

**EARLY CHILDHOOD SPECIAL EDUCATION
FOR CHILDREN WITH DISABILITIES,
AGES THREE THROUGH FIVE:
PROGRAM PLANNING**

Prepared By

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Note: Refer to *Guidelines: Evaluation Process*, (August, 1999) for revised evaluation procedures. Refer to *Guidelines: Individualized Education Program Planning Process* (August, 1999) for revised IEP procedures.

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INTRODUCTION

This section includes distinct but interrelated components. First, the North Dakota program guidelines are presented, including eligibility of students, a description of the service delivery system, and recommendations regarding caseload and use of support personnel. Following the program guidelines is a discussion of services to families - both required and supplementary options. Finally, guidance in the individualized education program

(IEP) planning process is described, with emphasis given to those components that differ from the IEP that is developed for children who are of school age. Directions for completing a SPECIS Record Entry Data Form is included. An extensive discussion of team decision-making relative to service in the least restrictive environment is presented, with alternative procedures and examples offered to the reader.

NORTH DAKOTA PROGRAM GUIDELINES

1.0 **ELIGIBILITY OF STUDENTS:** A comprehensive, multidisciplinary assessment must be completed for each child suspected of having a disability under Individuals with Disabilities Education Act (IDEA). This assessment will provide information from all areas of a child's functioning (e.g., medical, cognitive, developmental, social/emotional). Relevant family and environmental information will also be gathered. This information will be used to identify a disability under IDEA and establish the need for specially designed instruction.

1.1 Disability categories are identified in IDEA (34 C.F.R. 300.5(a)) and NDCC 15-59-01(3). Disability categories are: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury and visual impairment. The definitions of the disability categories are contained in Appendix A.

1.2 Identified children with disabilities are eligible for services under IDEA beginning on their third birthday. (NDCC 15-59-01(2), definition of a child with disabilities.)

1.3 Children receiving Early Childhood Special Education (ECSE) services must be three years of age through five years of age. (NDCC 15-59-01(2), definition of a child with disabilities.)

1.3.1 Children who turn age six after the current school term has begun may receive ECSE services throughout the school year, as determined by the individualized education program (IEP) team's decision that such services are appropriate.

1.3.2 Children who are six years of age enrolled in kindergarten programs and in need of special education and related services will receive those services from personnel serving the school-aged students.

1.3.2.1 Special education and related services that are coordinated by a school case manager may be implemented in an ECSE setting if determined appropriate by the IEP team.

1.4 Children receiving ECSE services must have verification of updated immunizations in their special education student file (NDCC 23-07-17). It

is recommended that this information be placed in the child's cumulative file housed at the school of residence.

2.0 **APPROVAL OF SERVICES:** A request to the Department of Public Instruction (DPI) for annual approval must be made for any ECSE services in the same way as for any other special education services.

2.1 An approved program of services must employ a teacher holding a North Dakota credential in the area of ECSE.

3.0 **SERVICE DELIVERY SYSTEM:** Individualized education services for young children with disabilities must be implemented in a variety of community, home and school settings. Least Restrictive Environment (LRE) decisions will be based on specific needs identified in the child's IEP as determined by the IEP team. The identification of the child's typical environment (place the child would be if he/she did not have a disability) serves as the point of reference as LRE options are addressed and decisions made. The following list of options, along with a variety of possible combinations, are all acceptable means to deliver a ECSE service within the context of LRE.

3.1 Services will be implemented according to strategies identified as most appropriate in meeting a child's individual needs. Service options fall under one of three categories:

3.1.1 **Direct Instructional Services** include children who receive special education and related services in individual, small group and large group instructional services implemented within targeted instructional settings by credentialed teachers, paraprofessionals, child care providers, and parents. The "characteristics of service" section of the IEP is used to determine which activities in the child's day within the home or preschool environments qualify for the total number of hours per week. The following criteria must be addressed.

3.1.1.1 In center programs where a child is being taught through large or small group instructional activities in preschool, kindergarten, or child care facilities, there must be specific educational outcomes for the child concurrent with his/her involvement in that specific activity. These outcomes must be delineated in the child's IEP.

