EVERYDAY INCLUSION

Handbook for Working With Children & Families of the Rollins College Hume House Child Development & Student Research Center

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> It's so important for us to attend a preschool that fights for inclusion with the ultimate goal of belonging. So that, the included students aren't simply integrated into the classroom, but have such a worthy spot in the circle that they are truly missed when they are absent."
>
> **Mary Beth Eliason**
> Parent

> It is important for a lab school to be inclusive because it educates students, children, and parents about how to engage comfortably and effectively not only with people with disabilities, but with a wide spectrum of people who are different from them...Engaging with and learning alongside and from children with disabilities teaches empathy and understanding and an ability to see the person first and the disability second. When college students have the chance to learn about and recognize what children with disabilities are capable of, it helps them truly appreciate the strengths and areas of growth that we all have; it teaches them so much about human potential and how we all can achieve so much more when given appropriate support. The skills gained from learning first-hand how and why to support inclusive practices will transfer to a wide range of personal and professional experiences."
>
> **Alice Davidson, PhD**
> Teaching Professor

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Welcome to the Rollins Child Development & Student Research Center!

This is a laboratory of the Department of Psychology and an early childhood teaching, research and service space for Rollins College faculty, staff, students, and community families.

We are an inclusive center, meaning that we welcome children who come from a diverse array of cultures and levels of ability. This handbook serves to introduce you to what you need to know about inclusion as a member of the Hume House CDC community of learners.

> **“Inclusion is a right, not a privilege for a select few.”**
>
> Oberti v. Board of Education in Clementon School District, 1993

Foreward

This handbook was prepared for the Hume House Child Development & Student Research Center (Hume House CDC) as part of a grant from the Diversity Council of Rollins College in 2018. Our audience is the undergraduate and graduate students, teachers, staff, and parents who work at the Hume House CDC. This handbook does not replace in-depth study of inclusion or any specific disability. Our intent was to create a level playing field -- a shared body of knowledge about diversity and inclusion as deliberately chosen, valued aspects of our culture -- and to teach this to all of our community members.

Acknowledgments

We thank the Diversity Council of Rollins College (Alice Davidson, Ph.D., Faculty Co-Chair and Jenn Herr, Staff Co-Chair) for funding for this project. Jade Grimes organized a speaker’s panel discussion of inclusion at Rollins College in Spring 2018 and provided invaluable support to this manual. Thanks to the Hume House Child Development & Student Research Center Community: Diane Terorde-Doyle, Meredith Sanchez, Lizzie Tracy, Ellen Atkins, Marie Gilbert, Nayeli Brown, Holly Allport, and Ashton Marshall. Stacy Taylor, M.A., B.C.B.A., has trained us in behavior analysis techniques over the past 10 years. We are especially grateful for the many children who’ve included us in their early years.

Getting Started

Creating an Inclusive Culture at Hume House CDC

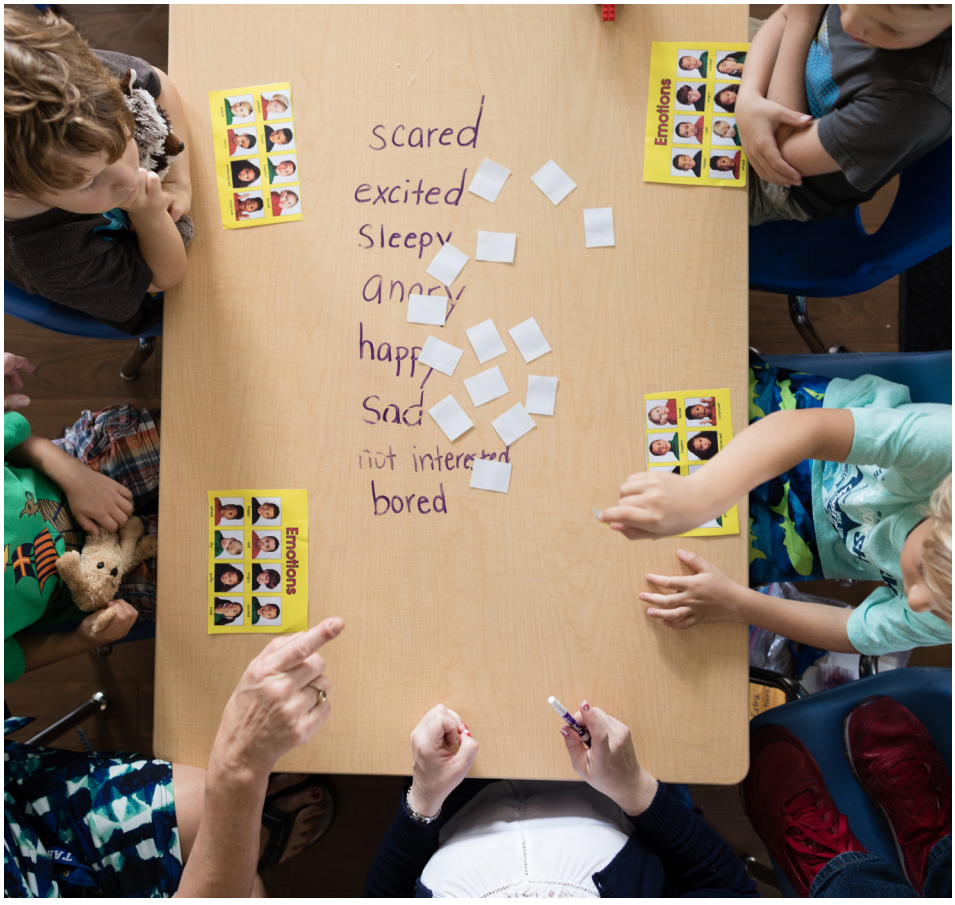
We believe that our center is a high-quality preschool where diverse children and their families are welcomed. This means diversity in socioeconomic status, gender, cultures of origin, and ability levels. Beyond diversity, we are an inclusive school, welcoming children with disabilities and their families.

Research Results Say, Everyone Wins

A common myth about inclusion is that attention provided to children with disabilities will take away from the other children's' education, but research indicates that neurotypical children make similar developmental gains in regular and inclusive preschools (Thrasher and Brooke, 2015). Inclusive preschools tend to have more structured curricula, better trained teachers, and a more individualized education for all children than the average preschool setting, as teachers learn the skills necessary to educate all of the children in their care. Also, neurotypical children can improve in social skills as they navigate friendships with such a diverse group of peers. Finally, children and families benefit from increased knowledge about disabilities through events such as World Down syndrome Day.

All About Access, Participation & Supports

"Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports (NAEYC Policy Statement on Inclusion, 2009).



- **ACCESS** means that we will accept children who can be included in all aspects of classroom life, from everyday activities to research. We are a preschool, not an early intervention agency, so we are not able to accommodate all children. We accept children who can have full access to our services and who will benefit from them. (See The Inclusion Process for our method of identifying children.)
- **PARTICIPATION** means that all children do all activities, to the best of their abilities, and parents and children have a sense of acceptance and belonging. We individualize activities to fit the developmental level of each child by bridging the gap between the child's support needs and the demands of the environment. We use a Pyramid Model called Positive Behavior Support that helps us define which child will need which level of help in learning. (see Models and Methods for details).
  - » For example, all children learn to be kind and be good friends. Some children will need more intensive help with this, in small groups or 1:1, and a few will need specific behavior plans, developed with teachers, parents, and a behavior specialist.
  - » By using a tiered system, we can assure that all children can participate throughout the day. We also complete developmental screening and vocabulary assessments of each child each year. However, we modify these for children with disabilities and their families to avoid unnecessary repetition of what therapists may already do.
- **SUPPORT** means that we go beyond just enrolling children; we provide what they need to flourish. We have a ½ time Inclusion Specialist position for a lead teacher who coordinates assessments, behavior plans, and consultant services from a behavior analyst. We invite and support speech and language pathologists (SLPs) from the community who come here and do their work with children in the classroom or adjacent spaces. Termed "therapy in the natural environment" (TNE), this method lets the therapist see the child in a natural setting, and teachers and students see the therapists at work. TNE also relieves some scheduling burden from families.

