

Early Intervention Program

Group Developmental Intervention Services Standards

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New York State Early Intervention Program Group Developmental Intervention Services Standards

Background

The mission of the Early Intervention Program is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide for appropriate intervention to improve child and family development.

To accomplish the EIP's mission, the Early Intervention Program regulations and reimbursement methodology are designed to support the delivery of a variety of therapeutic and supportive services necessary to meet the unique developmental needs of children and families as agreed upon in Individualized Family Service Plans (IFSPs). Early Intervention Program (EIP) regulations require the New York State Department of Health (Department) and early intervention officials to make reasonable efforts to ensure the full range of early intervention service model options are available to eligible children and their families. These service model options include:

- Home and community based individual/collateral visits: the provision by appropriate qualified personnel of early intervention services to the child and/or parent or other designated caregiver at the child's home or any other natural environment in which children under three years of age are typically found (including day care centers and family day care homes).
- Facility-based individual/collateral visits: the provision by appropriate qualified personnel of early intervention services to the child and/or parent or other designated caregiver at an approved early intervention provider's site.
- Parent-child groups: a group comprised of parents or caregivers, children, and a minimum of one appropriate qualified provider of early intervention services at an early intervention provider's site or a community-based site (e.g. day care center, family day care, or other community settings).
- Family/caregiver support group: the provision of early intervention services to a group of parents, caregivers (foster parents, day care staff, etc.) and/or siblings of eligible children for the purposes of enhancing their capacity to care for and/or enhance the development of the eligible child; and providing support, education, and guidance to such individuals relative to the child's unique developmental needs.
- Group developmental intervention: the provision of early intervention services by appropriate qualified personnel to a group of eligible children at an approved early intervention provider's site or in a community-based setting where children under three years of age are typically found (this group may also include children without disabilities).

Combined, these service model options offer a continuum of intervention approaches to promote and support children's development and address the resources, priorities, and concerns of families in caring for their young children with special needs.

EIP data trends during the past decade indicate that there has been a significant decline in group developmental intervention services statewide, as well as diverse and varied delivery of group services, raising concerns about the availability and consistent provision of these services in communities statewide.

In 2010, the Department convened a Task Force of the Early Intervention Coordinating Council (EICC) to advise and assist the Department in identifying ways to ensure access and availability of group developmental intervention services in integrated and inclusive settings; and, develop standards to promote consistent, high quality practices in delivery of group developmental intervention services statewide.

Federal and State regulations for the EIP require services to be delivered in natural environments to the maximum extent possible. Consistent with these regulations, the Department worked with the EICC to ensure standards are designed to ensure a full range of integrated and inclusive group developmental intervention services while also acknowledging that for some children a more specialized setting may be most appropriate to meet individual needs and goals on the IFSP.

To develop these standards, the Department and the EICC Task Force on Group Developmental Intervention Services, with the assistance of an expert consultant, conducted focused interviews with providers of group developmental intervention services from different areas of the State and conducted a survey of providers of group developmental intervention services to gain a better understanding of current delivery approaches and experiences in delivering group developmental intervention services. A review of State and national service delivery standards for other early childhood programs, and published articles on the delivery of services in group settings were also completed to guide the Department and Task Force in developing standards for delivery of group developmental intervention services to eligible children and their families in the EIP.

These standards are being issued to ensure group developmental intervention services are accessible to all children and families for whom the IFSP team has identified group developmental intervention services as necessary to meet the unique needs of the child and family and to achieve the measurable outcomes identified for the child and family. The standards are also intended to ensure:

- Consistency in the delivery of group developmental intervention services statewide.
- Adherence to Department regulations and health and safety standards applicable to group developmental intervention services.
- EIP providers are informed about and use recommended, developmentally appropriate practices in delivering group developmental intervention services to eligible children.

Standards based on EIP regulations and recommended practices are clearly identified in each section.

Purpose of Group Developmental Intervention Services

Group developmental intervention is defined in regulation as the provision of EI services by appropriate qualified personnel to a group of eligible children at an approved EI provider's site or in a community-based setting where children under three years of age are typically found ((this group may also include children without disabilities)(10 NYCRR Section 69-4.10(a)(1)(iv)).

Group developmental intervention services are intended to provide early learning experiences that support children's cognitive, communication, social-emotional, physical, and adaptive development for eligible children whose IFSP team has determined that a group setting is needed to meet the unique needs of the child and family and achieve measurable outcomes identified in the child's and family's IFSP.

As with all EIP services and service methods, it is not the intent that group developmental intervention services be provided to all eligible children. Rather, the purpose of group developmental intervention services is to provide an early learning environment for eligible children for whom the IFSP team has determined that group developmental intervention is the most appropriate method to meet specific, identified, agreed-upon goals and measurable outcomes included in the IFSP. The group setting should:

- Engage young children in developmentally appropriate curricula and utilize approaches based on evidence-based practices that enhance children's overall development with specific strategies to address each child's IFSP outcomes.
- Provide opportunities for socialization, communication and peer interaction in a group setting, as well as positive, responsive interactions between service providers and children.
- Within each session to the extent possible, provide opportunities for children to develop and practice functional skills in a group setting that they can generalize to other situations and natural environments.

Parameters for the Provision of Group Developmental Intervention Services

There are several parameters and areas of focus that contribute to the provision of appropriate EI group developmental intervention services, including appropriate and adequate supports and materials, teacher and therapist qualifications and experience, and developmentally appropriate practices.

Target Population of EIP Eligible Children

As with all decisions regarding the delivery of early intervention services to an individual child and family, the IFSP team is responsible for determining whether group developmental intervention is necessary to meet the unique developmental needs and strengths of the child, the family's resources, priorities, and concerns for the child's development, and accomplish the measurable outcomes for the child and family identified in the IFSP. Consistent with this requirement, group developmental intervention must be provided to any eligible child for whom the IFSP team has identified the need and the IFSP authorizes the provision of group developmental intervention.