- 3.1.1.2 When the parent, child care provider or paraprofessional works directly on activities as identified in the IEP, inservice training must have occurred.
- 3.1.1.3 Home programs, in cases where the parent is implementing activities within the home environment which are to qualify as direct service interventions, must be described in the IEP to involve adapted routines or specially designed instructional procedures and contain specific educational outcomes for the child in the targeted instructional areas.
- 3.1.2 **Indirect Services** include the amount of time spent by educational and related service personnel in observing the child in any of the targeted instructional environments, assessing the child, providing inservice training to parents and other team members, and providing consultation with parents and other team members.
- 3.1.3 **Related Services** include the amount of time spent in individualized and small group therapy sessions within any of the targeted learning environments. This includes physical therapy, occupational therapy, communication therapy, and itinerant instructional services by credentialed personnel in targeted area(s) of the child's disability. Such services may be appropriate when supportive therapies are needed to enable a child to gain from special education services.
- 3.2 Service delivery settings are determined according to the child's needs. The following settings are options to be considered.
- 3.2.1 **Early Childhood Setting.** Children who received all of their special education and related services in educational programs designed primarily for children without disabilities. This may include but is not limited to:
- Regular kindergarten classes;
 - Public or private preschools;
 - Head Start centers;
 - Child care facilities;
 - Preschool classes offered to an eligible pre-kindergarten population by the public school system;
 - Home/early childhood combinations;
 - Home/Head Start combinations; and
 - Other combinations of early childhood settings.
- 3.2.2 **Early Childhood Special Education Setting.** Children who received all of their special education and related services in educational programs designed primarily for children with

disabilities housed in regular school buildings or other community-based settings. This may include, but is not limited to:

- Special education classrooms in regular school buildings;
- Special education classrooms in child care facilities, hospital facilities on an outpatient basis, or other community-based settings; and
- Special education classrooms in trailers or portables outside regular school buildings.

3.2.3 **Home.** Children who received *all* of their special education and related services in the principal residence of the child's family or caregivers.

3.2.4 **Part-Time Early Childhood/Part-Time Early Childhood Special Education Setting.** Children who received services in multiple settings, such that: (1) a portion of their special education and related services is provided at home or in educational programs designed primarily for children without disabilities, and (2) the remainder of their special education and related services is provided in programs designed primarily for children with disabilities. This may include, but is not limited to:

- Home/early childhood special education combinations;
- Head Start, child care, nursery school facilities, hospital facilities on an outpatient basis, or other community-based settings with special education provided outside of the regular class;
- Regular kindergarten classes with special education provided outside of the regular class;
- Separate school/early childhood combinations; and
- Residential facility/early childhood combinations.

3.2.5 **Residential Facility.** Children who received *all* of their special education and related services in publicly or privately operated *residential schools* or *residential medical facilities* on an inpatient basis.

3.2.6 **Separate School.** Children who received *all* of their special education and related services in educational programs in public or private day schools specifically for *children with disabilities*.

3.2.7 **Other (Itinerant) Service Outside the Home.** Children who received *all* of their special education and related services at a school, hospital facility on an outpatient basis, or other location for a *short period of time* (i.e. no more than 3 hours per week). (This does not include children receiving services at home; those children are reported under **Home**.) These services may be provided individually or to a small group of children. This may

include, but is not limited to: speech instruction up to 3 hours per week in a school, hospital, or other community-based setting.

3.2.8 **Reverse Mainstream Setting.** Children who received *all* of their special education and related services in educational programs designed primarily for children with disabilities but that include 50 percent or more children without disabilities.

4.0 **TRANSITION:** There are two critical transition phases for children in ECSE services. Individual child needs are reviewed through a transition process to determine the most appropriate services when they are referred for ECSE services from Infant Development Programs or other community early intervention programs. The other transition process occurs as children move out of ECSE programs and are enrolled in school programs. The transition processes are described in detail in the Transition Section of this guide.

5.0 **SIZE OF ENROLLMENT/CASELOAD:** The multiplicity of needs of the individual child and the additional support services necessary for each child will determine the number of children served in any particular setting by any one case manager. Actual time allotted for services will be identified on a per child basis on the individualized education program.

5.1 The Department of Public Instruction recommends the following:

5.1.1 Special education personnel providing services to children shall consider setting options including homebased, community, individual/small group and/or a combination of these. Individual teacher caseloads will vary depending upon the nature of the setting(s). Caseloads may range from 6 to 20 children. It is important to remember that caseloads are based on number of contact hours and not the number of children.

For example, a child in direct instructional services receives approximately 2 to 2 1/2 hours of service per day. Using this as a basis for homebased services, a case manager would be able to serve a minimum of two children per day, five days a week, equaling 10 children.

A teacher serving children in combined settings will need to consider the range of indirect contact time needed. Time must also be allotted for collaborative planning, team teaching, observation, and data collection. In a combined setting where both direct and indirect services are implemented, teacher case load size will increase in relation

to the amount of indirect service (the more direct service, the fewer children on each caseload). If all children on a teacher's caseload received indirect services, a typical caseload may range from 15 to 20 children.