Simple Support Stuff

- Edu-cubes (support chairs) give extra support to the trunk for children with low muscle tone
- Braille Scribe prints labels in Braille, the dot language for blind and visually impaired
- Sign Language basics are used in each classroom and more added in specific behavior plans.
- Padded utensil handles and small pitchers help at meal times.

Hume House CDC Inclusion Policy

Inclusion has been at the heart of our philosophy since 1990. When crafting our inclusion policy years ago, we wanted to highlight our beliefs while giving interested families information on our process of including children with specific needs. Our inclusion policy starts by defining our beliefs on inclusive education. It states,

"We believe that all children are capable and unique. Through high quality early childhood education and loving relationships, the staff and faculty of the Hume House CDC strive to help each child reach their full potential. With support from our behavior analyst who specializes in early intervention, children with disabilities are not just included in all activities, their program is individualized for optimum growth. We believe that parents are partners in their child's education and we encourage open communication with all team members to ensure a successful experience for everyone."

In addition to defining our philosophy, our inclusion policy gives families information on our strengths as a school and who we serve best. It states,

"We strive to work with all children in our unique environment and we continually reassess who we are able to best serve. There are times when the needs of the child may not fit with our ability to help the child reach his/her goals. In these situations, a referral will be made to a more appropriate program and/or service. Admission and/or dismissal are at the discretion of our faculty and staff."

The staff work hard to meet the needs of every child who walks through our doors; however, we understand that our unique lab school and mixed age environment does not work for all children. The purposeful steps we take to include children with disabilities helps to ensure that the Hume House CDC is a good fit for that child, and vice versa.

We are a preschool, not an early intervention center. What does this mean? Our primary responsibility for the child with a disability is to support the social, physical, and cognitive growth of the child in the context of the family. We welcome professionals who provide therapy in the natural environment, right in our classrooms or nearby spaces. Teachers meet with therapists and parents to identify goals and strategies. However, we do not have therapists on staff.

The Inclusion Process

We include children with differing abilities. Sometimes, those children are identified before admission, via an admissions process for children with disabilities that includes a play date, an assessment of the child's needs, and meeting with the family. Other times, we identify a child's challenges after enrollment, through classroom observations or developmental screening. We use the Ages and Stages Questionnaire, a parent-completed, teacher-checked list of skills that children should be able to do at specific ages, at regular intervals.

Now that you have more information about our philosophy on inclusion, we are ready to walk you through our steps of including a child with an identified need.

Admissions & Enrollment

1. Families who are interested in the Hume House CDC fill out an online waiting list application which includes information about the child including their age, parents' names, connection to Rollins and a section for families to write anything else we should know about their child.

STUDENT TIP #1

Search for the special supports in the classrooms that help all children learn.

"Inclusion has meant the world to our family, as it has meant the difference between being the "kid allowed to come" vs. one of many children with different abilities in the group.

Catherine Davey
Parent

> Setting up the process so that it benefits all the children and families is the key. It is important to identify specific goals that centers can meet and children can be supported in achieving. Additional training may be required for the teachers, so they feel empowered, not burdened with the extra efforts to accomplish the inclusion goal.
>
> **Diane Doyle**
> Director

2. Waiting list applications that are flagged with a "special needs" note are automatically moved to the top of the enrollment list, as we always want to have a diverse group of learners each year.
3. The director or inclusion specialist will then contact the family to schedule a hour long playdate in one of our three classrooms, while the parents and a team member meet in the observation rooms to discuss how we can best meet the child's needs. An All About Me form (Appendix A) is sent to the family to be filled out and sent back prior to the playdate.
4. During the playdate, the inclusion specialist uses the Hume House CDC's Child Resource Checklist to score the child's behavior across five categories that include: behavior challenges, communication, social behavior, skill acquisition and independence. This checklist allows for quantification of resources needed for a particular child.
5. The enrollment committee uses the scores of this checklist along with parent interview information when making the final decision on the next year's enrollment.

After Enrollment
Early Intervention is a team based approach, and the Hume House CDC is the preschool part of that team. After being accepted, parents are asked to sign a Release of Information form (ROI) which will allow staff and professors to communicate with other members of the child's team, including private therapists. Parents are encouraged to share important documents related to their child's health as well as services received from early intervention. These documents may include but are not limited to: Early Steps Evaluations, individual education plans, additional therapy (PT, OT, SLP) evaluations and schedule, and data sheets.

Teachers will then meet with a behavior analyst to develop an individualized plan derived from record review, parent interview, and/or direct observation of the child. Accommodations made to routines and physical environment will be made as needed.

An update meeting will be scheduled at the discretion of the child's teacher or the inclusion specialist (but at least once per term) for all necessary team members to attend. Additional meetings will be scheduled as needed to update goal plans. Data derived from goal sheets will be graphed and filed in the child's Hume House CDC folder to be shared with parents, therapists, and the child's undergraduate student. (See Digging Deeper for examples.)

What does inclusion mean for you?
It may mean both challenge and delight as you get to know children who are not so different, after all. Members of the Hume House CDC community will sometimes be pushed outside their comfort zones by encountering new aspects of life in the lives of others. We think that is a good practice, and that as we stretch our knowledge base, ways of interacting, and teaching methods, we will grow together. Inclusion of preschool children with disabilities in community settings (outside of public schools) was discussed in the 1970's and 1980's, and by 2000, about 50% of all children with disabilities who were in preschool were in inclusive settings (Odum, 2000). The idea is not new, but it is still surprising to many of us.

Each person comes to Hume House CDC with a different level of knowledge and awareness of children with disabilities. Previous experience with adults or children with disabilities predicts a more positive attitude (Dias & Cadime, 2016). Prejudice and discrimination still affect people, and in some cultures, there is a belief that disabilities are catching, are a punishment, or that the parents were somehow "chosen" to have this child. We believe these views are false.

Children with disabilities are excluded from community preschools for many reasons. Schools may be influenced by societal stigmas, fear the child will require too much teacher time, be bullied by peers, or that they do not know enough to adequately educate the child. Inclusion of children in private childcare centers and preschools is voluntary in the USA.

It is true that not every school is the best environment for every child. For example, Total Communication (constant signing and aural speech) is recommended for children who are deaf, and we cannot provide that. Children who require 1:1 behavioral therapy are also not a good fit for our school.

In our school, we've included children with autism, Down syndrome, genetic anomalies, and children who were blind or deaf. Each child has prompted us to grow, with additional staff development and skill acquisition.

Speaking & Writing About Children with Disabilities

Terminology for writing about children with disabilities changes over time. For example, some use "special needs" or "diverse abilities" or "challenges" in description, while others use "disabilities." Currently, "disability" is preferred by the people who have one. It is direct, simple, and unambiguous, and is not an umbrella term for everyone who is not neurotypical. Similarly, use the term "neurotypical" or "typically developing" to replace the term "normal," which implies "abnormal" for everyone else.