In determining whether group developmental intervention may be appropriate to meet the unique developmental strengths and needs of an individual child and the resources, priorities, and concerns of the family for the child's development, it is recommended that the IFSP team consider the following best practice recommendations:

- Children should be a minimum of eighteen (18) months of age to participate in group developmental intervention services. However, in determining whether an individual child might need or benefit from delivery of early intervention services in a group setting, the IFSP team should consider a number of factors in addition to the child's chronological age, such as whether the child has a diagnosed condition for which scientific evidence has demonstrated the benefit of participating in an early, intensive group intervention; the functional outcomes included in the child's IFSP; the family's resources, priorities, and concerns for the child's development; and, other child and family circumstances that may indicate group developmental intervention is needed by a younger child.
- Group developmental intervention services may be appropriate for children whose unique developmental strengths and needs, IFSP goals, and child and family outcomes in the IFSP can best be met by participating in a group setting with other children.
- Group developmental intervention services may be appropriate for children for whom the recommended strategy for delivering needed early intervention services is within an early learning environment that delivers developmentally appropriate curricula for children birth -3 years of age with special needs and incorporates specific strategies to address each child's IFSP outcomes, and/or evidence-based intervention programs for specific disabilities.
- Group developmental intervention services may be appropriate for children for whom IFSP goals include the need for opportunities for socialization, communication and peer interaction in a group setting, or to develop and practice functional skills that they can generalize to other situations and environments.
- Group developmental intervention services may be appropriate for children for whom the child's and family's IFSP includes this service model as part of steps and services to prepare the child to transition to preschool special education or other early childhood services.

- Group developmental intervention services may be appropriate to meet the unique needs of the child and family and achieve measurable outcomes identified in the child’s and family’s IFSP that cannot otherwise be achieved in a home and community-based setting.

Provider Qualifications and Responsibilities

The following is a regulatory requirement for the provision of EI group developmental intervention services:

- Lead staff responsible for rendering group developmental intervention services must be qualified personnel with appropriate licensure, certification, or registration in the area in which they are providing services, as defined in 10 NYCRR 69-4.1(ak).

The following guidelines are considered best practice recommendations for the provision of EI group developmental intervention services:

- Qualified personnel that may be appropriate to lead group developmental intervention services include certified special education teachers and licensed physical therapists, occupational therapists, psychologists, social workers and speech-language pathologists. These professionals should be appropriately skilled, trained, and experienced in the provision of services to children in a group setting; and, to deliver the curricula or specific evidence-based intervention method to be delivered using group developmental intervention.
- Pursuant to section 80.56 of the regulations of the Commissioner of Education, assistants and aides should be at least eighteen years of age, have a minimum of a high school diploma or GED, and have experience in a service setting with toddlers with developmental delays or disabilities.
- Providers of group developmental intervention services should engage in ongoing collaboration and consultation with parents and other service providers (therapists or special education teachers, assistants and one-to-one aides) involved in delivering early intervention services to each eligible child participating in the group and the child’s family. Families should receive regular feedback on the child’s progress, based on the needs of the child and family. In addition, families should receive feedback on how they can help their child learn and work on skills to support learning and development in the home environment. The format and method of communication should be discussed with the family to determine what best fits them, for example, in the dominant language of the family to the maximum extent possible.

Structure of the Learning Environment

The following are regulatory requirements for the provision of EI group developmental intervention services:

- The physical environment in which group developmental services are provided must be within an environment that protects the health and safety of children during the group

session, and must comply with standards based upon the requirements in Early Intervention regulations 10 NYCRR 69-4.9(d), (e) and (f).

- To the maximum extent appropriate to the needs of the EIP eligible child, group developmental intervention services should be provided in natural environments, based upon Early Intervention regulation 10 NYCRR 69-4.9 (h). Natural environment means settings that are natural or normal for the child's age peers who have no disability, including a child care setting or other community settings in which children without disabilities participate, based upon Early Intervention regulation 10 NYCRR 69-4.1 (af).

The following guidelines are considered best practice recommendations for the provision of EI group developmental intervention services:

- Group developmental intervention services should include the supports and resources (e.g., assistive technology, adaptations, equipment) necessary to maximize the child's opportunities to participate and learn in the group setting.
- Group developmental intervention services should use developmentally appropriate practices that are also responsive to cultural and language needs of the children in the group.

The New York State Early Childhood Advisory Council, in conjunction with the New York State Council on Children and Families (NYSCCF), issued Early Learning Guidelines in 2012 to support early childhood professionals, including qualified personnel in the EIP, in their work with infants and toddlers and their families. These guidelines are available from the NYSCCF at <http://www.ccf.ny.gov/ECAC/ECACResources/ELG.pdf> and are a valuable resource on children's development and implementation of developmentally appropriate practices.

Developmentally Appropriate Practice (DAP) is an approach to teaching grounded both in the research on how young children develop and learn and in what is known about effective early education. Its framework is designed to promote young children's optimal learning and development. DAP involves teachers meeting young children where they are (by stage of development), both as individuals and as part of a group; and helping each child meet challenging and achievable learning goals. For more information about DAP, the 3 Core Considerations, the 12 Principles of Child Development and Learning, and the 5 Guidelines for Effective Teaching, read the NAEYC position statement "[Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8](#)" (*PDF*).

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox et. Al., 2003; Hemmester, Ostrosky, & Fox, 2006). The Pyramid Model was designed for implementation by early educators within child care, preschool, early intervention, Head Start, and early childhood special education programs. Information about the Pyramid Model can be obtained from the Technical Assistance Center on Social Emotional Intervention for Young Children at www.challengingbehavior.org.

