Section I:

About Early Intervention
Early Intervention (EI) Recruitment and Retention activities are conducted through the Human Development and Family Studies Department at the University of Rhode Island. This project offers internship opportunities to students interested in pursuing a career in Early Intervention. The URI project is contracted by the Paul V. Sherlock Center on Disabilities.

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http://www.uri.edu/frp/ei.htm
What are the purposes of Early Intervention?

- To enhance the development of infants and toddlers with disabilities

- To enhance the capacity of families to meet the special needs of infants and toddlers with disabilities
What is Early Intervention?
Early Intervention is a voluntary program that provides early identification, services, and supports to eligible children (from birth to three years old) and their families. The purpose of Early Intervention is to enable young children to be active and successful participants during their early childhood years and in the future. Interventions take place in a variety of settings, including a child’s home with their families, in child care, in preschool programs, and in the community.

The overall vision that we hope children and their families achieve as a result of Early Intervention is:

- Children have positive social relationships
- Children acquire and use knowledge and skills
- Children take appropriate actions to meet their needs
- Families understand their children’s strengths, abilities, and special needs
- Families understand their rights within the law and effectively communicate their children’s needs
- Families help their children develop and learn
- Families have adequate social support
- Families access services and activities that are available to all families in their community

Who is Eligible for EI?
Infants and toddlers from birth to age three

- Experiencing developmental delays,
- With certain diagnosed conditions, or
- Whose circumstances are likely to result in significant developmental problems.

A ‘developmental delay’ is when a child does not develop skills at the expected age. All children grow and learn at different rates, but most kids develop a basic set of skills by a certain age. Children who have developmental delays may have special challenges or conditions that need attention. The Early Intervention Program can help families learn how to best help their child.

For more information, contact:
RI Parent Information Network (RIPIN)
1210 Pontiac Avenue
Cranston, RI 02920
Web: http://www.ripin.org/
Phone: 1.800.464.3399
Family

We all come from families. Families are big, small, extended, nuclear, multi-generational, one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, or as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. As family members, we nurture, protect, and influence one another. Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity. Each family has strengths and qualities that flow from individual members and from the family as a unit. Our families create neighborhoods, communities, states, and nations.

Developed and adapted by New Mexico’s House Memorial 5 Task Force on Children and Families and the Coalition for Children, 1990.
Assumptions needed when working with families:

✓ All people are basically good.
✓ All people have strengths.
✓ All people need support and encouragement.
✓ All people have different but equally important skills, abilities and knowledge.
✓ All families have hopes, dreams and wishes for their children.
✓ Families are resourceful, but all families do not have equal access to resources.
✓ Families should be assisted in ways that help them maintain their dignity and hope.
✓ Families should be equal partners in the relationship with service providers.
✓ Providers work for families.

Taken from: Iowa “Early Access Project”
Glossary of Early Intervention Terms (1)

**Assessment:** ongoing procedures used by qualified professionals throughout the period of a child’s eligibility to identify his or her unique needs; the family’s resources, priorities and concerns related to his or her development; and the nature and extent of early intervention services required to meet these needs.

**Assistive technology devices:** any item, piece of equipment or product system used to increase, maintain or improve the child’s ability to do things.

**Caregiver:** all persons responsible for caring for infants and toddlers regardless of the care setting.

**Child advocate:** a parent, legal guardian, surrogate parent or professional, paid or unpaid, who acts on behalf of a child and family to protect their rights and interests and ensures their access to services for which they are eligible.

**Developmental delay:** 1.5 standard deviations at or below the mean, or at or below the 7th percentile in one or more areas of development.

**Due process:** the rights afforded parents/legal guardians/surrogate parents in ensuring that children and families receive the early intervention services to which they are entitled under Part C.

**Early Intervention (EI):** a collection of services provided by public and private agencies designed by law to support eligible children and their families in enhancing a child’s potential growth and development from birth to age three.

**Early Intervention record:** any personally identifiable information about a child and or family generated by the early intervention system that pertains to evaluation and assessment, development of the IFSP and delivery of early intervention services.

**Evaluation:** procedures used by qualified professionals to determine a child’s initial and continuing eligibility which focus on determining the status of the infant or toddler in all developmental areas: cognitive, social/emotional, physical (including vision and hearing), communication, and adaptive.

**Families:** includes all primary caregivers for the infant/toddler in the child’s home setting (may include parents, grandparents, foster parents, and other extended family, for example).

**Family centered care:** a principle that promotes parents as the decision makers and builds parent/professional partnerships.