In your writing and talking about children, try these tips:

1. **No gratuitous evaluative comments.**
   gra·tu·i·tous adjective: means uncalled for; lacking good reason; unwarranted (Webster's Dictionary). Example: "She's the cutest child ever. My, he's a chubby one. He's off the charts smart. Sally is a child who seems to always want to get her way. Jamail has leadership qualities. Hughie looks autistic to me. Shavon really doesn't like to obey."
2. **Use child or person -first, strengths-centered, not-yet language.** Say "Gregory is a 3-year-old boy with Down syndrome." (Not: Gregory is a Down's syndrome boy. Worse: He's the handicapped one. He's our included kid. NEVER: He's retarded, or he suffers from Down syndrome.)
3. **Describe what the child can do, rather than what she can't do.** "Sarah can identify 5 spoken words by pointing to the corresponding pictures. She cannot yet name pictures with words." (Not: Sarah won't talk.)

A Little More on Person-First Language

The National Center on Birth Defects and Developmental Disabilities estimates that about 50 million Americans report having a disability. Whether you've had experiences with people with disabilities in the past or your experiences here at the Hume House CDC are your first, it is essential that we use person-first language when speaking to or about our friends, neighbors, and classmates with disabilities. Person-first language values the person first, not the disability. Consider saying, "a person who…", "a person with…" or "a person who has…" when speaking about someone with a disability. Your words are powerful!

In the disability rights community, there is some controversy over this way of speaking. Some adults with visible disabilities who own this as a part of their identity write about themselves as "Blind" or "The Blind," and Deaf (capitalized) means a person who is completely deaf and uses American Sign Language (ASL) to communicate, and has pride in membership in that community. But when we are writing about other people, not ourselves, we use person-first language.

Confidentiality

Working at the Hume House CDC involves real children and families who are often members of the same professional and social communities. Professional ethics are of primary importance.

Ethical behavior requires that confidentiality be maintained at all times. This means that discussions about children take place in class and Hume House CDC only. All notes and writing must be protected so as not to accidentally or purposefully disclose information about the children and families. You are breaching confidentiality if you discuss families, children, and staff with others not in the class or staff, with classmates or other parents outside class, or if you allow others to read your notes and papers. This includes students who took the course in previous terms.

> "The Hume House CDC is an incredible example of what effective inclusion can look like. The same high expectations are placed on Andie as they are for each of her typically developing classmates. She is held accountable for following rules and routines, as well as encouraged to contribute academically and socially. With these high expectations comes the power of the word "yet"! For example, rather than "Andie can't…", the narrative is, "Andie cannot yet…"—this creates a high expectation and hope for her future."
>
> **Mary Beth Eliason**
> Parent

You are in a circle of confidentiality which includes your classmates, the parent of a child you are assisting, your professor, classroom teachers, and the Director and Executive Director. These are the only members of your confidentiality circle. You can ask questions of the teachers and your professors, but save sensitive topics for a private space, and do not discuss one child in front of the parents of another child.

Students may discuss children in a professional way in class with the other students in that class only. Students should use first names only for children in their observations and the word "teacher" to describe staff. In writing, refer to teachers by last name and title (Mrs. Smith, Danny's teacher). At the end of the term, students should destroy any documents containing the name of the child or family observed. Students are required to sign a confidentiality statement before they may enter a classroom, stating that they understand they can be removed from the center and from their program of study if they breach confidentiality. We respect the principle of trust and confidentiality.

Parents and students have a relationship, too. They often chat in hallways, observation rooms, and on home visits. Students can show their enthusiasm, explain their assignments and research to parents, and answer parents' questions about assignments. The role of psychology students and researchers is to learn about the children; as students you are not yet expert, so don't comment directly on a child's behavior or progress, and refer parent questions back to the teachers. Parents are the experts on their child and disability, but will differ in the amount that they will want to discuss things, so wait for parents to volunteer before asking questions about Down syndrome, etc. Parents have the right to be as active or as private as they want to be in these conversations.

Universal Design for Learning (UDL): Learning for All

When education is designed to be accessible to everyone, everyone benefits. This is the philosophy of Universal Design for Learning.

The Individuals with Disabilities Education Act (IDEA) defines UDL as "a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities…"

Some physical, temporal and social considerations when designing an effective classroom using the principles of UDL include (The IRIS Center, 2015): open, accessible doorways, non-slip walking surfaces, brightly lit corridors, multiple ways to present the same information, multiple ways for the learner to show what he or she knows, and an emphasis on student engagement. We use these principles at the Hume House CDC.

Universal design for learning (UDL) applies to post-secondary education, too. When some undergraduate students have accommodations in class work, such as extended time for testing or a note taker in class, they often have learning or other specific disabilities. But variability in educational styles is the rule, not the exception, in every college classroom.

Some Universal Design for Learning principles apply BOTH to teachers and to college professors, and we've blended them together here to show you how!

- Provide multiple means of getting the same information, such as a picture, story, song, lecture, teacher's notes online, video, fill in the blank worksheets, close shared reading of a text, and a popular press article.
- Provide multiple means of engagement, such as a walk, class activity, childcare site visit, case-based learning, classroom demonstration, interview, team competition for new ideas, and discussion questions.
- Provide multiple means of showing learning: sculptures, paintings, recitations, answers to questions, posters, class presentations, model building, journals and blogs, annotated bibliographies, term papers.

These principles are seen in preschool, where teachers provide multiple visual, auditory and kinesthetic means of presenting information, lead children through many ways of hands-on engagement, and document the children's learning through song, writing,

painting, sculpting and video, as well as standardized tests.

We use classroom observations of teacher behavior to engage students in discussions of strategies that work. We use student objective observations of children's behaviors over time to scaffold undergraduates' knowledge of learning and milestones, and we fold this in to an assessment tool to compare children's development to others of the same age.

By using observational assessment in the natural environment as our main means of assessing children's' progress, we keep our focus on what all children CAN do, rather than what they CANNOT YET do. This method is best for an inclusive environment, because we can always see current skills, and what naturally should be taught next, without assigning a negative value to a child's behavior.

Talking to Children & Families About Disabilities

Fred Rogers, a 1951 graduate of Rollins College and visitor to our preschool, emphasized the idea of celebrating our similarities and differences as a way to discuss disabilities with children. Children are observant and curious and are oftentimes seeking answers to the questions they have about life. When children recognize their own individuality, then we set the stage for helping them recognize it in others. If you remember from the beginning of our handbook, one of the ways we help support the social-emotional development in all children is to celebrate what makes them unique. We encourage children to think

> **"As different as we are from one another, as unique as each one of us is, we are much more the same than we are different. That may be the most essential message of all, as we help our children grow toward being caring, compassionate, and charitable adults."**
> Fred Rogers

about their strengths and how they can help others, as well as their challenges, where they can receive help from a friend. Conversations like these not only support children's emotional intelligence but allow for meaningful social interactions. Here are ways that parents, students, and teachers can talk about disabilities with preschool aged children:

1. **Reflect** on your own conceptions about people with disabilities. Children are watching your reactions and responses to and about people with disabilities, so be sure to approach the subject with a mindset of inclusivity and acceptance. Ask teachers and professors for anything you want to know.
2. **Celebrate** each child's individuality. Show them that you have things that you're really good at and things that you need help with. Teach them to use their strengths to help other people and to accept help from someone who might be better at something than they are.
3. **Share stories** Use children's books, like Different and Alike, to share how we are all the same (we have mommies, we communicate with each other, we like foods, we have hair) and how we are also different (some have glasses, some have fewer fingers, some are short or tall, some have red hair). Emphasize that we are all more alike than different.
4. **Listen** Take time to create space for children's stories and questions, and really listen to what they have to say and want to know.
5. **Respond honestly** Answer questions in a matter of fact, loving way. Although some questions might be uncomfortable for us adults, it is imperative that children feel comfortable asking the "tough" questions to the people they love and trust. As children get older, they are able to discriminate between their peers based on their abilities. It's important for them to learn early on how to treat others with love and acceptance.