Recommended Practices is a Division for Early Childhood (DEC) initiative that offers guidance to individuals who work in a variety of early childhood settings that provide services to young children with developmental disabilities and other special needs from infancy through age five. Recommended Practices identifies the specialized supports and teaching strategies that are required in order to meet the unique needs of young children for whom teachers, parents, caregivers and other professionals need to design an individualized learning environment. Information about the DEC Recommended Practices can be obtained at http://www.dec.org/About_DEC/Reommended-Practices.

SpecialQuest Birth–Five: Head Start/Hilton Foundation Training Program to Support Inclusive Early Childhood Services (funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start) is operated through the [Napa County Office of Education](#), Special Projects Division (California), in collaboration with the [Frank Porter Graham Child Development Institute](#), Chapel Hill. The focus of SpecialQuest Birth–Five is on inclusion for children with disabilities ages birth through five (pre-kindergarten) and their families, particularly those in Head Start* along with Child Care, Early Intervention/Part C, Early Childhood Special Education/619, family support, and other related programs. The Special Quest Multimedia Training Library contains information on the SpecialQuest approach and the contents of the SpecialQuest curriculum, is available in electronic format at www.specialquestlibrary.org.

Guidelines for Selecting Group Developmental Intervention Services

To participate as an informed decision-maker in the IFSP process, families must be informed about the full range of services and service delivery options available under the EIP. Initial service coordinators are required to discuss the options for early intervention services with parents and facilitate the parent's investigation of various options as requested by the parent (10 NYCRR Section 69-4.7(p) (1)). Ongoing service coordinators are responsible for continuously seeking the appropriate services and situations necessary to benefit the development of the child (10 NYCRR Section 69-4.6(b) (5)) and facilitating and participating in the development, review, and evaluation of IFSPs (10 NYCRR Section 69.4.6(c) (2)). Group developmental intervention services should be included as part of the informing process when discussing service model options available under the EIP with parents, and considered among the types of appropriate services and situations that may be necessary to benefit the development of the child.

If a family is interested in exploring group developmental intervention services for their child, or an evaluator or service provider believes a child may benefit from group developmental intervention services, it is appropriate for discussion during the IFSP meeting. In determining a child's need for group developmental intervention services and the most appropriate group developmental intervention services, if any, it is important for the IFSP team, including the parents, to consider the following questions:

- How can a group experience help to meet the functional outcomes in the child's IFSP?
- What are the family's views on and interests in group developmental intervention services for the child? Does the family believe the child will benefit from services in a group setting, and if so, in what ways?

- What are the child's unique strengths, developmental needs and skills, interests, health status and history that contribute to the consideration of a group setting?
- If group services are recommended for a child with health issues, what precautions and supports are necessary to ensure the child's health status will not be compromised in a group setting?
- Considering the child's chronological age and developmental status, in what ways might she or he benefit from participating in group services?
- What are the planned approaches and activities in a group setting necessary to support the transition of the child to a typical preschool or preschool special education program?
- What types of adaptations, modifications, supports, and equipment might be needed to enhance the child's participation in the group setting?
- What characteristics of the group setting are important to achieve the goals and measurable outcomes in the child's and family's IFSP, and to help the child benefit from the group experience (e.g., type of intervention model, need for staff fluent in the child's language, cultural considerations, etc.)?

The decision to include group developmental intervention services does not in any way preclude the continued provision or initiation of other service models that the IFSP team agrees are needed by the child and family. For example, the child's and family's IFSP can include home- and community-based visits, facility-based visits, parent-child groups or family support groups if deemed necessary to meet the goals, measurable outcomes, and unique developmental needs of the child.

Family Involvement

Group developmental intervention services are intended to be provided to children in a group setting with qualified personnel and other children, where parents are not required to be present on-site in the physical location where the intervention is delivered. The focus and purpose of this model of intervention is on direct provision of services to eligible children in the context of a group setting with other children. Parents should always be welcomed to observe the group, and ongoing family involvement is needed to ensure that early intervention services are being delivered to the child consistent with IFSP goals and the measurable child and family outcomes included in the child's and family's IFSP.

To accomplish this objective, the IFSP team and EI providers should consider the following questions:

- Do the outcomes that were developed at the IFSP address the goals, priorities and concerns of the family in the group development intervention setting and in the home?

- What strategies are needed to facilitate the family’s involvement in their child’s group developmental intervention services?
- How will qualified personnel and staff gather additional input from families and use parent expertise about their child to guide the way in which early intervention services are delivered to the child within the context of a group developmental intervention service model?
- How will qualified personnel and staff engage in ongoing communication with families about their child’s experience with and response to services delivered in the group developmental intervention model? In what format and how often will this communication occur?
- How will qualified personnel and staff leading the group developmental intervention share information with families about how families can help their children learn or work on skills at home during daily routines and activities?

Types of Group Developmental Intervention Services

Group developmental intervention service models may be delivered on-site at an approved EIP provider’s facility or other community-based setting which provides services to young children and their families, such as child care centers and other early childhood programs, including preschool special education programs, community recreational centers, libraries, etc. There is a continuum in group developmental intervention services from providing a service in a group which includes EIP eligible children with disabilities and typically developing peers, to a group which includes only EIP eligible children designed to deliver an evidence-based, specialized or more intensive intervention.

Consistent with Federal and State requirements for the EIP, the appropriate type of group developmental intervention service model and setting for providing early intervention services to a child must be:

- made by the participants of the IFSP meeting, including the child’s parent;
- consistent with the definition of natural environment; and
- based on the outcomes that are identified by the IFSP meeting participants.

If the IFSP meeting participants together determine that a particular early intervention service is to be delivered at a location that is not the natural environment for the child or service, the IFSP must include a detailed justification for not delivering the service in a natural environment (10 NYCRR 69-4.11(a)(10)(vi)(a)(1)-(4)).

Eligible children participating in a group developmental intervention service should be authorized for either a basic or enhanced group, depending on their level of need for adult supervision and assistance.

Basic Group Developmental Intervention Services

A basic group developmental intervention service is considered an EI service provided by an approved and appropriately qualified EI provider, assistant, and one-to-one aide as needed, in a group of eligible children, which also may include children without disabilities (10 NYCRR 69-4.30).

