joints (such as the hips and shoulders) and at the trunk of the body.

Scoliosis: A lateral or side-to-side curvature of the spine, in the shape of a long "S."

Seizure Disorder: A neurological condition in which there are abnormal brain waves, resulting in convulsions.

Sensorimotor: Using sensory information (visual, auditory, tactile, etc.) to perform motor skill and functional activities, for example, self-care.

Sensory Integration: The internal process of integrating all sensory input.

Shunt: A thin tube going from the cranial cavity (space around the brain) into another body cavity (often the stomach) to drain excess fluid from the brain.

Sickle Cell Anemia: A hereditary form of anemia mainly affecting African Americans. Causes red blood cells to produce abnormal hemoglobin, resulting in abdominal and bone pain and leg ulcerations.

Spasticity: Muscle tone marked by very high tension. Interferes with voluntary movement and can lead to stiffening of muscles around a joint.

Speech and Language Therapist: A specialist in the evaluation and treatment of disorders of speech articulation and communication, including receptive and expressive language.

Spica Cast: A full body cast extending from the chest to the legs. Often put on children after hip surgery.

Spina Bifida: A congenital condition that occurs when the bony spinal column does not completely close, allowing a protrusion of part of the spinal cord and/or its encasing membrane.

Strabismus: Failure of the eyes to focus on an image, usually the result of an imbalance of the eye muscles.

Supination: The turning or rotation of the wrist, resulting in the palm of the hand facing upward.

Supine Position: A position in which a person lies on his back, face up.

Syndrome: Used to describe a group of symptoms or characteristics of a particular condition, for example, Down syndrome.

Tourette's Syndrome: A syndrome of facial and vocal tics with onset in childhood, progressing to generalized jerking movement in any part of the body. Also known as Gilles de la Tourette's syndrome.

Tuberous Sclerosis: A hereditary disease marked by seizures, developmental delay, and deterioration of cognitive and social-adaptive skills.

Vestibular: Refers to the sense of balance that is mediated through a system located in the inner ear.

Visual Motor Coordination: The ability to coordinate vision with the movement of the body or parts of the body.

Gerard's IEP

Important Note:

For the purpose of this activity this handout is an *excerpt* of Gerard's IEP. It does not include details from the diagnosis, or objectives for all the developmental areas.

NAME: Gerard

AGE: 3 years, 7 months

BACKGROUND INFORMATION: Gerard enrolled in Head Start at the beginning of this program year. Gerard lives at home with both of his biological parents and a cousin (adult male). He has two older sisters who attend the neighborhood parochial school, and a 3-month-old baby brother. Gerard's father works as a taxi driver and his mother is at home full-time. Gerard speaks French Creole at home with friends and family members. His parents describe him as a happy and friendly boy. They report that he likes to play with his sisters and a cousin who also attends Head Start. Gerard's teacher says that he enjoys "make-believe" games and playing in the dress-up area. In the classroom he seems to want to socialize with other children. However, since he has trouble communicating in English he sometimes ends up in fights.

Gerard was evaluated at the East End Medical Center where he was found to have significant delays in fine motor skills. His gross motor skills, though not significantly delayed, are of poor quality, with very mild muscle weakness contributing to problems with speed and coordination. His parents report that at home he needs help going up and down the stairs, and getting dressed or undressed. He often falls when playing. Gerard's pediatrician has suggested that he may be hyperactive although this has not been officially diagnosed.

INDIVIDUALIZED EDUCATION PROGRAM

SCHOOL DISTRICT: _____

Plan Covers the Period From: _____ To: _____

Meeting Date: _____

Type of Meeting (Check One):

Initial Evaluation: ✔

Review: _____

Re-evaluation: _____

Date 3-Year Re-evaluation Due: _____

Identification No.: _____

School: _____

Grade: _____

Student's Dominant Language: (French) Creole

Language of Home: (French) Creole

Liaison Name: _____

Liaison Position: _____

Student Name: Gerard Rigou Birthdate: _____ Home Phone No.: 555-1212

Parent(s) Name(s): Ena and Gerard Rigou Address: 7717 Riverside Road Work Phone: 555-1600 (father)