STUDENT TIP #2

Look for what the child CAN do.

STUDENT TIP #3

Attitudes are a result of our life experiences. Reflect on your own experiences with people who have disabilities, and take a look at your attitudes and beliefs as they are now.

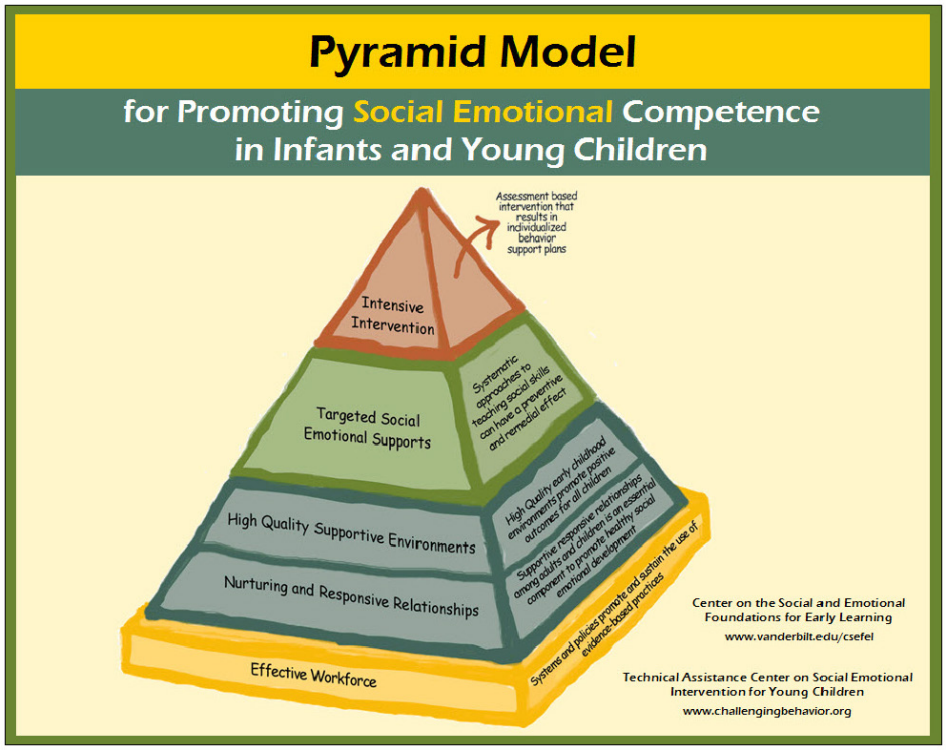
Models and Methods of Inclusion

In this section, we will introduce the models, or ways of thinking and teaching, that we use every day. For a more in-depth look, see Digging Deeper.

The Positive Behavior Support Pyramid Model
The Pyramid Model for Supporting Social Emotional Competence in Infants and young children is an evidence-based, multi-tiered approach of helping children with varying levels of challenging behavior. Created by faculty at the Center for the Social and Emotional Foundations for Early Learning and the Technical Assistance Center on Social Emotional Intervention at the University of South Florida, the Pyramid Model builds upon a tiered public health approach to providing universal supports to all children to promote wellness, targeted services to those who need more support, and intensive services to those who need them (TACSEI).

In the following pages, we will take an in-depth look at each of these tiers and what it looks like for teachers and students in the classroom.

1. Effective Workforce
2. Nurturing and Responsive Relationships
3. High Quality, Supportive Environments
4. Targeted Social and Emotional Supports
5. Intensive Interventions



Creating An Effective Workplace
The teachers at the Hume House CDC are highly trained early educators with diverse backgrounds. Each classroom has two co-teachers who work together to create and implement developmentally appropriate activities that nurture the cognitive, physical and social emotional wellbeing of each child. Teachers track children's development through assessments like the Ages and Stages Questionnaire as well as the Child Observation Record. All teachers are certified in CPR and First Aid and have a minimum of a Staff Credential through the Department of Children and Families. The Director and Executive Director meet with staff regularly and provide professional development opportunities

that are focused in areas of early education.

Nurturing and Responsive Relationships
"Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family. Even the development of a child's brain architecture depends on the establishment of these relationships" (Center on the Developing Child, Harvard University)

The National Scientific Council on the Developing Child states, "establishing successful relationships with adults and other children provides a foundation of capacities that children will use for a lifetime." How rewarding for us as educators and big friends, that the relationships we establish with our little friends can make a lifetime of difference!

We start building those relationships before the school year even begins. Every child will have a home visit with the teachers in their classroom. Home visits allow the teacher to get to know the family in a safe, comfortable environment and relay important information about the school year. It also gives the teacher and child time to get to know each other before the first day of school.

As you work or volunteer in an inclusive classroom, our advice is to 1. Get to know the child, in person and via All About Me forms and assessment records; 2. Read up on the specific disability, including any safety or health precautions; and 3. Follow the teacher's lead.

Here are some additional strategies to try when working in an inclusive, preschool classroom:

- **Listen and Emotion Coach** Conflict is a natural part of a preschool classroom as children are developing new skills and navigating friendships with peers. We encourage you to think of conflict as an opportunity to practice important social-emotional skills that are necessary for both social and academic success. Use the phrases, prompts, and story scripts that teachers use in the classroom to help support your child during conflict scenarios. Validate the child's thoughts and feelings through active listening and Emotion Coaching. Emotion Coaching was created by John Gottman, Ph.D., a clinical psychologist, researcher, and author of Raising An Emotionally Intelligent Child. For children with limited language, you will talk the child through the emotions he is feeling in tough situations. This emotion coaching leads to increased self-control and ability to express strong emotions safely.
  - **Child** I want to drive the taxi but Nick won't let me have a turn.
  - **Teacher** Oh man, I can tell by your face that you feel frustrated and maybe even a little sad.
  - **Child** I'm really mad!
  - **Teacher** I would be a little mad, too! I wonder what we should do if we want a turn on the taxi?
  - **Child** I could ask him how many minutes? That might help!
  - **Teacher** I like that you calmed your body down and thought of a solution. Do you want me to come with you or can you do it all by yourself?
  - **Child** I can do it!

Children with working memory challenges or language delays might have difficulty expressing what they are thinking and feeling. Discuss with the child's teacher how to best support your child during interactions with peers. Often times, children with cognitive challenges will benefit from short, concise phrases ("my turn", "your turn") as bids to play and when requesting items from peers.

Children with language delays might not be able to report to teachers when something is done to them. Be an advocate for the child and take action if you see something happen.

STUDENT TIP #4

To get started, watch a teacher scaffold a task, then try it yourself right away. Circle time, tabletop activities, and story time are good places to practice scaffolding.

It might be easier to look away when a child takes a toy, but we are missing out on valuable opportunities when we do! Always seek the advice or assistance of a teacher if you are uncomfortable or unsure of what to do.