Basic group developmental intervention services are intended for eligible children who, based on their developmental strengths and needs, are able to participate and have their IFSP goals met in an early learning environment that is staffed by one (1) EI provider and one (1) or more aides/assistants.

- **Child to Staff Ratio and Group Size:** The recommended group size and child to staff ratio for basic group developmental intervention services is eight (8) eligible children to one (1) EI provider and one (1) aide/assistant, or a comparable ratio of one (1) staff for every four children. The number of children should not exceed twelve (12) at any time. If the majority of children are under 24 months of age, the maximum group size recommended is no more than eight (8) children.

Enhanced Group Developmental Intervention

An enhanced group developmental intervention service is considered an EI service provided by an approved and appropriately qualified EI provider, assistant, and one-to-one aide as needed, in a group of eligible children which also may include children without disabilities. Enhanced group developmental intervention services are intended for children who, due to age, significant medical needs, significant behavior management needs, and/or the level of developmental functioning, require significantly more time and attention from adults during group activities.

- **Child to Staff Ratio and Group Size:** For a group of children all of whom are authorized for enhanced group developmental intervention service, the recommended group size and child to staff ratio for enhanced group developmental service is six (6) eligible children to one (1) EI provider and one (1) aide/assistant, or a comparable ratio of one (1) staff for every three (3) children. The number of eligible children in the group should not exceed twelve (12) eligible children to one (1) EI provider and three (3) aides/assistants at any time. If the majority of children in the group are under 24 months of age, the recommended maximum group size is no more than six (6) children.

One-to-One Aides

A one-to-one aide may be authorized in conjunction with a basic or enhanced group developmental intervention for children who, due to exceptional health, medical, personal care or behavioral needs, require individual assistance to successfully participate in a group setting with other children. The aide is not assigned to the group, but to the individual child in need of such assistance.

Inclusion of Typically Developing Children

Group developmental intervention services may include typically developing children to maximize peer socialization and the development of communication skills. This may be accomplished by delivering group developmental intervention services in combination with other early childhood services, such as in a child care center, or Early Head Start program, or at an EIP provider facility. When group developmental intervention services include typically developing children, there are a number of questions that should be considered, in order to ensure that all children benefit from participating in the group experience, including, but not limited to the following:

- Is the group setting appropriate for typically developing children based on their age, developmental strengths and needs?
- Are staff responsibilities coordinated to provide all children with the appropriate level of attention?
- Are curricula and learning activities developmentally and culturally appropriate for all children in group?
- Is the environment designed to ensure and promote social interactions between eligible children and their typically developing peers?

When the group developmental intervention service model includes typically developing children, staff ratios should be increased proportionally to maintain the child to staff ratio at the standard required for EIP basic and enhanced group developmental intervention services. When determining the appropriate number of staff necessary to meet the required ratio, both EIP qualified personnel and staff from other early childhood programs or services should be included.

Frequency and Duration of Group Developmental Intervention Services

It is recommended that group developmental intervention services should be a minimum of two (2) hours and a maximum of three (3) hours. As with all EI services, the IFSP team is responsible for determining the frequency, intensity, length, and duration of group developmental intervention services (10 NYCRR Section 69-4.11(a) (10) (v)). The IFSP team, including the parents, should consider a number of questions when determining the frequency and duration of group developmental intervention services for each eligible child, including:

- What is the extent of the child's developmental, medical, and behavioral needs?
- What is the child's age?
- What is the child's ability to engage in and tolerate a group setting?
- What are the specific goals in the child's IFSP?

- What are the child's and family's daily routines and schedules?
- What is the frequency (e.g., 2, 3 or 5 day sessions) of groups offered by an approved agency provider?
- What time of day (e.g., morning or afternoon sessions) is optimal for the child and family?

Curricula/Intervention Approaches

Group developmental intervention services should utilize developmentally appropriate early childhood curricula and/or evidence based intervention approaches to facilitate the attainment of functional outcomes included in the child and family's IFSP. A comprehensive body of empirical research is available in early childhood, child development, specific professional discipline, medical and early intervention journals and other publications, to guide EI providers in selecting specific published curricula and intervention approaches that can be effectively utilized or adapted in the provision of group developmental intervention services. In selecting curricula and intervention approaches, EI providers should consider the following questions regarding appropriateness and feasibility for eligible children in a group setting, including:

- What are the child's developmental needs and skills?
- What are the family's resources, priorities and concerns?
- Are the theoretical basis, content and methods of the curricula and intervention approaches a good fit with those of the eligible children in the group?
- Have the curricula, approaches, or intervention strategies been shown to be effective with the population of EIP children in the group?

The key for providers of group developmental intervention services is to select curricula and intervention approaches that have documented effectiveness, assure they are implemented well, and facilitate the attainment of functional outcomes included in the child's IFSP. There are several broad categories of curricula and intervention approaches, including child-directed interventions, discipline specific or domain specific interventions, embedded interventions, direct instruction of social skills, social integration activities, incidental teaching, pivotal response training, assessment-based interventions, and naturalistic interventions. The following categories of curricula and intervention approaches are examples of frequently used curricula and intervention approaches that are currently utilized by providers of EIP services:

- Behavioral and educational approaches for children with autism often include elements of many behavioral intervention strategies. For example, some techniques focus on the antecedent conditions and involve procedures implemented before a target behavior occurs; other techniques focus on the consequence of a behavior and involve procedures implemented following a behavior; and, other techniques involve skill development and

procedures teaching alternative, more adaptive behaviors. These strategies often consist of building complex behaviors from simple ones through shaping and successive approximations. In addition, some types of behavioral interventions use discrete trials. (New York State Department of Health, 1999).