- 5.2 If a child enters services needing more than the minimum of contact hours, a case manager's caseload would need to be decreased or personnel added.
- 5.3 Support services personnel qualified in one or more area of disability will be required to assist in the provision of appropriate services as identified in the child's IEP.
- 5.4 Aides may be employed dependent upon the service needs of individual children.

SERVICES TO FAMILIES

Parent involvement in the young child's educational program is essential. Parents and siblings have provided and will continue to provide for the child's needs before, during, and after placement in the preschool program. Bronfenbrenner noted that "the family is both the most effective and economical system for fostering the development of the child." This is true in that (1) family members are the primary teachers during the child's first years of life, (2) interventions by family members occur in the natural environment and across settings in that environment, thus improving chances that learning will generalize, and (3) family members are the only persons who will remain members of the child's intervention team during subsequent transitions. It is imperative that parents be offered opportunities to develop intervention skills that will empower them to adequately address their child's educational needs over the years in the areas of growth and development, advocacy, exercise of rights, assuring appropriateness of educational programs, decision-making, and home and community integration.

FAMILY INVOLVEMENT

The Individuals with Disabilities Education Act, Part B (IDEA-B) guarantees parent participation in decision-making regarding the child with disabilities. This basic level of involvement assures parents the right to participate as active team members in the multidisciplinary team decision-making regarding the child's eligibility for special education services and in developing the child's individualized

education program (IEP). (See Figure PP-1.) This involvement begins with the first contacts made with the family either by the referring source (e.g. a physician or agency personnel) or by the program staff when a referral is received. Sensitivity and support on the part of professionals can set the tone for an effective and successful program for the child as well as a positive working relationship with the family's participation in the multidisciplinary team's decision-making process. Empowering parents of diverse backgrounds is critical. The parents are in the best position to clarify for staff members whether assessment results are typical patterns of behavior, to give information about medical or other relevant factors in the child's development, and to provide other observations of the child not available to the staff in assessment situations.

In the development of the child's individualized education program (IEP), parents and other family members will provide input on priority targets for programming, assist in determining methods that might work, suggest interventions to be carried out in the home, or provide information on motivational, health, and social-emotional variables.

In addition to planning for the child's individual needs, *plans for individual families* may be developed in the IEP planning process based on the family's goals and needs. An individualized plan for a family's involvement should incorporate the unique needs of the family and recognize that the family's role is central to the child's develop-

ment. An individualized plan for the family may involve goals that relate to the child with disabilities and goals that relate to the family's meeting other needs. For example, a family's goals might be (1) to integrate an intervention into the family's daily routine, such as reinforcing language and fine motor skills while bathing the child; (2) to access resources to obtain an alternative communication system for the child; (3) to find a more rewarding part-time job for the mother; or (4) to enroll siblings in a workshop on play with a brother or sister with a disability.

An important aspect of family involvement is ongoing communication among team members. Ongoing communication is critical for a young child whose physical health may be unstable or who is undergoing rapid developmental changes that necessitate program changes. Family involvement in the child's program may also be encouraged through parent participation throughout all aspects of a child's intervention plan.

SUPPLEMENTARY OPTIONS IN FAMILY SERVICES

Basic levels of family involvement in the young child's educational program include family education and family support services.

Family education provides information that addresses the family's knowledge and skill needs. Information directed at the family's knowledge needs might cover topics such as characteristics of the disability, available community resources, parenting issues, organizations for parents of children with disabilities, and so on. Topics in the area of skill needs might address how to

access agency services and resources, carry out specific interventions, set up a trust fund for the young child, or manage specific behaviors. Knowledgeable parents may act as resources to other parents as they share their own experiences and what they have learned about having a young child with disabilities.

The second type of supplementary service, family support services, may be provided as part of the program's family services component or may be accessed through other agencies or programs. Ongoing communication, as previously described, provides a basic level of support to families. In addition, family support services may be provided through group activities for family members (e.g. siblings, parents, or grandparents), the natural support system of extended family members and friends, counseling services, or agency services (i.e. medical, social, economic, or educational services or respite care).

GUIDELINES FOR FAMILY SERVICES

The addition of a child with disabilities to a family has a significant impact on the entire interactional system of the family. Consideration of some basic guidelines in serving families can enhance the quality of services provided to the young child and the family, and facilitate communication between the program staff and the family.

In communicating with a family, professionals need to listen and support the family members, keeping in mind that families may react in different ways at different times. They must be sensitive to the parents' fluctuating

emotions and responses regarding their child.