TEAM PARTICIPANTS

Signature, if in attendance	Name	Role/Assessment Responsibility
Ron Walker	Ron Walker	school principal
Gerard Rigou	Gerard Rigou	father
Ena Rigou	Ena Rigou	mother
Sharon Grollman	Sharon Grollman	school psychologist
Peggy Enright	Peggy Enright	teacher
Andrea J. Nix	Andrea Nix	assistant teacher
Doris Flanders	Doris Flanders	physical therapist
Angela Howard-Williams	Angela Howard-Williams	family service worker
Mary Ann Demaree	Mary Ann Demaree	disabilities services manager

STUDENT PROFILE, including but not limited to the child's performance level, measurable physical constraints on such performance, and learning style: see cover page

SPECIAL EDUCATION SERVICE DELIVERY:

		Type of Setting									
Type of Service	**Focus on Goal Numbers**	class	small group	individual	regular	special	**Location**	**Personnel**	**Projected Date Service Begins**	**Frequency and Duration of Service per Day/Week**	**Total Hours per Week**
physical therapy	1	✓ or	✓				Head Start	Doris Flanders		2 X 30 min./wk	1.00
occupational therapy	5	✓ or	✓				Head Start	Claire Heath		2 X 30 min./wk	.50

Total Hours of Special Education Service Delivery per Week: 1-5

PARTICIPATION IN REGULAR EDUCATION: A description of the child's participation in the regular education program to the maximum extent appropriate, including academic and nonacademic areas; physical education, adapted as necessary; and extracurricular activities.

CRITERIA FOR MOVEMENT TO LESS RESTRICTIVE PROTOTYPE, including entry skills to be met by the student and accommodations to be made in the regular or special education program.

ANNUAL/DAILY DURATION OF PROGRAM: 180 Days per Year ____Hours per Day ____Extended School Year

TRANSPORTATION PLAN (Check One):

✓ Regular Transportation
____Parent-Provided Transportation with Reimbursement
____Special Transportation as Follows:_____

General Information Date of Conference_____

Child's Name: Gerard Rigou Birthdate:_____ Age: 3.7 Primary Language: (French) Creole

Current Program:_____ (Teacher) Home Visitor: Peggy Enright Site:_____

IEP Committee

NAME	TITLE
Girard Rigou	Parent/Guardian
Ena Rigou	Parent/Guardian
Peggy Enright	(Teacher)/Home Visitor
Mary Ann Demaree	Disabilities Services Manager
Ron Walker	LEA Representative

Present Level of Development List below the child's current skills in each of the following areas:

Gross Motor Hypotonia leading to postural insecurity. Walks independently. Needs assistance with stairs. Falls frequently when running. Avoids using outdoor climbing equipment.

Fine Motor Favors right hand. Poor bi-lateral skills. Immature manipulation of utensils, crayons, etc.

Perceptual Recognizes circle and square.

Cognitive Difficulty sequencing in simple activities. Follows one or two step directions, but is easily confused. Needs physical cues to follow all simple directions.

Speech/Language 1-year delay in receptive and expressive language in English. Communicates basic needs with one word. Appears to speak more with children than adults.

Social/Emotional Plays with siblings at home but in Head Start is mostly on his own. Gets distracted easily and can be easily frustrated.

Self-Help Gerard is toilet trained but needs some assistance. He also needs assistance with dressing and undressing. He eats independently.

Other_____

Area: Gross Motor

Long-Term Goal: Gerard will increase general muscle strength, postural security, and coordination

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Gerard will climb up and down					
stairs independently using a hand					
rail					
Gerard will pass a 12-inch ball		10 rep's			
to a partner.					
Gerard will climb up and go		minimal			
down the slide.		assistance			

Area: Social and Emotional

Long-Term Goal: Gerard will increase meaningful and appropriate interactions with peers

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Gerard will initiate play with a classmate using a puzzle, game, or toy.	during free choice				
Gerard will wait for his turn when playing with peers.	-with teacher prompts -no more than 3 children in the group				