- Embedded interventions are designed and occur within the daily routines, activities and transitions of the child. When embedded intervention is the approach used in the group setting, the targeted routines and activities should also reflect the family's concerns and priorities from the functional outcomes on the IFSP.
- Discipline Specific or Domain Specific Therapy/Interventions: Discipline specific or domain specific therapy and intervention approaches utilize a direct instruction format in which qualified personnel use therapeutic activities, instructional techniques, task-specific, or developmental activities (e.g., physical/motor therapy, occupational therapy, speech-language therapy, social integration activities, developmental behavioral intervention) to address the needs of children with specific developmental delays or diagnosed conditions, such as autism spectrum disorders, vision impairments, or motor delays within the context of a structured group setting. The therapeutic or instructional techniques may include modeling, prompting, fading, rehearsal, peer interaction and positive reinforcement.
- Scaffolding Strategies: Scaffolding Strategies are structured, targeted approaches that can be used with children who require more intensive supports across a wide variety of teaching and learning contexts, and in combination with other approaches. Scaffolding strategies include modeling, response prompting, variations of prompting and modeling, peer supports, and corrective feedback. To use scaffolding strategies effectively, teachers need to be aware of a child's changing developmental status; knowing when and how to provide new tasks and structure; and helping the child learn new skills and abilities while still allowing a degree of autonomy (Lee, Tammy, U., 2011). Van Der Stuyf, R. 2002. Scaffolding as a teaching strategy. <http://condor.admin.ccnycuny.edu>.

Across all intervention approaches, communication between the group developmental intervention team and the family about the child's experiences and progress, and recommendations about how the family can help their child learn and work on skills at home, should be consistent during each IFSP period.

Types of Facilities and Environments Appropriate for Group Services

The intent of group developmental intervention services is to serve eligible children in groups with other children, including typically developing peers, to the maximum extent possible and appropriate. The group setting should be one that can be adapted or enhanced as needed to enable an eligible child to benefit from the experiences available to their typically developing peers. The location of group developmental intervention services should be decided jointly by the family, providers and the early intervention official (EIO) as part of the IFSP. Group developmental intervention services delivered by qualified EI providers may take place at a variety of settings, such as:

- An approved provider's office or facility location (with or without typically developing peers).
- An early childhood program site, such as a licensed child care center or an Early Head Start Program. While a child care setting may be an appropriate site for group developmental intervention services, the purpose of the group developmental intervention service is not to provide child care for eligible children.
- A community location such as a community center, public library, YMCA, local park, book store, recreation program, playground, churches and other places of worship, and local museums.
- In combination with a preschool 4410 program that is also approved to provide EI group developmental intervention services.

Health and Safety

The delivery of early intervention (EI) group developmental intervention services should be delivered in a manner that protects the health and safety of children receiving EI services. EI providers may deliver services to children in groups in a facility or community setting. Providers delivering services to children in groups in a facility or community setting must be in compliance with standards based upon the requirements in New York State Public Health Law and Early Intervention regulations related to health and safety with respect to fire protection, building security, sanitation, handling medications and food, supervision, environmental hazards, and illness, life threatening food allergies, injuries, and emergencies. These standards are intended to ensure that all services, including group services, delivered to children with disabilities and their families are of the highest quality with regard to health and safety.

Specific standards for EI services delivered in a facility include, but are not limited to the following:

- All provider sites must be approved for the delivery of EI services.
- All sites are in compliance with applicable federal, state and local building, fire and safety standards or codes.
- Providers have knowledge of a current emergency evacuation plan, accurate emergency telephone numbers, and evacuation routes. Such information is posted on the premises in the area of service delivery.
- In areas where EI services are delivered, electrical outlets are inaccessible to children and have outlet covers.
- Hallways and/or exits are not obstructed and are free from clutter. Stairs are lighted.

- Child access to building hazards is restricted.
- Areas where children are receiving EI services have entrances and exits that prevent children from wandering out of the immediate area.
- The location of EI children in the facility is known at all times, and daily attendance and sign-out procedures are utilized.
- Children are directly supervised at all times, including during toileting, as applicable.
- Children receiving services in groups are supervised by direct visual contact at all times to ensure they remain in the location of service delivery.

Specific standards for EI services delivered in the community include, but are not limited to the following:

- Providers are required to observe all community-based sites that they identify as the desired setting for EI service delivery on a regular basis, to ensure there are no potential hazards to the health and safety of children during the provision of services.
- Adequate staffing, procedures or physical controls such as fencing must ensure that children are maintained securely within the designated service areas and prevent children from wandering into unsafe areas.
- Children receiving services in groups are supervised by direct visual contact at all times, to ensure they remain in the location of service delivery.
- Children are directly supervised at all times, including during toileting, when parents are not present.
- Vehicles used for transporting children for purposes of EI service delivery shall meet the licensing requirements of New York State Vehicle and Traffic law and be insured for the type of transportation being provided, including the use of appropriate child restraint systems.

In addition to complying with EIP health and safety standards, it is the responsibility of EI providers to be aware of and comply with established regulations, policies, and directives of each federal, state, or local agency that governs their approval or practice. Facility-based EI providers also licensed by the New York State Office of Children and Family Services (OCFS) or the New York City Bureau of Day Care as day care providers must comply with the health and safety standards promulgated by their respective licensing agencies. For providers who deliver EI services at a site that is licensed also by OCFS or the New York City Bureau of Day Care, compliance with health and safety standards imposed by those agencies meets many of the early intervention program standards.

For additional information and guidance on health and safety standards, please refer to Early Intervention Health and Safety Standards for the Early Intervention Program (EIP) described in

the Early Intervention Program Guidance Document, "Health and Safety Standards For The Early Intervention Program And Frequently Asked Questions Revised – February 2010", located on the NYS Department of Health Web site at http://www.health.ny.gov/community/infants_children/early_intervention/.