There are many societal expectations and pressures on the family to raise their child to conform to cultural patterns. The culturally different family may require special support as they face systems that do not acknowledge these differences.

Parents may appear disinterested, overprotective, rejecting, or guilt ridden, but it is extremely important that professionals reserve judgment until they have a clear understanding of situations, especially when economic or cultural factors distinguish parents from professionals. Making assumptions may hinder communication and development of a trust relationship between the family and professionals. Parents can often sense that they are being negatively evaluated even though this is not communicated verbally.

Professionals need to communicate clearly using everyday language. Parents should be encouraged to clarify their understanding of what is being conveyed and to ask questions when something is ambiguous. Parents need time and assistance to understand the significance of information presented to them by professionals.

The family's specific knowledge about the child should be solicited and utilized. They should be involved in assessing the child's strengths, in setting goals and determining intervention methods, and in evaluating success.

The extended family and immediate community can be educated about disability conditions through printed materials, media, support groups, or agency programs. Encouraging extended family members and friends to offer practical and emotional support can help families of children with disabilities reduce social isolation and enhance community understanding of the needs of children with disabilities and their families

PROGRAM SERVICES

In programs for young children with disabilities, critical consideration must be given to providing the following services: assessment, educational programming, related services, parent education, family support services, transitional services, and consultation. Program staff must have competencies in each of these areas as well as the ability to work effectively on a team in assessment, planning, daily service delivery, and ongoing program evaluation and planning. An effective team effort leads to a better integrated program for the child, with all personnel aware of and working toward the same objectives.

PROVISIONS FOR THE LEAST RESTRICTIVE ENVIRONMENT

To ensure that a child's placement will always be made in the least restrictive environment (LRE), procedures must be developed to address the following requirements.

1. Alternative settings and delivery modes must be made available so that each child's education will be appropriate to his or her individual needs. The alternatives must include whatever is needed to carry out the agreed upon individualized education program for each child enrolled in early childhood special education services.
2. Safeguards to take into account in determining the appropriate setting and service delivery mode for each child include:

- a. alternative settings and delivery modes are determined at least annually.
- b. alternative settings and delivery modes are based on the child's IEP.
- c. the setting for the program/service is as close as possible to the home of the child.
- d. before concluding that the child requires a special setting, all possibilities should be considered for engaging supportive services that would enable the child to receive services in a setting with children who do not have disabilities. If the nature and severity of the disability is such that the child must be served in a setting apart from children who do not have disabilities, provisions that enable the child to interact as much as possible with age-appropriate peers must be identified.

SERVICE DELIVERY SYSTEM

Individualized education services for young children with disabilities may be implemented in a variety of community, home and school settings. The identification of the child's typical environment (place the child would be if he/she did not have a disability) serves as the point of reference as LRE options are considered and decisions made.

Within the LRE context, services may be direct or indirect. A full continuum of direct preservice options includes:

- homebased
- community based

- combined Early Childhood/Early Childhood Special Education
- individualized, small group, direct intervention
- residential
- in-patient hospital

Indirect services includes:

- observation
- assessment
- inservice training
- consultation
- technology based services

In situations where child care services, preschool programs or other early childhood services are not available or considered inappropriate within the local community, special education units may choose to develop reverse integration programs to assure that children with disabilities interact with age appropriate peers without disabilities.

In establishing reverse integration programs, specific administrative and programming considerations will be addressed by the local special education unit. These will result in written local policies and procedures. Programming considerations should include identification of a curricular approach appropriate for all children,

ratio of children with disabilities to children without disabilities, registration procedures for children without disabilities and length of program day. Administrative considerations include but are not limited to additional fiscal factors, child care licensing issues, liability concerns, transportation responsibilities, staffing patterns, and program setting concerns.

When setting up a reverse integration program, school districts need to be sensitive to existing community child care programs, keeping in mind competition and variability in child care costs to families. It is important that school districts work with all community services to enhance collaborative programming.

INDIVIDUALIZED EDUCATION PROGRAM PLANNING PROCESS FOR EARLY CHILDHOOD SPECIAL EDUCATION

The North Dakota Department of Public Instruction has published a comprehensive guide that addresses the process that should be utilized for documenting the deliberations of the multidisciplinary team. In addition, it provides the recommended format for the Individualized Education Program (IEP). This manual, *Guidelines: Individualized Education Program Planning Process*, published in August 1999, contains the recommended process to use with preschool children with disabilities as well as school age students. A state recommended IEP form for Early Childhood Special Education was developed in 1999 and is included in Appendix PP-E of this guide.