- **Narrate** As you get to know a child, follow the child's lead in play, getting down on the child's eye level, and interacting on a topic that is of interest to the child.
    1. Narrate the child's actions or the actions of others, as though you were doing play by play commentary at a sports event. Children learn vocabulary this way, and they know that you see what they are doing.
    2. If the child is playing with a truck, you can pick up a second truck and mimic the child's model. Take turns back and forth in simple actions, like pushing or crashing. Encourage another turn when you respond. Here, you can begin without words, being respectful of the child's play interest, as though you were a new plane joining into an existing formation in the sky.
- **Model** Children watch us and imitate what they see; it's important that we model appropriate behaviors in the classroom! When you are an active participant in the child's experience, you can demonstrate important skills like turn-taking, sharing and using your words. Remember that although they are small, they have thoughts, feelings and ideas about the world, just like we do. And they are usually watching and listening even when we don't think they are.
- **Scaffold** Scaffolding is referred to as "the process of temporarily providing support to a learner within a social context and then gradually withdrawing this support as the learner becomes capable of independence in performing tasks" (Wood, Bruner & Ross, 1976). In order to appropriately scaffold a child's experience, we need to have a basic understanding of where they are developmentally. Then, we can offer ideas and experiences that help maximize their learning opportunities without being so challenging that it becomes frustrating for them.

This is also called the "Plus 1 Method of Instruction," as we give the child just enough help to move up a level in a task towards independence, without making it too easy. Example: Jasmine can put together puzzle pieces, but can't yet find the piece that goes next from the big pile of options. So you sort the pieces, placing the next 5 near her, but you don't hand them to her one by one (too much help).

High Quality, Supportive Environment

The environment can be thought of as the third teacher; this means that it can either encourage or inhibit a child's learning experience. Thompson, Wehmeyer and Hughes (2010) call this the person-environment fit model of inclusion. First and foremost, the classroom should be set up with developmentally appropriate activities that support children's development across multiple domains. Rooms should be intentionally organized for children to engage in both active and quiet activities and with experiences that support peer interaction as well as independence. It is important for teachers to consider environmental factors when accepting children with disabilities. Teachers are thoughtful and intentional about rules and routines, classroom set-up, noise level, transitions, schedule of the day, and classroom supports. We will explore more about this topic later in the handbook.

Targeted Social Emotional Supports

Communication delays often lead to behavior challenges. Many children, especially those with specific needs, would benefit from explicit, individualized instruction. Small group activities with visual supports, peer modeling and direct teaching help prevent some problem behaviors that inhibit learning and peer relationships. Because children with disabilities often have communication delays or challenges with working memory, many of these children would benefit from the small group instruction found in this tier.

Intensive Intervention

If we look back at the Pyramid Model, we can divide it into the first three tiers (Workforce, Relationships and Environment) as what all children need, the fourth tier (Targeted Social Emotional Support) as what some children need, and then lastly, Intensive Intervention, what very few children will need.

Intensive Intervention is “assessment based intervention that results in individualized behavior support plan” (CSEFEL). Children in this tier are observed by a behavior analyst and a behavior plan is put in place to increase appropriate behaviors and decrease challenging behaviors. Some children might be referred to outside services such as private behavior analysis or an evaluation by a Developmental Pediatrician. Just because a child has a disability, does not mean he or she is automatically in this tier.

Best Practices in Inclusion

Now that you have a little more information about our philosophy on inclusion and early childhood education, it’s time to explore the tools, strategies and resources we use to support children. At the end of this handbook, you will find Digging Deeper, a section with pictures, charts, and visuals as well as resources.

We Partner with Community Therapists

Many children who are included have specialized therapies. They may see therapists in an office, in their home, or at preschool, a practice called Therapy in the Natural Environment (TNE). In TNE, the therapist comes to the Hume House CDC and works with the child, either right in the classroom or in a quiet space nearby. The therapist can demonstrate to students and teachers and see the child transfer new skills directly into work and play. This is considered one of the best ways to do therapy, or a “best practice.” You may encounter these community helpers in the preschool, and they all have at least a Master’s degree in their field. We maintain a regular consulting relationship with an Applied Behavior Analyst.

Site Visits and Release of Information

Even if therapy in the natural environment is not possible, we encourage therapists to visit the Hume House CDC at least once. Preschool settings offer unique benefits and challenges compared to experiences that occur one on one in an office. When therapists visit, even just once, they can offer invaluable feedback to classroom teachers that has a lasting impact. It also helps children generalize the information learned in the therapy setting and transfer the information to real life experiences in the classroom.

We understand that for many reasons not all therapies can occur in the natural setting. In order to receive the helpful information, tips and tools from these sessions, we have a Release of Information form (see Digging Deeper) to allow for open communication with the child’s therapist. The form states that parents give the staff members permission to talk to the child’s therapist. It often takes children with cognitive disabilities repeated experience to master and generalize new skills (show the skill at home and school). When teachers and therapists work together, children can acquire and generalize these skills faster.

STUDENT TIP #5

Check your child’s folder Teachers keep the children’s folders up to date with important evaluations, assessments, screenings, goal sheets, and behavior plans. Look over these files and ask the teacher if there is anything you could be doing to support the child’s goals.

Schedule an additional lab visit If your target child has a therapist coming to the Hume House CDC, schedule an additional lab day to see the therapy in action. Discuss with your professor and the child’s teacher to see the best time for you to come and observe.

Therapists in the Community	
Speech and Language Pathologist (SLP)	This therapy helps children who have difficulty saying sounds and/or understanding what is being said to them. It includes services for children who use communication other than speech.
Occupational Therapist	Occupational Therapy focuses on developing the child's ability to perform activities of daily living, such as bathing, dressing, and feeding. A specialized pediatric therapist evaluates and treats children who have motor or sensory difficulties.
Physical Therapist	Physical Therapy focuses on enhancing or restoring mobility. A specialized pediatric physical therapist evaluates the child and uses exercises, specialized techniques, and assistive devices to treat gross motor development, range of motion and joint mobility, muscle strength, posture, ambulation and gait, and ability to transfer. Also: splinting and bracing needs.
Applied Behavior Analyst	Behavioral support provides positive strategies that will result in the child's development of appropriate social, emotional and/or communication skills. Essentially, positive behavior support is a package of strategies, not just one intervention. It is a collaborative process that involves multiple approaches: » Observation » Functional analsyses of behavior » Creating positive environments » Teaching new skills
Vision Therapy, Play Therapy, Sensory Integration Therapy, Psychological Therapy	Less frequently used services that are typically managed by the family at home or office

Children Who Are Identified in the School Year

Not all children with challenges are identified before the school year begins. Teachers track children's cognitive, physical and social-emotional development throughout the year using a series of screeners and assessments including the Ages and Stages Questionnaire (ASQ), High Scope Child Observation Record (COR), and the Preschool and Kindergarten Behavior Scale (PKBS) to name a few. These tools allow us to track a child's development across numerous domains and informs us of any concerns in a particular area. From there, teachers collect observations and anecdotes for our behavior analyst to review before coming to make additional observations. Our behavior analyst then meets with parents and staff and recommends the appropriate outside help. This may include recommendations to be evaluated by a developmental pediatrician, speech and language pathologist, physical therapist, play therapist and more. Because we know that children benefit from early intervention, we take proactive measures to support children experiencing challenges in any area of their development.

Important Paperwork

Because we are a lab school, frequent visitors are a typical part of our day. Our children with disabilities cannot always communicate important information to the people visiting their classroom, so it will be important for you to read the child's folder before entering the classroom. In this folder, you can find important information ranging from parent's discipline philosophy to children's strengths and challenges. These questionnaires give teachers and students information about that child to help inform future interactions and conversations.