Transportation Services

Early intervention services are defined to include transportation and related costs (such as mileage or travel by taxi, common carrier, or other means) and other costs (such as tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services (10 NYCRR 69-4.1(l)(xviii)). The multidisciplinary evaluation conducted to determine the child's initial and ongoing eligibility for early intervention services must include an evaluation of the transportation needs of the child, including the parent's ability to provide transportation; the child's special needs related to transportation; and, safety issues and parental concerns related to transportation (10 NYCRR 69-4.8(a)(4)(v)).

If the IFSP team determines that group developmental intervention services are needed to meet the unique developmental needs and strengths of the child and the family's resources, priorities, and concerns for the child's development and to accomplish the measurable outcomes for the child and family identified in the IFSP, the IFSP team must also consider whether transportation is necessary for the child to benefit from group developmental intervention services, including information gathered during the child's multidisciplinary evaluation.

Transportation services may be provided directly, by contract, or through reimbursement of the parent at a mileage rate authorized by the municipality for the use of his/her private vehicle, or other reasonable transportation costs (such as public transportation, tolls, and parking fees) (10 NYCRR 69-4.19(a)(1)).

In developing the IFSP, the IFSP team must first give consideration to the provision of transportation by the child's parent to the site at which the group developmental intervention service will be provided (10 NYCRR 69-4.19(b)). If the parent is unable to provide or access the transportation needed by the child to benefit from the authorized group developmental intervention, the municipality in which the child resides is responsible for arranging and providing payment for suitable transportation services (10 NYCRR 69-4.19(c)). The municipality must ensure that transportation is available beginning the first day of the group developmental intervention service as agreed upon in the child's and family's IFSP (10 NYCRR 69-4.19(a)). The authorization of a combination of transportation options may be necessary in order to ensure that transportation is provided from the first day of services. For example, if contracted transportation services are not available the first week that a child is authorized to receive center-based services, and the parent cannot provide or access transportation, alternate means of transportation must be authorized and arranged to enable the child to receive services starting on the first day authorized.

Billing for Group Developmental Intervention Services

Early Intervention Program regulations at 10 NYCRR 69-4.30 (a) (8)-(11) set forth the following requirements for authorization and billing of group developmental intervention services:

- Up to one (1) basic group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.
- Up to one (1) enhanced group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.
- Up to one (1) basic group developmental intervention with one-to-one aide visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.
- Up to one (1) enhanced group developmental intervention with one-to-one aide visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.
- The IFSP team is responsible for determining the frequency of group developmental intervention services based on the individual strengths and needs of the child, and the child and family outcomes included in the IFSP. The Early Intervention Official may provide prior authorization for more than one consecutive group developmental intervention session per day (for a recommended minimum of two hours each) if the IFSP team determines that based on specific developmental needs of the child, such services are appropriate. However, it is not permissible to authorize, provide, or bill more than one group developmental intervention session during the same time period on the same day.
- An office/facility-based individual/collateral visit delivered at a provider's site or a home/community-based individual/collateral visit delivered in a community setting may be authorized and delivered during the child's participation in a group developmental intervention, either within or outside of the physical group setting, provided that child's IFSP identifies:
 - the goals and child and family outcomes to be accomplished by the qualified personnel delivering the individual session(s) to the child;
 - the type of early intervention service and personnel who will deliver the individual session(s);
 - where the individual session(s) will be provided (i.e., in the same physical location as the group or in a different physical location; if the latter, the location must be described);

- the length of the individual session to be provided (not to exceed 50% of the time for the group developmental intervention session if the child's individual session is not in the same physical location as the group); and,
- strategies that will be used by staff to deliver the individual session in a way that supports the child's full participation in the group and ensures the child receives the full benefit of the group developmental intervention.

For example, an eligible child participates in a two and half (2.5) hour developmental toddler group led by a qualified special education teacher at an approved EI provider's site. During the thirty (30) minute snack time, an occupational therapist provides a facility-based individual/collateral visit to the child in the same physical location as the group setting to address feeding goals and outcomes included in the child's IFSP; special education teacher provides a one-one behavioral intervention session to work on verbal skills in a structured setting in close proximity to the physical location of the group and sessions are scheduled at an optimal time for the child (e.g., on arrival when the child needs assistance in the transition from home to group).

- Providers may include typically developing children in group developmental services; however, the EIP will only reimburse providers for group developmental services provided to children enrolled in the EIP.
- If a provider offers group developmental intervention services at a community-based location, the EIP reimbursement rate will be payment in full. No additional costs can be incurred to the early intervention program for the use of the location, and the provider is prohibited from charging parents of eligible children an additional fee to participate in such a group or to access the facility (e.g., YMCA, library, etc.) where the group is being provided.
- Basic group developmental intervention and enhanced group developmental intervention service models are intended to be distinct group models. However, it is permissible for EIP providers to include children authorized to receive basic group developmental intervention and enhanced group developmental services in the same group. Under these circumstances, the child to staff ratio for the enhanced group developmental intervention service model must be applied to the entire mixed group.

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Curricula Resources

Activity-Based Intervention (ABI): ABI is a strategy for working with infants and young children that helps them develop functional abilities by embedding goals and objectives into routine, planned, and spontaneous activities (Bricker and Cripe 1992). It capitalizes on children's daily interactions with their social and physical environments to facilitate skill development. ABI, which is based on an ecological approach to child development, emphasizes natural, functional, and meaningful interactions with the environment. This type of intervention is founded on the belief that real-life activities consist of sensory, motor, cognitive, communicative, and social components that should not be isolated from one another.

Bricker, D., Pretti-Fontczak, K., & McComas, N. (2004). An activity-based approach to early intervention . (3rd ed). Baltimore: Paul Brooks Publishing Company is available at:

<http://products.brookespublishing.com/An-Activity-Based-Approach-to-Early-Intervention-Third-Edition-P188.aspx>.