This section highlights factors that must be addressed when preparing an IEP for a child in an Early Education Special Education Program. *Only those components that differ from the standard IEP are presented and discussed.* They include sections:

- C. IEP Information - Federal Child Count Setting
- D. IEP Planning Meeting
- E. Present Levels of Educational Performance
- F. Annual Goals, Short-term Instructional Objectives, and Characteristics of Services
- J. Least Restrictive Environment

SECTION C. IEP INFORMATION - FEDERAL CHILD COUNT SETTINGS

Federal Child Count settings are listed in the IEP *Guidelines* (August 1999) document on page 65.

SECTION D. IEP PLANNING MEETING

Team members who must be involved include the administrator of the school the child will attend when he/she becomes school age, the child's current special education teacher(s), the parents, and a general education representative. It is imperative that consideration be given to selecting a general education representative who is providing services to the child and to other children who do not have a disability. In the event that the child is not receiving any services outside the home, an early childhood professional providing services for other same age children who do not have disabilities should be identified and included as the general education teacher. This procedure will ensure that the curricular input from the general education teacher is maximized.

It is also vital to involve in the IEP process an administrator from the school the child will be attending when he/she is old enough to start kindergarten. The responsibility for the child's education is immediately placed on the neighborhood school. This ensures that the school personnel become knowledgeable about the educational and developmental needs of the preschool child. It affords

the parents an opportunity to become familiar with the administrators of the neighborhood school and allows them to feel much more comfortable with the eventual transition process.

SECTION E. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

The present levels of educational performance (PLEP) component addresses the child's unique patterns of functioning. It lays a foundation for the succeeding components of the IEP. Statements in the PLEP should (a) address significant strengths and deficits, (b) be understandable to the parents and general educators, and (c) give the reader a clear picture of how the student is functioning in all relevant areas at the time the IEP is being written.

A critical concept relating to PLEP that must be considered for the preschool age child is the counterpart to a general education curricular framework. The child's unique patterns of functioning should be compared against the prerequisite skills required, and the anticipated outcomes expected from the curricular source being utilized. Although there are many curricular sources available commercially, it is important to select a recognized system based on developmentally appropriate practices. Examples of widely used sources include the National Child Development Associate (CDA) credentialing curricular standards for child care settings, Head Start curriculum, preschool curriculum such as that sponsored by the Association for the Education of Young Children (AEYC), or, for older preschool children, an accepted kindergarten curriculum. This curricular framework is the basis for comparing the preschooler's performance with that of a

chronologically same-aged peer without a disability.

Two components must be addressed relative to the curriculum reference that has been selected. The first consideration is how the impairment or developmental delay affects the child's ability to participate and make progress in the general education curriculum. The second consideration is how the impairment or developmental delay impacts the child's access to other developmentally appropriate activities. The curricular framework selected should serve as an outline in deriving the present level of performance. Assessment considerations, observational data, and parent input should then be included to provide the explanation and validation of the impact of impairments or developmental delays.

The reference to a developmentally based curriculum framework is always required. When a home-based intervention program is most appropriate for a young preschool child, a standardized curriculum for home-based care should be selected. Although the critical components of these curricular sources vary somewhat, all contain essential curricular offerings such as the following examples from the National CDA in the following domains.

CDA Goals:

- Safe Environment
- Healthy Environment
- Creative Environment
- Cognitive Development
- Physical Development
- Communication Development
- Social Development
- Guidance
- Self Development

Learning Environment
Family Involvement

SECTION F. ANNUAL GOALS, SHORT-TERM INSTRUCTIONAL OBJECTIVES, AND CHARACTERISTICS OF SERVICES

The format for writing the annual goals and short-term objectives of the IEP is identical to that addressed in the *Guidelines Individualized Education Program Planning Process* (August 1999) document. The characteristics of service sections will vary, however, since the service settings and educational needs are different. It is important to remember that the early childhood curricular focus must be retained. The characteristics of service section must address the parameters of the behavior or skill to be taught and the supports, modifications, and adaptations that are necessary for the child to develop the skill. The characteristics of service section provides the rationale for the service setting selected.

SECTION J. LEAST RESTRICTIVE ENVIRONMENT

A two page worksheet included in this guide can be utilized in identifying the learning environment that is most appropriate for instruction of a particular skill. The worksheet is designed as an outline to guide discussion during the IEP process. It facilitates an analysis of the instructional content and appropriate methodology. Completing the worksheet on every goal and supporting objectives is a time consuming process; therefore, it is intended as a training tool only. The thinking process will generalize after being utilized on a variety of content outcomes for children of various ages. Before discussion on the least restrictive

learning environment can occur, teachers must have a thorough understanding of *what they intend to teach* and *why they want to teach* that skill. The IEP process does not require documentation of the logic and rationale. However, the methodology that is selected for designing the instructional program including the goal, objectives, and characteristics of service has direct implications for the service settings that will be necessary and appropriate to accomplish the goal. (An alternative procedure is contained in Appendix B.)