**Family statement:** a family directed statement of a family’s concerns, priorities, and resources included on the Individualized Family Service Plan.
**Fine motor:** the ability to use the small muscles such as fingers and hands to manipulate materials in the environment. Examples of fine motor skills include grasping a rattle, picking up small objects and eating with utensils.

**Gross motor:** the ability to use the large muscles of the body, the arms, legs and torso, to control body movements such as lifting the head, rolling over, climbing, walking and running.

**Guardian:** the natural or adopted parents, surrogate parents or other persons or relatives who have legal custody of children.

**IDEA:** the federal government legislation entitled the Individuals with Disabilities Education Act.

**Individualized Family Service Plan (IFSP):** the written plan for providing early intervention and other services to eligible children and families that: 1) is developed jointly by the family and appropriate professionals, 2) is based on a multidisciplinary evaluation and assessment of the child and family, 3) has a family directed statement of resources, priorities and concerns if the family wishes, and 4) includes necessary services to enhance the development of the child and the capacity of the family to meet the child’s developmental needs.

**Infants and toddlers with disabilities:** children from birth through their third birthday who are eligible for early intervention services because they have a developmental delay in one or more of the following areas: cognitive, physical, communication, social/emotional, or adaptive; or has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

**Interagency Coordinating Council (ICC):** the council that each state and jurisdiction participating in Part C must establish to assure coordination and cooperation of all participating agencies in implementing the early intervention program.

**Multidisciplinary:** the involvement of two or more disciplines or professions in the provision of integrated and coordinated services including evaluation and assessment activities, and the development of the IFSP.

**Native language:** the language or mode of communication normally used by the parent of an eligible child.

**Natural environment:** home or community settings which are natural or typical for a child of the same age without disabilities. This may include the home, neighborhood, or community settings.

**Outcomes:** statements of changes as a result of early intervention services. These statements are part of the Individualized Family Service Plan.

**Parent:** a parent, guardian, a person acting as a parent of a child, or a surrogate parent. The term does not refer to the State if the child is a ward of the State.
**Part B:** Part B of the Individuals with Disabilities Education Act provides free appropriate public education and education-related services to all school-age children with disabilities (ages 3-21 in most states).

**Part C:** Part C of the Individuals with Disabilities Education Act establishes the early intervention program for eligible infants and toddlers birth through their third birthday and their families.

**Periodic reviews:** a review of the IFSP conducted every six months, more frequently as conditions warrant or at a family’s request.

**Primary caregiver:** the person who has the primary responsibility for the care of a child.

**Procedural safeguards:** standards and procedures to protect the rights of children, their parents, and surrogate parents under Part C of the Individuals with Disabilities Education Act.

**Screening:** a quick checklist or survey about a child’s development to see if further evaluation is needed.

**Service coordination:** activities carried out by a service coordinator to assist and enable an eligible child and his or her family to receive the rights, safeguards, and services that are authorized to be provided under the state’s delivery system.

**Service coordinator:** the individual selected by an early intervention team, and designated in an IFSP, to coordinate and facilitate early intervention services and integrate the family into the process. The service coordinator must demonstrate understanding of the laws and nature of the EI process.

**Service provider:** a public or private agency designated to provide early intervention services for an eligible child and the child’s family in accordance with an approved IFSP.

**Surrogate parent:** an individual appointed by the local or state agency to act in place of a parent or legal guardian in safeguarding a child’s rights in the decision making process.

**Transition:** occurs at the age of three when a child and family are no longer eligible for services under Part C of the Individuals with Disabilities Education Act (IDEA). This is a collaborative process involving families, Part C and Part B programs, and as appropriate, other community-based preschool programs to ensure uninterrupted provision of appropriate services. Planning and decision making must occur well in advance of the child’s third birthday.