Another important paperwork that all families of children with challenges fill out is the All About Me form (see Digging Deeper). An All About Me form is a short, concise informational sheet that includes important information about a specific child. It is typically one-sided and includes a picture of the child. The idea is that anyone who interacts with this child could read that All About Me form and have a general idea about his or her specific needs. When asking a parent to fill out an All About Me form, staff considers the following questions:

- My name is _____. I am ___ years old and I have _____.
- I live with my _____.
- How do I communicate?
- How do I play?
- How do I learn?
- How do I move?
- I am really good at _____.
- I might need some help with _____.
- Other things to know about me include _____.

Classroom Strategies and Supports

Head Start is a program of the United States Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families. Their Center for Inclusion is a leader in disseminating information and resources about inclusive education. While its primary goal is to support Head Start programs, it also offers a framework for other schools learn from. In the next section, we'll review eight ways in which the Head Start Center for Inclusion describes curriculum modifications and adaptations in their evidence-based model and how students and teachers can carry out these accommodations.

STUDENT TIP #6

If a child is having difficulty moving from one activity to the next (transitioning), use the visual daily schedule to say/show "First, circle time and then, outside." You can see another example of visual supports during circle time, when each child has a mat to sit on or during transitions outside, when each child stands on an 'X."

STUDENT TIP #7

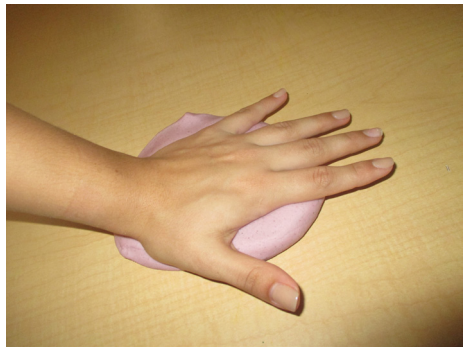
Sometimes modifying materials requires us to think on our feet and be creative with how children use materials. Don't be afraid to offer suggestions and to step in and try something new!

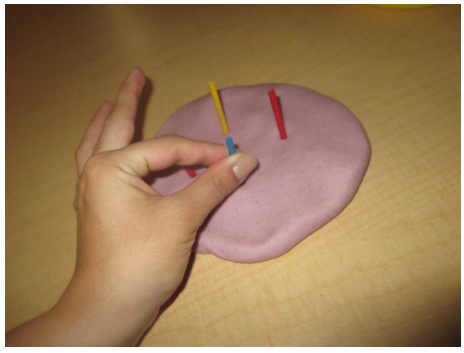
STUDENT TIP #8

In a mixed-age classroom, look for and follow the modifications for the younger firneds, and find activities the child can do easily.

Environmental Supports are ways we alter the physical, social and/or temporal environment to promote participation, engagement and learning.

- **Visual Supports** Long after the spoken word has faded, visual supports provide the necessary reminder or prompt needed to carry out an instruction. They can be used to teach a new skill, help with transitions, or create independence. Visual supports help facilitate learning by breaking an activity down into smaller, more manageable steps. They can also be used to show children the sequence of an activity, especially if the activity does not have a clear beginning and end. Some children might not know what to do with play dough, so it will be important to have sequence cards that show them what they can make. It can be as simple as 1. Roll play dough into a ball 2. Flattened play dough with hand 3. Put candles in play dough 4. Sing 'Happy Birthday'. Even better if you can include a picture of the child carrying out the sequence.





STUDENT TIP #9

Observe how your child responds to different areas in the environment and see where you can add supports.

- Online apps like Boardmaker help create quick, easy visuals that can transfer from one setting to another. Other places where visuals are used include circle time, handwashing and pottying routine, and during transitions. Transitions can be stressful events if the child does not understand the expectation during this time. Visual daily schedules offer independence and predictability by showing children what event comes next.

Materials Modification means modifying materials so that the child can participate as independently as possible, while doing the same activity as everyone else.

- Thoughtful selection of material. When implementing a new activity or teaching a new skill, we encourage you to think about how a child will interact with a specific material and then make adjustments. Stringing beads is a great fine motor activity; however, it can be frustrating for friends with low muscle tone. Offer the child pipe cleaner instead of string in order to increase the likelihood of independence and success. The Frank Porter Graham CONNECT module on Environmental Modifications suggests using cups when painting to help children who might have difficulty gripping a paint brush. They also suggest using a small easel to better support children during writing activities.

Simplify Activity means simplifying a complicated task by breaking it into smaller parts or reducing the number of steps.

- **Differentiated Instruction** For children with cognitive delays, certain activities might seem overwhelming. When we break the activities down into smaller, more manageable steps, then we allow the child to participate as independently as possible. For example, if a child is participating in a collage activity involving scissors, the teacher might pre-cut pieces for some children to use. If the children are practicing writing their names, one child might be given a paper with their name written in highlighter so they can simply trace the letters. This provides a visual support while breaking down the activity to make it more successful for the child. These strategies follow the principle of reducing demand in one area to focus on another.

Special Equipment incorporates special or adaptive devices that allow a child to participate or increase a child's level of participation.

- **Physical Supports** Edu-cubes, sensory seats, and weighted blankets are available to help support children. We use the chairs with handles during eating times for our children with low tone because it offers a feeling of being secure and stable. We provide foot rests for the friends whose feet cannot yet touch the ground. Children can work standing up if they prefer.

Adult Support is when an adult intervenes to support the child's participation and learning. One way we do this is by:

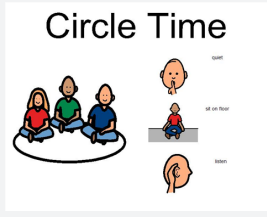
- **Prompting** A prompt is any additional support we provide to facilitate a child's response. It is a clue, or cue, that signals to the child, "This is what I want to see next." From your grandmother, it sounded like, "What do you say now, dear?" In the best situations, prompts lead to error-free learning. In other words, we start out by giving the children enough help that they almost always end up doing the right thing. A prompt can help children learn and better understand what we are asking them to do. A prompt is designed to help a child succeed with the supports they need.
  - » Example: Harry is yelling at you to get your attention, but you are talking with another child. You sign "wait" to him while continuing your conversation. This prompts Harry to remember the rules about interrupting. Harry knows to stop and wait.
  - » Positive interactions and a supportive environment are the keys to a strong relationship with a child. While prompts are an effective tool, they should be faded, or gradually reduced and eliminated, as the child learns to follow directions or complete tasks, in order to foster independence. Fading should be in clear, small steps to ensure continued success and to reduce frustration for everyone involved.

MY DAILY SCHEDULE

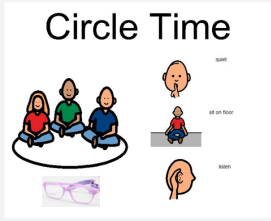
TABLE TIME ACTIVITIES
8:45- 9:45

BIG GROUP TIME

9:55- 10:05



SMALL GROUP TIME
10:05-10:25



OUTSIDE TIME

10:25-10:45

STUDENT TIP #10

Memorize and use prompts. They are an easy to learn, excellent set of teaching tools.

» See **Digging Deeper** for a chart of *gestural, verbal, visual, and physical* prompts to help with your child regarding guiding their behavior, learning new skills, or to help ease with transitions. Keep in mind many of these prompts can be used interchangeably. Some that you use to guide behavior can also be used to help with transitions (Carnahan, Doyle, & Taylor, 2014.)

Child Preferences is identifying and integrating child's preferences if the child is not taking advantage of the available opportunities.