When the goal is established, a sequence of questions should be asked before writing the behavioral objectives. The four questions that should be considered initially are:

1. *What behavior or skill do I intend to teach?*
2. *Why is instruction in this skill necessary?*

This "why" question should be addressed by comparing the child's performance of the skill to that of other children of the same chronological age. The reference to the curricular framework is used to substantiate the child's need for instruction in that area. The discrepancy should be reported in the present level of educational performance so that it relates directly to the skill or behavior that is being taught.

3. *What are the parameters of the behavior or skill that is being taught?*

This third question addresses rationale or intent for teaching the skill. The property of the skill that is critical for instruction will determine the *type* of service necessary and consequently impact on the *location*

of that service. There are three different properties of skills that must be considered:

a. **Topography** refers to the actual muscle movements necessary to perform the skill. When the child requires direct instruction on the basic movement patterns necessary to perform a skill, the instruction required is intensive, must be carefully graded, and must be implemented consistently. Usually one-to-one instruction is required.

b. **Force** refers to increasing the intensity or consistency of a skill. After a child has learned the topography of a skill, the next step is to increase the frequency, shape the quality, or build the strength of a skill. This is accomplished through reinforcing the skill when it is demonstrated utilizing a variety of different reinforcement strategies. A critical concept to consider when force is being addressed is the importance of utilizing naturally occurring learning environments that are motivating for the child. This will increase the likelihood that the skill will be performed independently.

c. **Locus** refers to the appropriate utilization of a skill. Pragmatics is a classic example of locus. For example, after a child has learned to ask questions, the next step is learning to ask questions for a variety of purposes: to seek clarification, initiate conversation, gather information, obtain daily living essentials, etc. Locus addresses the utility of a skill and the ability to transfer and generalize.

4. *In what service setting can the behavior be most appropriately taught?*

After thoroughly analyzing what the teacher intends to teach, why they need to teach it, and the parameters of the behavior, the next step is to address alternative service settings in which the instruction can be appropriately provided. To assist in identifying the learning environment that is most appropriate for each goal, another sequence of questions should be addressed for each of several alternative service settings:

a. What are the elements within this setting that make it an appropriate environment in which to teach this skill?

b. What are the variables that impact the appropriateness of that environment?

c. Would this environment be appropriate with the necessary supports?

d. Of all of the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching the skill?

The sequence should be completed for each of the subsequent alternative service settings until the team has arrived at the learning environment that appears to be the least restrictive and is the most appropriate for that skill.

The characteristics of service section provides the basis for the justification of the least restrictive environment selected for each outcome. The subsequent LRE section (page five) is a composite summary of the constituent environments selected.

To illustrate how this planning process occurs, a case study is provided in the following pages.

LRE PLANNING WORKSHEET: AN EXAMPLE

Behaviors of Concern:

Jonny, age 4, does not initiate interaction with other children, either verbally or nonverbally, and does not reciprocate interaction when other children approach him.

Curriculum Reference:

These skills are contained in the development checklist of social behaviors used for 3 and 4 year old children in the community child care facility. They are normally occurring skills in all children of 3 and 4 years of age with the topography and the locus of the response fully developed in its final form. The emphasis at this age is on force or expanding the quality of the response (longer length of verbalizations, more complexity, etc.) and to embed within the responses the targeted social and emotional behaviors such as politeness, sharing, empathy, etc.

Basis in Present Level of Educational Performance:

Jonny currently does not engage in interactive behaviors with other students while playing. He stands and watches others or engages in parallel play with objects but does not approach them or initiate interaction. Although he utilizes intelligible verbalizations while playing alone, he discontinues all verbalizations when other children approach him or are near him. When they approach him, he often just stands still and ignores them. If they offer him a toy, he reaches out, grabs it and then walks away. If the other children persist in their attempts to

interact, he either tries to hit them or runs away.

Parameter of the Behavior Being Addressed:

Jonny demonstrates the required constituent components of the response (topography) including smiling, nodding, verbalizations, etc. He now needs to develop the locus of the response or utilization of the behaviors within the interaction paradigm. After he begins utilizing these behaviors appropriately to initiate and reciprocate interactive turns, the force or intensity, duration, and consistency can be shaped through reinforcement schedules.