Active Learning: The Active Learning series, published by the Pearson Learning Group, devotes a volume to each specific age group—infants, 1-year-olds, 2-year-olds, 3-year-olds, 4-year-olds, and 5-year-olds, as well as children with disabilities. Each volume contains more than 300 activities that have been field-tested to ensure their effectiveness in care and education.

These materials are intended for use in home-visiting programs or center-based early care and education programs. Information about the series can be obtained from Frank Porter Graham Child Development Institute University of North Carolina at Chapel Hill at:

www.fpg.unc.edu/~ecers/rw_als.htm.

Creative Curriculum for Infants, Toddlers & Twos: The Creative Curriculum for Infants, Toddlers and Twos is a comprehensive curriculum that focuses on building relationships and providing responsive care. The curriculum contains strategies to help teachers understand developmentally appropriate practice and how to create daily routines and meaningful experiences that respond to children's strengths, interests, and needs. Additional information is available from Teaching Strategies, Inc. at: www.TeachingStrategies.com.

Early Start Denver Model: The Early Start Denver Model (ESDM) is a comprehensive behavioral early intervention approach for children with autism, ages 12 to 48 months. The program encompasses a developmental curriculum that defines the skills to be taught at any given time and a set of teaching procedures used to deliver this content. It is not tied to a specific delivery setting, but can be delivered by therapy teams and/or parents in group programs or individual therapy sessions in either a clinic setting or the child's home. This early intervention program integrates a relationship-focused developmental model with the well-validated teaching practices of Applied Behavior Analysis (ABA). Details on how qualified professionals can

become trained in the ESDM can be obtained from the UC Davis MIND Institute at:
<http://www.ucdmc.ucdavis.edu/mindinstitute/research/esdm/certification.html>.

Hawaii Early Learning Profile (HELP): HELP (0–3) is a center-based curriculum for children from birth through 3 years. HELP offers the early intervention provider a variety of options for ongoing assessment and curriculum planning, and enables families and providers to plan and monitor progress in small, incremental steps. It provides play-based activities and intervention strategies for each of the skills in 6 developmental domains: cognitive, language, gross motor, fine motor, self-help, and social development. It promotes a crossdisciplinary, integrated approach that can be used by physical, speech, and occupational therapists; early childhood educators; infant specialists; psychologists; social workers; and nurses. Information about the curriculum can be obtained from
VORT Corporation at: www.vort.com.

HighReach Learning (HRL): The HRL curriculum, designed for children ages 12 months to 5 years, emphasizes a blend of teacher-facilitated and child-initiated activities. The curriculum is delivered through monthly theme-based curriculum programs integrating language, literacy, mathematics, science, creative arts, physical, health, and social/emotional domains while attending to children’s approaches to learning and individual learning styles. The curriculum provides training for teachers and materials to facilitate teachers’ documentation of student learning. Information about the curriculum can be obtained from HighReach at:
www.highreach.com/Scripts/guidelines.asp.

High/Scope: The High/Scope educational approach is a set of guiding principles and practices that adults follow as they work with and care for infants and toddlers, preschoolers, and elementary and adolescent students. These principles are intended to be an open framework that teams of adults are free to adapt to the special needs and conditions of their group, their setting, and their community. Active learning, belief that children learn best through active experiences with people, materials, events, and ideas, rather than through direct teaching or sequenced exercises, is a central tenet of the High/Scope approach for all age levels. The High/Scope preschool approach is used in both public and private half- and full-day preschools, nursery schools, Head Start programs, child care centers, home-based day care programs, and programs for children with special needs. Resources from the High/Scope Foundation are available at www.highscope.org.

Infant-Toddler Planning Guide (Chapel Hill Training Outreach Project): The Infant Toddler Planning Guide correlates with the Early Learning Accomplishment Profile (E-LAP) instruments, and activities can be linked to emerging skills identified using the assessment process to facilitate a child’s developmental progress. The curriculum guide uses a theme based approach; each developmentally appropriate activity involves language, cognitive, gross motor, fine motor, self-help, and social-emotional skills. Activities are designed to stimulate infant and toddler development through daily routines and planned activities. Information about the guide book can be obtained by contacting Kaplan Press at 1-800-334-2014 or email at:
info@kaplanco.com.

Learning Experiences and Alternative Program Model (LEAP). LEAP is a multi-faceted model of early intervention for young children with autism spectrum disorders. It combines a variety of strategies such as Applied Behavior Analysis, peer-mediated instruction, incidental teaching, self-management training, prompting strategies, and systematic parent training. LEAP has the components of an integrated preschool program and a behavior skills training program for parents. The primary goals of the curriculum are to expose children with autism to typical preschool activities and to adapt the typical curriculum for the children with autism only when necessary. Independent play skills are facilitated by using peer models and by prompting, fading, and reinforcing target behaviors (Strain & Hoyson, 2000). Additional information on the LEAP model can be found in the article: Strain, P.S., & Bovey, E.H. (2011). Randomized, controlled trial of the LEAP model of early intervention for young children with autism spectrum disorders. *Topics in Early Childhood Special Education*. First published on May 25, 2011 as doi:10.1177/0271121411408740. The online version of this article can be found at: <http://sehd.ucdenver.edu/update/files/2011/06/Strain-Bovey-Article.pdf>.

Learninggames: Learninggames, first published in 1979 and revised in 2004, has been used as the Abecedarian Project curriculum. It is a parent groups' curriculum for children birth through 5 years. Activities are derived from developmental milestones in the domains of social/emotional development and cognitive/creative development, language, and motor skills. Each game provides caregivers and providers with an example of how to enhance child development. Information on the curriculum can be obtained from MindNurture at <http://mindnurture.com>.

Mediated Learning Curriculum: The Mediated Learning Curriculum is a developmentally appropriate curriculum that supports children ages 2 to 7-years-old in inclusive settings. The model has been duplicated in early childhood special education settings and in Head Start programs. It has been rigorously evaluated over a 15-year period and has been found to be effective with children who have developmental delays and children who are developing typically. Positive effects of the model are found in students who received the curriculum during preschool as late as age 16. Additional information about this model can be obtained from Washington Learning Systems at: www.wlearning.com/index.html.

