

Educating the educator

A step-by-step process for referring children for early intervention services

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"The child's development follows a path of successive stages of independence, and our knowledge of this must guide us in our behaviors towards him."

Maria Montessori



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Each day you step into your classroom you are faced with numerous challenges. Classroom management, child safety, curriculum and program requirements, portfolio assessment, and time management are just a few of the many obstacles you must overcome on a day-to-day basis. Although they may be on an entirely different level, your students may be facing their own unique challenges. For example, you may have a student who:

- is unable to vocalize his thoughts and ideas clearly to peers and adults (e.g., communication)
- prefers to play by himself as he may not know how to initiate or sustain peer interactions (e.g., social/emotional)
- trips when walking or running, simply because he lacks basic coordination to perform these tasks successfully (e.g., gross motor)
- has difficulty manipulating small objects such as blocks, scissors, puzzle pieces, crayons, etc. (e.g., fine motor)
- is not learning skills and concepts at an appropriate rate for a child his age (e.g., cognition)
- is unable to perform age-appropriate self-care tasks such as toileting, washing and drying his hands and face, feeding, etc. (e.g., adaptive behavior).

We, as professionals, have the 'tools' to overcome our challenges, but our students may not. If we are unable to provide them with these tools ourselves, it is then our responsibility to guide them in the direction of the people who can provide them.

The probability that you have (or will have) a child in your class with a developmental delay is high. The question is, what do you do once you detect a possible delay in any one of the five domains of development (e.g., communication, cognition, social/emotional, physical, and adaptive)? This article is designed to give you, the early childhood professional, insight into the early intervention process, and what your role is in facilitating that process from beginning to end.

The process

Here we outline eight steps in the early intervention process:

- **Step 1: Express your concerns to your administrative staff.** They may have knowledge of the overall process of early intervention, but if not, they should be able to obtain this information. Once you've made your concern known, you and your administration should express your concerns to the

parents or caregivers of the child. When doing this, however, you may want to bring the parents in for a face-to-face meeting. Providing this information to them over the phone may be too informal, given the nature of the discussion.

■ **Step 2:** Once you have expressed your concerns to the family, **make the suggestion of obtaining a multidisciplinary evaluation for their child.** This evaluation (also known as an MDE) will assess the child's abilities in all five developmental domains.

■ **Step 3:** If the family agrees to have their child assessed, **refer them to their local Early Intervention (e.g., E.I.) agency.** Depending on the age of the child, you will refer them to either one of two E.I. agencies: birth to three or three to five.

■ **Step 4:** Once the agency has been contacted, **they will schedule a date and time for the child's multidisciplinary evaluation.** The agency will either administer their assessment at your site, their office, or the family's home.

■ **Step 5:** Upon completion of the evaluation, **the MDE team will review their findings and conclude whether or not the results of the test data suggest that there is a delay** in one or more of the developmental domains assessed.

■ **Step 6:** The MDE team will provide to the parent a written report of the evaluation findings called the Evaluation Report (also known as the ER). The timeline for when the report is written depends on the agency and/or the state's requirements. Typically, the ER is written anywhere between 14 and 60 days from the date of the initial evaluation.

■ **Step 7:** If the child is demonstrating a delay, and is determined to be eligible for early intervention services,

the agency will schedule a date and time with the family to hold the I.E.P. meeting (i.e., Individualized Education Plan). The program staff that works with the child is typically included in this meeting, as you are an integral part of the child's team. Therefore, this meeting will most likely take place at your site. The I.E.P. will include goals for the child, which will address all areas of delay. In addition, the plan will include *where* the child's services will take place, and *what* services will be provided (i.e., special instruction, speech therapy, occupational therapy, and/or physical therapy). The I.E.P. will also state when services are scheduled to begin and end.

■ **Step 8:** The I.E.P. is typically valid for one calendar year, at which point **an I.E.P. review meeting will be held to review the child's progress up to that point.** If the child has *not* met the goals outlined in his I.E.P., services may continue. If the child's goals *have* been met, the team will discuss the need to continue services. If the team agrees that the child is demonstrating age-appropriate skills in areas where he received therapy or instruction, services may be discontinued.

The role of the classroom teacher

Remember, as the child's teacher, you play an important role in his educational plan. You are now part of the I.E.P. team; and as a valued member of that team, your input is absolutely critical to the child's success. Whether the child is receiving special instruction, speech therapy, occupational therapy, or physical therapy, it is the responsibility of the child's classroom teacher to carry out the recommendations made by the special instructor and/or the therapist.

For example, the child may receive one hour of speech therapy per week, but communication is ongoing and does not end after his weekly session expires. The speech therapist may give you strategies and techniques that you can do with the

Important Acronyms

ADA	Americans with Disabilities Act
APS	Approved Private School
ASD	Autism Spectrum Disorder
AT	Assistive Technology
BIP	Behavior Improvement Plan
BSE	Bureau of Special Education
EI.....	Early Intervention
FAPE....	Free Appropriate Public Education
FBA.....	Functional Behavioral Assessment
FERPA.....	Family Educational Rights and Privacy Act
IEP.....	Individual Education Plan
IFSP.....	Individualized Family Service Plan
LEA.....	Least Restrictive Environment
MAWA.....	Mutually Agreed Upon Written Arrangement
MR.....	Mental Retardation
NCLB	No Child Left Behind
NOREP.....	Notice of Recommended Educational Placement
OT.....	Occupational Therapy
PDD.....	Pervasive Developmental Disorder
PT	Physical Therapy
SDI	Specially Designed Instruction
TSS.....	Therapeutic Staff Support

Acronyms from the Pennsylvania Training and Technical Assistance web site:

www.pattan.net (11/07)

child during your daily classroom activities to help him meet the goals that are outlined in his I.E.P. Likewise, the special instructor, occupational therapist, or physical therapist may also make recommendations.

When every member of the I.E.P. team works together for the benefit of the child, it is only then that progress can be made. It should not go without saying that any member of the team can call a meeting at any time during the course of the year to review the progress, or lack thereof, the child is making. If you, as the classroom teacher, do not believe that the child is making consistent progress toward his goal(s), promptly bring the team together to identify the problem

and collectively come up with a solution. Chances are, you may need to modify the goals to make them more functional for the child.

The overall process, from the time the child is evaluated to the time services are rendered, may sound quite complicated, but *identifying* a possible delay is half the battle. Remember that you are not alone in this process! Once a child is evaluated and identified, you will be supported by those who specialize in the child's area of delay. But the process starts with you! In the words of Sir Francis Bacon, "Knowledge is power." If you are knowledgeable about child development and have a solid understanding of the referral process as a whole, you then have the power to truly make a difference for a child who may have a developmental delay. Knowing what to look for, and the steps you need to take once delays are perceived, will make you that much more effective as a teacher, as you continue to foster the growth and education of the children in your care.

Resources for Professionals

- *Early Intervention for Autism Spectrum Disorders* by Johnny L. Matson
- *Early Intervention and Autism: Real-Life Questions, Real-Life Answers* by James Ball
- *Early Intervention with Multi-risk Families: An integrative Approach* by Sarah Landy
- *Handbook of Early Intervention* edited by Jack P. Shonkoff
- *Early Intervention: The Essential Readings* by Maurice Feldman
- *The Early Intervention Dictionary* by Jeanine G. Coleman
- *The Child with Special Needs* by Stanley I. Greenspan, M.D.
- *A Real Boy: A True Story of Autism, Early Intervention, and Recovery* by Christina Adams

For more information about early intervention in your state, visit www.nectac.org