Goal:

"Jonny will demonstrate age-appropriate interactive and communicative behaviors, utilizing appropriate verbal and non-verbal initiation and reciprocation skills while playing with other children of the same chronological age. This will enhance his life long communication and socialization skills across all environments."

Objectives:

"During a 15 minute free play opportunity, Jonny will initiate 5 contacts with peers utilizing an approach behavior such as walking up to another child, calling their name as an attention-getting mechanism, or establishing eye contact while simultaneously verbalizing...."

"During a 15 minute free play opportunity, Jonny will reciprocate

interactions initiated by others 90% of the time by establishing eye contact and either smiling at them or verbalizing a response"

Types of Activities That Will Be Needed:

Jonny will require opportunities to first learn the skills and then to practice the skills in normalized settings with other 3 and 4 year olds. Activities involving free play, sharing, and structured game time appear most appropriate.

Optional Service Settings: (address at least three)

There are a variety of service settings in which these activities normally occur. They include (a) the home environment; (b) child care setting; (c) Early Childhood Special Education classroom; and (d) a combination of Early Childhood Special Education classroom and child care facility. A discussion of each is provided.

a. Home Environment

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny's parents spend a great deal of time with him on play activities and sharing activities.

What are the variables that impact the appropriateness of that environment?

The difficulty encountered in this setting is that Jonny's only sibling is 16 years older and an adult. There are no other children who are regularly available to interact with him. The discrepancy in interaction is very significant and appears to be

attributable to the disability in contrast to limited prior opportunities. This appears to be a skill that will require direct instruction rather than just reinforcing occurrences of the behavior. Although his parents are wonderful in providing him with opportunities, they have not been able to teach him these skills.

Would this environment be appropriate with the necessary supports?

To provide the needed instruction in this setting, several modifications to the environment would be required and then extensive support would be necessary. The first requirement would be a specialized teacher with experience in teaching interaction. This could be arranged by enrolling Jonny in the home-based component of the preschool program and having the qualified teacher teach the skills in the home. Another consideration is that other children of the same chronological age would have to visit on a regular basis to provide Jonny with the normalized interactive opportunities in which he will subsequently be expected to perform these skills. This would not be realistic considering that his parents both work outside the home and would be unavailable to assist with the implementation of this outcome. Another factor is that Jonny demonstrates the most limited interaction skills within his regular child care environment in contrast to within the home. This pattern is also reported in other similar environments with other children such as at birthday parties, Sunday School, and family reunions. Although Jonny would be most responsive to instruction within the home with his parents present,

providing the instruction within this setting would constitute circumvention of the discrepancy rather than providing an optimal setting for directly teaching and reinforcing the skill.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The team finds this alternative unrealistic and inappropriate because of the potential for circumvention and the extent of supports required (creating a classroom setting within the home).

b. Child Care Setting

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny spends 8 hours a day, 4 days a week, in a child care setting. There are ample opportunities for interacting with other children in this setting because of the nature of the social curriculum for 3 and 4 year olds.

What are the variables that impact the appropriateness of that environment?

Although this setting provides an abundance of opportunities for this skill to be demonstrated, the child care facility staff do not feel comfortable in teaching this skill. Jonny obviously has not learned this skill with the instructional opportunities present in that environment. He has been attending the center for over a year and has made very little progress in developing interactive behaviors.

Although abundant reinforcement is provided when children demonstrate appropriate social skills, Jonny is at an instructional level in this area and not at a practice level. With the exception of the need for specialized instruction, this environment would be very appropriate since it contains many opportunities to teach these skills including initial AM free play, sharing time, structured play time, motor activities, snack, afternoon free play, social skills instruction, and afternoon motor skills time.

Would this environment be appropriate with the necessary supports?

To provide the needed instruction in this setting, preschool staff would be required to go into the center. The child care provider is very interested in assisting but feels uncomfortable about providing the initial instruction. After an effective instructional routine has been developed, she would be very willing to provide practice and reinforcement throughout the day. Although a specialized instructor would be necessary on a daily basis for a 1/2 to 1 hour block of time to develop effective instructional strategies, no other supports would be necessary. The duration and frequency of the direct instruction visits can be faded out over time for these objectives as Jonny's skills in this area develop.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

This setting would be very appropriate with instructional support. Selection as the LRE is contingent on

no other option discussed being more appropriate.

c. Early Childhood Special Education Classroom

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny could attend the early childhood special education classroom at Harlow Elementary School. The classroom is very structured and contains several opportunities to interact with other children. It utilizes reverse-mainstreaming for a part of each morning or afternoon session. This would allow Jonny an opportunity to work on these skills in a normalized play setting with other preschoolers who are not disabled. The teacher in this classroom is trained in the area of early childhood special education and has had extensive experience with other students with similar discrepancies.