**Transition plan:** the plan developed for a child when leaving early intervention services at age three.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABA</td>
<td>Applied Behavioral Analysis</td>
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<tr>
<td>ACB</td>
<td>American Council for the Blind</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
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<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<td>ADL</td>
<td>Activities for Daily Living</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<tr>
<td>CDC</td>
<td>Child Development Center (Hasbro)</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CAPTA</td>
<td>Child Abuse Prevention &amp; Treatment Act</td>
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<tr>
<td>CEDARR</td>
<td>Comprehensive Evaluation Diagnosis Assessment Referral and Reevaluation</td>
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<tr>
<td>CHADD</td>
<td>Children and Adults with Attention Deficit Disorder</td>
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<tr>
<td>CNDC</td>
<td>Children's Neurodevelopment Center</td>
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<tr>
<td>CRC</td>
<td>Community Resource Center</td>
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<tr>
<td>CSHCN</td>
<td>Children with Special Health Care Needs</td>
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<tr>
<td>DCYF</td>
<td>Department of Children Youth &amp; Families</td>
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<tr>
<td>DD</td>
<td>Developmental Delay</td>
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<tr>
<td>DHS</td>
<td>U.S. Department of Human Services</td>
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<td>DOE</td>
<td>U.S. Department of Education</td>
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<td>DOH</td>
<td>U.S. Department of Health</td>
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<tr>
<td>DLL</td>
<td>U.S. Department of Labor</td>
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<tr>
<td>DSI</td>
<td>Dual Sensory Impairment (Blind/Deaf)</td>
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<tr>
<td>ECSE</td>
<td>Early Childhood Special Education</td>
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<tr>
<td>ED</td>
<td>Emotional Disturbance</td>
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<td>EI</td>
<td>Early Intervention (birth-3)</td>
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<tr>
<td>ELL</td>
<td>English Language Learners</td>
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<tr>
<td>EPSDT</td>
<td>Early Periodic Screening Diagnosis and Treatment</td>
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<tr>
<td>ERIC</td>
<td>Educational Resource Information Center Clearinghouse on Disabilities and Gifted Education</td>
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<tr>
<td>FAPE</td>
<td>Free Appropriate Education</td>
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<td>FCCP</td>
<td>Family Child Care Partnerships</td>
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<td>FEAT</td>
<td>Families for Effective Autism Treatment</td>
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<td>GCD</td>
<td>Global Communication Disorder</td>
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<tr>
<td>HIPPA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>HIPPY</td>
<td>Home Instruction for Parents of Preschool Youngsters</td>
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<td>HTBS</td>
<td>Home Treatment Based Services</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Educational Act</td>
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<tr>
<td>IEP</td>
<td>Individualized Education Plan</td>
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<tr>
<td>IFSP</td>
<td>Individualized Family Service Plan (El equivalent of IEP)</td>
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<tr>
<td>ISP</td>
<td>Individual Service Plan</td>
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<tr>
<td>LD</td>
<td>Learning Disabled</td>
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<tr>
<td>LEA</td>
<td>Local Educational Agency</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<tr>
<td>MHRH</td>
<td>Mental Health Retardation Hospitals</td>
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<tr>
<td>NICHCY</td>
<td>National Information Center for Children and Youth with Disabilities</td>
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<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
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<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>OT</td>
<td>Occupational Therapist</td>
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<tr>
<td>Part C</td>
<td>Medical Services for Children Birth-3</td>
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<td>PAT</td>
<td>Parents as Teachers</td>
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<td>PBIS</td>
<td>Positive Behavior Interventions</td>
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<tr>
<td>PICU</td>
<td>Pediatric Intensive Care Unit</td>
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<td>PSN</td>
<td>Parent Support Network</td>
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<tr>
<td>PT</td>
<td>Physical Therapist</td>
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<td>PTI</td>
<td>Parent Training Information Project</td>
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<td>RIC</td>
<td>Rhode Island College</td>
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<tr>
<td>RIDE</td>
<td>RI Department of Education</td>
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<tr>
<td>RIPIN</td>
<td>Rhode Island Parent Information Network</td>
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<tr>
<td>RITE CARE</td>
<td>Rhode Island Medicaid Managed Care Program</td>
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<td>RITAP</td>
<td>RI Technical Assistance Program</td>
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<tr>
<td>SORICO</td>
<td>Southern Rhode Island Collaborative Education and Training Center</td>
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<tr>
<td>SLP</td>
<td>Speech/Language Pathologist</td>
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<tr>
<td>SPED</td>
<td>Special Education</td>
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<tr>
<td>TA</td>
<td>Teacher Assistant</td>
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<tr>
<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>UCEDD</td>
<td>University Center for Excellence in Developmental Disabilities</td>
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<tr>
<td>WIC</td>
<td>Women Infants &amp; Children</td>
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The Early Intervention System
Step by Step

REFERRAL
- Local Early Intervention agency contacted by parent or with parent’s informed consent

SERVICE COORDINATOR
- Assigned by local lead agency
- Meets with family
- Advises family of overall procedures, rights & safeguards
- Explains family’s role
- Explores family resources, priorities and concerns
- Assists in obtaining evaluation and services