Responsive Teaching (RT): RT is an early intervention curriculum designed to address the cognitive, language, and social emotional needs of young children with developmental disabilities. This model was derived from research conducted mostly with children with Down Syndrome and their mothers. It was designed to be implemented by parents and other caregivers who spend significant amounts of time interacting with and caring for young children. RT was developed to help adults maximize the potential of each of their routine interactions with their children so that they support and enhance children's development and well being. This curriculum encourages children to develop and use the 'pivotal behaviors' that are the foundations for developmental learning, such as social play, initiation, problem solving, joint attention, conversation, trust, cooperation, persistence and feelings of competence. Additional information can be found at: <http://www.down-syndrome.org/perspectives/311/>

Structured TEACCHing: The Structured TEACCHing intervention approach was developed by the University of North Carolina, Division TEACCH (Treatment and Education of Autistic and related Communication Handicapped Children). Structured TEACCHing approach is a family centered, evidence-based practice for working with children of all ages with autism spectrum disorder. Primary components of Structured TEACCHing include: understanding the culture of autism; developing an individualized person and family-centered plan for each child rather than using a standard curriculum; structuring the physical environment; using visual supports to make the sequence of daily activities predictable and understandable; and using visual supports to make individual tasks understandable (Mesibove, Shea & Schopler, 2004). Additional information can be obtained from the TEACCH Autism Program at <http://teacch.com/>.

Additional Resources

Adapting Curriculum and Instruction in Inclusive Early Childhood Classrooms (revised 2004), by Alice Frazee Cross and Susan D. Dixon, published by the Early Childhood Center, Indiana Institute on Disability and Community, Indiana University at Bloomington, provides a specific process and nine types of adaptations for modifying teaching methods for individual children and for specific settings, and provides a conceptual planning model for developing adaptations appropriate for all young children, including those with identified disabilities, those who are at risk, and those who could benefit from enriched curricular options. Additional information is available from the Early Childhood Center at www.iidc.indiana.edu/ecc/products_curriculum.htm.

CORE Curriculum & Training Program to Prepare Paraeducators to Work in Center & Home Based Programs for Young Children with Disabilities From Birth to Age Five (1999), by Pickett, A.L., Semrau, B., Faison, K., & Formanek, J.. NY, NY: The National Resource Center for Paraprofessionals in Education and Related Services, Center for Advanced Study in Education Graduate School and University Center City University of New York. This curriculum is designed for training entry level caregivers to provide inclusive early care to children birth to age five. Information on activities to use in training and additional resources can be obtained at National Resource Center for Paraprofessionals NY, NY 10036; 1-212-817-1810 (ext.1832).

Curricula to Foster Social and Emotional Competence in Young Children (updated June 2006), by the National Child Care Information Center, includes information on selected curricula that are research based and have been shown to be effective in reducing challenging behaviors of students in preschool settings. This resource is available by calling NCCIC at: 800-616-2242 or emailing info@nccic.org.

Curricula/Teaching Approaches for Early Care and Education by the National Child Care Information Center includes information on selected researched-based curricula/teaching approaches for early childhood educators in child care centers and family child care. This resource is available by calling NCCIC at: 800-616-2242 or emailing info@nccic.org.

Early Childhood Curriculum, Assessment, and Program Evaluation: Building an Effective, Accountable System in Programs for Children Birth through Age 8; Position Statement with Expanded Resources (November 2003) is based on the 2003 Joint Position Statement of the National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education.
www.naeyc.org/about/positions/pdf/CAPEexpand.pdf.

Everyday Activities to Promote Visual Efficiency: A Handbook for Working with Young Children with Visual Impairments by Rona Shaw and Ellen Trief (2009) offers guiding principles for early intervention with very young children who are visually impaired and who may also have additional disabilities. This resource also provides simple activities that can be incorporated easily by families and service providers into the everyday routines of a baby or child to facilitate early visual development and use of functional vision. Information about the handbook can be obtained at: www.afb.org/store.

Evidence-Based Practice Briefs, developed by The National Professional Development Center on Autism Spectrum Disorders (ASD), funded by the U.S. Department of Education, Office of Special Education Programs, provides a description of 10 identified evidence-based practices that have been shown to be effective with the early intervention population, birth to three years old, who have been diagnosed with autism spectrum disorders. An overview of the practices and downloadable PDF files for the EBP brief can be obtained at:
<http://autismpd.fpg.unc.edu/content/briefs>.

NYS Education Department (2007) *IMPROVING PRESCHOOL SPECIAL EDUCATION IN NEW YORK STATE* Conclusions and Recommendations from the Temporary Task Force on Preschool Special Education.
<http://www.p12.nysed.gov/specialed/preschool/taskforce/finalreport1107.pdf>

Quality Indicators of Inclusive Programs/Practices: A Compilation of Selected Resources by Cate, D., Diefendorf, M., McCullough, K., Peters, M., & Whaley, K.. Available resources and indicators of inclusive practices designed for a variety of audiences, and may be useful for families, practitioners, program administrators, technical assistance personnel, researchers, and state administrators.
www.nectac.org/~pdfs/pubs/qualityindicatorsinclusion.pdf.

Tactile Strategies for Children Who Have Visual Impairments and Multiple Disabilities: Promoting Communication and Learning Skills by Deborah Chen, Ph.D. & June E. Downing, Ph.D. (2006); this manual provides teachers, early interventionists, and parents with information about alternative communication and practical strategies and insights for working with young children who are visually impaired and have additional developmental delays. The techniques were developed for children who need to learn to use their sense of touch effectively and develop skills that are not necessarily based on the use of vision. Information about the handbook can be obtained at: www.afb.org/store.

The New York State Department of Health, Bureau of Early Intervention, does not endorse any organization, publication, or resource.