What are the variables that impact the appropriateness of that environment?

One of the disadvantages to this setting is that Jonny already has all of the cognitive and fine motor skills that are stressed in the curriculum. In fact, the limited cognitive stimulation, in contrast to what is provided in the child care facility, would be viewed as a potential risk. Jonny's needs in the areas of language development and social skills development could not be as appropriately met in the early childhood setting as in the child care facility.

Would this environment be appropriate with the necessary supports?

To make all aspects of the program appropriate for Jonny's needs, modifications would be required. The number of peer models and the duration of their time in the program would need to be increased. The curriculum would have to be enhanced to include more challenging activities for Jonny's level of cognitive development and his language stimulation needs. Transportation would also be necessary to teach the targeted skills in this environment.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The decision is contingent upon whether or not there are other needs best matched to the curricular focus of this setting. Although the setting could be made appropriate for this goal, it would require extensive modifications if this were to be the only setting used for intervention.

d. Combination of Early Childhood Special Education Classroom and Child Care Facility:

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny could attend the early childhood special education classroom at Harlow Elementary School in either the morning or afternoon and continue in the child care center for the remainder of the day. This would provide him with the

instruction in the interaction skills and access to normalized preschool activities in an age appropriate setting.

What are the variables that impact the appropriateness of that environment?

Although a combination of service setting options would appear appropriate, there are difficulties with this model. When considering the modifications required (transporting Jonny to Harlow Elementary for an hour a day of instruction or having him attend a half-day and then altering the curriculum and including more students who do not have disabilities), neither would appear to be the most expedient method. If he were to go to Harlow Elementary, he should be scheduled only for the duration of those activities stressing interaction. This schedule would not allow the child care provider an opportunity to observe the instruction and then provide opportunities to practice these skills across the curriculum and throughout the day.

Would this environment be appropriate with the necessary supports?

Supports which would be necessary to ensure appropriateness of this model would be to transport Jonny to Harlow Elementary School for 1 hour of instruction a day, and then provide consultation services to the child care provider. Video taping of instructional sessions could be used. This would have to be done in conjunction with some altering of routines within the early childhood classroom since none of the current interaction activities last more than 15 or 20 minutes. They would have to be clustered to give Jonny experiences in at least two of these activities. The impact of the

appropriateness of the curriculum to the other students would then have to be addressed.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The combination approach would not appear to address any of the difficulties effectively and creates additional problems. To make this approach appropriate, there would have to be two or three trips to Harlow Elementary per day with Jonny or the curriculum and schedule for the classroom would have to be changed.

LRE Setting most appropriate to the implementation of this goal/objectives when considering the total needs of the child:

Jonny's educational needs consist of support and specialized instruction in two critical domains of development: socialization and communication. His needs in all other areas (fine motor, gross motor, cognitive and preacademic) can best be met through continued involvement in his current community based child care facility. After a review of options for both targeted areas, the team agreed that the least restrictive setting appropriate to meeting the needs was the child care facility with specialized instruction provided by two special education teachers. The Early Childhood Special Education Teacher will spend 1/2 to 1 hour daily in the center initially. She will provide direct instruction on socialization skills using the normalized routines within that setting. After an effective instructional paradigm has been identified, the child care provider will be involved in the instruction and implement

similar activities across the day. Subsequent program revisions will determine the schedule and timelines for fading out the specialized instruction when and if that becomes appropriate. The Speech Language Therapist will spend 1/2 hour with Jonny, 3 times per week, for direct instruction in language concepts, pragmatics, and articulation. Consultation will also occur with the child care provider and parents on generalizing these skills across settings. Since Jonny does so well in other preacademic activities, no other supports appear necessary at this time.

The characteristics of service section, then, must address the critical parameters of the intervention including how the instruction will be delivered or how the behavior will be taught, reinforced, and shaped. Questions referenced in the IEP *Guidelines* as being necessary to address will have been answered as the result of completing this process.

Can the performance specified in this objective be met in the child's current preschool classroom without modifications or adaptations?

No

Can the performance specified in this objective be met in regular classroom activities if appropriate modifications are made?

Yes

Can the performance specified in this objective be met if the content difficulty is altered or if specially designed instruction (totally different) is provided?

Yes

Can the performance specified in this objective be met if supportive training related to the disability is provided (e.g. functional communication training, orientation and mobility, fine/gross motor development, etc.)?

Yes