Area: Speech and Language

Long-Term Goal: Gerard will increase his English vocabulary

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Gerard will identify objects in the classroom using English words.	in small groups and one-to-one with teacher	build word box			
Gerard will use language (words not gestures) to indicate needs and answer questions.					
Gerard will contribute to conversations during circle and meal times.	large group settings	3 times/per			

Area: Cognitive

Long-Term Goal: Gerard will increase his ability to attend and follow directions

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Gerard will work on a puzzle	-with teacher prompts				
until it's completed.	-with a puzzle with the				
	appropriate level of diffi-				
	culty				
Gerard will identify quantities of					
items up to five.					
Gerard will select and attend to	during free choice	minimum of			
an activity, either alone or in a		3 mins.			
small group.					
Gerard will remain involved during					
lunchtime, beginning with set-up					
through eating and clean up.					

Area: Self-Care

Long-Term Goal: Gerard will independently go to the bathroom and dress himself

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Gerard will undress himself as	given assistance with buttons,				
appropriate for going to the	snaps, and zippers				
bathroom.					
Gerard will pull up his own					
pants after going to the bath-					
room.					
Gerard will remove his coat and	given assistance with buttons,				
hang it on a hook when he	snaps, and zippers				
arrives.					
Gerard will put on his coat	given assistance with buttons,				
before leaving or outdoor play.	snaps, and zippers				

Erica's IEP

Important Note:

For the purpose of this activity, this handout is an excerpt of Erica's IEP. It does not include diagnosis, or objectives for all the developmental areas.

NAME: Erica

AGE: 4 years, 0 months

BACKGROUND: Erica is a quiet, polite 4-year-old girl who enrolled in Head Start at the beginning of the program year. Erica lived at home with both parents until she was 6 months old. She now lives with her maternal grandparents, who adopted her and her older brother after both parents were charged with abuse and neglect. Erica's grandmother is active on the Head Start policy council and works part-time. Erica's grandfather is retired. Erica received early intervention services prior to her enrollment in Head Start.

Erica's grandparents report that at home she speaks more than what her Head Start teachers observe. The teachers have noticed that on rare occasions she will use sentences of up to four words. She does not speak unless she has been spoken to first. Erica is having difficulty making friends at Head Start. When she attempts to interact with peers she ends up crying and unhappy. Erica has shown particular interest in one classmate, a boy named Gerard. Erica is very creative. She especially enjoys drawing detailed pictures and building intricate towers in the block area and then knocking them down.

General Information Date of Conference_____

Child's Name: Erica Birthdate:_____ Age: 4.0 Primary Language: English

Current Program:_____ Teacher/Home Visitor:_____ Site:_____

IEP Committee

NAME	TITLE
_____	Parent/Guardian
_____	Parent/Guardian
_____	Teacher/Home Visitor
_____	Disabilities Services Manager
_____	LEA Representative
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent & Teacher Concerns:

Present Level of Development List below the child's current skills in each of the following areas:

Gross Motor_____

Fine Motor_____

Perceptual_____

Cognitive_____

Speech/Language Appears to understand everything at age level, but does not speak unless spoken to. Limited use of expressive language.

Social/Emotional Observes others at play, but keeps to herself. Seldom seen playing with peers. When she tries to interact with peers, she ends up crying.

Self-Help_____

Other_____

Area: Speech and Language

Long-Term Goal: Erica will increase her use of expressive language at home and at school

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Erica will ask for items she wants at mealtimes.					
Erica will participate in circle time by verbally contributing to the morning discussion.		minimum of 3 times during circle time			
Erica will tell a brief story about something she enjoys.	in small group				

Area: Social and Emotional

Long-Term Goal: Erica will increase positive, spontaneous peer interactions

SHORT-TERM OBJECTIVES

Timeline

Objective	Special Methods or Materials	Evaluation Criteria	Start	Review	Achieved
Erica will participate in at least one activity or game with another child.	during free choice time	5 minutes or more			
Erica will take the lead in one small-group activity.		daily			
Erica will seek teacher assistance with conflict resolution.					

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