- **First, Then.** "Eat your vegetables, then you can have dessert." How many of us have heard this before? While we don't serve dessert, we do follow the principle of "First _____, Then _____," also called the Premack Principle. First-Then phrases and visual charts can be used to reinforce non-preferred activities (First: potty Then: go outside) or it can communicate a sequence of events (First: say poem Then: eat snack) (CESFEL) We find this to be an effective strategy for all children (and spouses too!)
- **Motivators** We are all motivated by something. We go to school because we are motivated to graduate one day. We go to work because we want to receive a paycheck. Children are no different and it is important that we find what motivates children and help them work towards earning that reinforcer. For some children, it might simply be praise. For other children, it might be stickers or access to a preferred activity. Observe a child. If left alone, where and with what would she spend a majority of her time? These are motivation cues.

STUDENT TIP #11

When working with a child who has a disability, invite peers into your social interactions. For example, encourage two to children to exchange toys, listen to a story together, or ask each other a question.

First	Then
	

Peer Support is utilizing peers to help children learn important objectives. We try:

- **Preferential Seating** Children are great imitators so it's important that they are seated next to or nearby friends who are displaying the appropriate behavior. Pair the child with an older or more able peer in a difficult activity. Designate a peer helper with a specific event, like lining up or making a puzzle. Designate "Buddy Tables" where peers have to work in pairs to accomplish an activity.
- **Consistent Groupings** Keep some peer groups consistent, such as during lunch time, so children have the opportunity to get to know each other.
- **Speak For** In role play, help peers assign the child a character, then speak for the child in play. For example, as the child reaches for a prop, you can say "Malik says he wants the blue one," followed by asking Malik to sign "blue."

Invisible Support or purposeful arrangement of materials or naturally occurring events within one activity.

- **Create Space for Communication** We originally wanted to call this section Strategic Deprivation (cue suspenseful music) but that sounded scarier than we wanted it to. As our behavior analyst, Stacy Taylor, would say, "access is the killer of motivation." If children have access to everything they want, why would they need to communicate with peers or adults? This is why teachers strategically set up the classroom to create opportunities for communication and peer interaction.
  - » At snack time, it would be a lot easier for teachers if we served everyone snack; however, we would miss out on valuable experiences in self-help and functional communication. That is why snack is served family style, with bowls and pitchers in the middle of the table. This is a great time to work on functional communication; teaching children how to effectively and appropriately get what they want.
  - » Another great example of deprivation is during potty training. If a child has access to Skittles whenever he wants, he might not be too motivated to void in the potty to earn one. If a child loves Skittles with all his heart and only gets it when he voids in the potty, BINGO, you are on your way to a potty trained little person!
- **Center of Attention** Occasionally, place the child as in charge of a desired space or activity, such as bubbles, to invite others to ask her questions. Sometimes we need to create these experiences before they become a natural part of the classroom.

Tracking Children's Progress

As we know from the Positive Behavior Support model, some children will require targeted instruction and direct teaching to acquire specific skills. For some schools, teachers would use the goals from a child's IEP to intentionally plan learning opportunities or trials throughout the day that targets those specific goals.

We use the recommendations of a behavior analyst to develop both acquisition and deceleration (increase & decrease) goals for a specific child. Goals are usually focused on academic and social skills and are tracked by classroom teachers through pre and post assessments.

Here is an example of how goals are created and worked on at the Hume House CDC:

> Kayla, a 3-year-old girl with Down syndrome, started at preschool in August 2015. Teachers conducted a home visit, received the necessary paperwork including evaluations from therapists, and set up the classroom to optimize her success. After the first few weeks of school, teachers and parents were ready to develop goals. Teachers contacted our behavior analyst and scheduled a time for her to come and observe Kayla. After the observation, the behavior analyst created specific goals for teachers to target. Teachers, parents and the behavior analyst met to discuss these goals and any other concerns the parents had.

Goal 1 Increase this child's manding (requesting) with peers. Teachers conducted a pre-assessment to get baseline data of how many mands this child was currently doing by tallying mands for the first 10 minutes of every hour the child was in school. Teachers used this data to see where and when manding happened most often and then made plans and picture cues to increase manding throughout the day. At the end of the semester, teachers ran a post-assessment using the same tally system as before. The goal was to see an increase in manding throughout the day. The information was then shared with parents at the end of the year conference.

Embedded learning opportunities are valuable experiences for any child needing extra help to master specific skills across all domains, but specifically our children with disabilities, who might not acquire these skills just through their experiences in a high-quality early childhood program.

> Peer role models are critical, and this can only be accomplished if the classroom blends together both typical and atypical children. Beyond modeling acceptable behaviors, the modeling of compassion and kindness through ... play ripples through the hearts of the entire classroom.
>
> **Mary Beth Eliason**
> Parent

STUDENT TIP #12

Know the current learning goals for your child, record them in your notes, and work towards those goals in your interactions.

STUDENT TIP #13

Seek professional development through national centers, local events, and online resources. Find out about careers, advocacy and disability specific information through organizations such as the National Down syndrome Society (www.ndss.org)

It is important to note that while these strategies have been created to optimize the success of children with challenges in typical classrooms, they have a lasting impact on all learners in the classroom.

Last Words

As part of our inclusive community, you are learning to love others who are not so different, after all. You are also seeing the individualization of education for each learner, a crucial skill for teaching and learning in our diverse world at all levels -- in preschool, public school, college, or the workplace.

Thank you for your partnership!

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Tools We Use

High/Scope Child Observation Record (Advantage)
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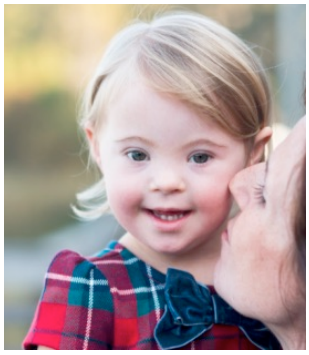
Ages and Stages Questionnaires
Squires, Jane, and Bricker, Diane (2009). Ages & Stages Questionnaires[R], Third Edition (ASQ-3[TM]): A Parent-Completed Child-Monitoring System.

CLASS Teacher and Classroom Assessment
Pianta, R. C., La Paro, K. M., & Hamre, B. K. (2008). Classroom Assessment Scoring System™: Manual K-3. Baltimore, MD, US: Paul H Brookes Publishing.



All About Me

My name is___

I am ____ years old and I have _.

I live with my mom, my dad, my and my dog .

Communication

I am quite verbal. I'm learning new words every day. I am able to pick up and approximate new words quickly, and I always try to imitate what I hear. I sometimes use sign along with my words.

Motor Skills

I have always had strong gross motor skills. I love to walk, run, dance, climb, spin, and throw and kick a ball. I wear SMOs to keep my ankles supported. I love to keep up with my big sister!

My current therapies include:

Speech therapy (1x 30 min per week)

Occupational therapy (1x 30 min per week)

Academics

I love to learn alongside my peers. I love to learn through music and repetition. I like to sit and look through books. I can verbally approximate/imitate my ABC's and numbers 1 to 20. I love matching games and puzzles.

Social and Play Skills

I love my friends at school and church. I can say all of my classmates' names. I love to take turns and I know how to share. I can say "please" and "thank you". It is important to my mom that I make good eye contact when I am engaging with my peers and teachers.

Other things to know about me…

I LOVE Barney and all of his fun music! I love my family and Krispy Kreme doughnuts!

I need help with:

Attending during entire circle time; identifying non-foods during certain class activities (markers, playdoh, etc.)

Child Resource Checklist

The following checklist will allow for quantification of resources needed for a potential incoming student. Each of these categories includes particular behavior that should or should not be displayed by an individual for him or her to have maximum success in a learning environment. Within each category, circle the number corresponding to the child's behavior based on parent report and/or observation. Totaling a score across the five categories will provide a quantifiable level of resources (between 5 and 20) needed for that student at the Child Development and Student Research Center.

Behavior Challenges: This behavior might include mild or severe topographies. More mild topographies might include: tantrums, mild property destruction like breaking toys, and mild aggression like pushing peers out of one's way. More severe topographies might include: self-injurious behavior, aggression, or property destruction. This behavior might inhibit a child's success in a preschool setting in that the child will not be able to learn necessary skills, might detract from other student's abilities to learn, or might require more intensive resources in order for the child and the other students to be successful.

1. Child displays no problem behavior.
2. Child displays minimal or mild problem behavior.
3. Child displays more severe problem behavior but has an effective behavior intervention in place that will be relayed to CDC staff.
4. Child displays more severe problem behavior without an effective behavior intervention in place.

Communication: A child's ability to communicate often covaries with problem behavior. The more communication a child displays, the less likely he or she is to engage in problem behavior to get needs or wants met. Most children use vocal communication; however, individuals with special needs might use another form of communication. If that communication is reliable, it can be just as effective as vocalizations.

1. Child reliably uses vocal speech to communicate.
2. Child can use vocal speech; however, he or she sometimes needs prompting or assistance.
3. Child uses an augmentative communication system to communicate effectively (e.g., sign language or iPad); procedures will be taught to CDC staff.
4. Child is learning to use augmentative communication system to communicate effectively or does not communicate.

Social Behavior: Interactions with peers and adults are important skills when placed in a group-instruction environment. Children should display appropriate social behavior such as taking turns or sharing, asking peers to play or leave someone alone, and seeking assistance from adults when needed.

1. Child displays appropriate social skills with peers and adults.
2. Child displays appropriate social skills with peers or adults, but not both.
3. Child has some gaps in social skills with peers and adults, but generally will succeed in a group setting.
4. Child has limited social skills with peers and adults that might impede his or her ability to succeed in group settings.

Skill Acquisition: The ability for an individual to learn new skills will directly impact resources provided by the CDC. Some individuals will succeed in a group-instruction format, whereas others will require more 1:1 instruction to learn new skills.

1. Child displays similar skill sets to same-age peers.
2. Child displays some skill deficits but would likely fill in those gaps in the typical CDC arrangement.
3. Child displays some skill deficits and might require some 1:1 instruction to fill in those skill gaps.
4. Child will likely require 1:1 teaching to learn new skills.

Independence: There will be times a child will need to independently engage in behavior. For example, children will play on the playground, eat, or use the bathroom without assistance. If these skills are not independently completed, it could require more resources by CDC staff.

1. Child displays similar level of independence as same-age peers.
2. Child displays some independence deficits but this would likely improve in the typical CDC arrangement.
3. Child displays some independence deficits and would likely require 1:1 instruction to learn to be independent on those skills.
4. Child requires 1:1 assistance almost continuously.

Student Total: _____

Adapted from Sarah Slocum, PhD

Content for Release of Information

Date: _____

Child's name: _____ Date of Birth: _____

Reason for Release of Information
The Hume House Child Development & Student Research Center is part of the Psychology Department at Rollins College. When we know about each child's health, developmental strengths, needs, and treatment plans, we can provide a better early education for that child. We also complete developmental screenings 2x per year, classroom observations, and formal assessment of expressive and receptive language. Parents can ask us to send this CDC information to other providers, such as pediatricians or therapists.

I authorize the staff and contractors of the Child Development and Student Research Center to release information and/or records and communicate about my family and child to:

Name(s) _____

Organization(s) _____

Address _____

Phone _____ Email: _____

Name(s) _____

Organization(s) _____

Address _____

Phone _____ Email: _____

I authorize the staff and contractors of the Child Development and Student Research Center to release information and/or records and communicate about my family and child to:

Same as above: _____

Name(s) _____

Organization(s) _____

Address _____

Phone _____ Email: _____

Please release the following information selected from the list below:

☐ All records/information

☐ Diagnostic information

☐ Treatment information

☐ Other _____

Authorization for the Release of Information is good for the length of time that the above named child is under the care of the Child Development and Student Research Center unless otherwise terminated by parent or legal guardian (requests for termination of this agreement must be made in writing).

_____ _____

Parent/Guardian Signature/ Date: _____ _____

Adapted from Stacy Taylor, MA, BCBA

Deceleration Tracking

	Antecedent									Behavior						Consequence					
Date/ Initials	8:45am-10:30am	10:30-12 pm	1pm-4pm	12-3 pm	3-5 pm	demand	transition	alone	free time/playing with other	noncompliance	verbal refusal	property destruction	screaming/crying	aggression	other	ignore	redirect	time out	reprimand	other	Notes

Adapted from Stacy Taylor, MA, B.C.B.A

	Gestural prompts	Verbal prompts	Visual prompts	Physical prompts
To help guide <u>behavior</u> use…	Try using ASL signs like "stop" and "no" to help your child see what you are saying in contexts that may be overstimulating. **Examples:** Train simple manners with words and gestures: "Listen when others are talking" - Cup ears with hand "Follow directions quickly" -Fast snake motion with arms	Give your child direct and/or indirect cues to help them make good choices. **Examples:** ***Direct:*** "Ask your friend when you can have a turn." ***Indirect:*** "What could you ask Sally?" ***Cues for Paying Attention*** Adult says "123 eyes on me" and the children say "1 2 My Eye's on You!"	Try visual schedules, rules and reward menus to help provide more predictability and motivation. **Example:** Photos of the steps involved in getting ready for bed (clean up, brush teeth, story, lights out)	If you must, provide hand over hand guidance with your child to help them follow directions. Offer choices before using this prompt (i.e. Do you want to do it by yourself or do you need my help?) **Example:** We pick UP the blocks and put them IN the basket.
When <u>learning new skills</u> use…	In order for the child to feel successful, start easy so your child cannot make a mistake at first. **Example:** Point to correct answer and then try placing the item closer or even covering up some wrong answers. Gradually help less and make the task harder.	Tell the child what to say. This type of prompt can be faded by offering just the initial part of the word and having your child finish it. **Example:** What do you say? "Thank you" fades to "what do you say?" "Th…" (just "th" sound)	Practice with picture cards, charts, and videos to support comprehension and facilitate understanding of new vocabulary and concepts. **Example:** Setting the table (give placemats with shapes).	Hand over hand: Help your child by taking their hand and doing the task with them to gain experience and comfort **Example:** Physically place your hand over child's as you practice a writing stroke.
To help ease with <u>transitions</u> use…	Gestural prompts help to give children nonverbal guidance and fosters the mind body connection. **Example:** Use fingers to indicate first clean up (raise thumb up), then read book (raise index finger), eventually fade just to gestural prompt, no verbal.	Verbal statements to help with transitioning such as First/Then statements or verbal time warnings before transition (helps child anticipate). **Example:** "***First*** take a bath, ***then*** read a book." "***Five minutes*** to clean-up time"	Visual schedules (pictures/words) or a First/Then chart can be provided to help your child see what's coming next. **Example:** (see First/Then chart)	Physically guide your child through the transition. **Example:** Hold hand, guide by placing your hands on their shoulders, or carry your child if necessary