EVALUATION AND ASSESSMENT
- Evaluation purpose and procedures explained to family
- Informed written consent obtained prior to evaluation
- Parent interview to ascertain strengths, need and concerns
- Multidisciplinary evaluation by at least two qualified professionals
- Evaluation results reviewed with family

ELIGIBLE FOR SERVICES
- Child meets state criteria for eligibility
- Service Coordinator assists family in identifying goals
- Service Coordinator review EI services available
- IFSP meeting scheduled

IFSP
- Written plan for developmental and support services
- Goals and outcomes identified by family and evaluation
- Services determined by team including parent
- Services authorized
- Reviewed every 6 months, evaluated annually

EARLY INTERVENTION SERVICES
- Developmental and support services to address concerns and achieve goals
- Services available to both eligible child and family

TRANSITION
- Service Coordinator assists family in planning for when child ages out or is no longer eligible for EI services
- Parent advised of their options including special preschool, day care with related services, or other community-based services system

INELIGIBLE
- Evaluation reveals child does not meet state’s eligibility criteria
- Service Coordinator explains procedures for resolving complaint if parent not in agreement
- Service Coordinator refers family to other community-based resources

From: University of Rhode Island HDF 298 – Introduction to Early Intervention Course Packet Spring 2005
Early Intervention Outcomes

Child Outcomes:

1. Children have positive social relationships.

2. Children acquire and use knowledge and skills.

3. Children take appropriate action to meet their needs.

Family Outcomes:

1. Families understand their children’s strengths, abilities, and special needs.

2. Families know their rights and effectively communicate their children’s needs.

3. Families help their children develop and learn.

4. Families feel they have adequate social support.

5. Families are able to access services and activities that are available to all families in their communities.

From: James L. Maher Center EI Program
Guiding Principles for Quality
Early Intervention Supports and Services

“A family’s diversity might be expressed in many forms, including ethnicity, race, religion, linguistics, and economics, as well as by their values and beliefs. Early Intervention programs and individual service providers need to provide their services in ways that honor the diversity of families.”

“It is the nature of children to learn throughout the day, wherever they are and whatever they are doing. Everyday experiences, events, and situations provide children with continuous learning opportunities that promote and enhance their development... ‘Therapy’ can be joyful when it is embedded in typical play routines.”

“Young children live in the context of their families and depend on their parents and other family members for care, support, and teaching. In addition, it is essential to consider the needs of other family members. The needs and abilities of each family member are part of a child’s context and influence the child’s development.”

“Interventions are designed to increase participation by removing barriers and promoting conditions that result in increased participation. Strategies used to increase participation are very diverse, including use of low and high tech assistive technology, adaptation of activities and environments, changing or reframing attitudes that limit child participation, and increasing the child’s skill level. Early intervention should promote child participation in all areas of daily life, including play, self care and social activities.”

“Practitioners and families need to look broadly at the full range of community settings in which the child and family currently spend time or would like to spend time in the future.”

“Although all transdisciplinary team members share responsibility for service plan development, the plan is carried out by the family and one other team member who is designated as the primary service provider... Use of a primary service provider can enhance rapport between the family and the staff and avoid the interference with parent-child bonding that may be caused by excessive handling of the child in the clinical setting.”

Providing Services in Natural Environments

Part C of the Individuals with Disabilities Education Act Amendments of 1997 says that to the maximum extent appropriate, early intervention services must be provided in natural environments, including home and community settings in which children without disabilities participate. Services can only be provided in a setting other than a natural environment when early intervention cannot be achieved satisfactorily in a natural environment. Providing services in natural environments is not just the law. It reflects the core mission of early intervention, which is to provide support to families to help their children develop to their fullest potential. The basic premise of natural environments intervention is the involvement of caregivers in the teaching and learning process for the child. It is about the process of working in a relationship where family members and caregivers are doing actual “hands on” throughout the day, as opportunities arise, with the service provider as a consultant.

Natural environments are the day-to-day settings, routines and activities that promote learning for children. Children learn about “water” while playing in the bathtub, washing hands in the sink, getting a drink, splashing in a puddle or swimming in a pool. In addition to understanding what water is, children are learning self-help skills like drinking from a cup, hand and face washing, or motor skills like walking or jumping. Children and families have many routines that occur in different places including the bathroom, kitchen sink, backyard, mailbox, car, pool and the grocery store. The family identifies these as they talk about the activities of their life. They may go to grandpa’s, walk to the store, make the bed, feed the dog, and do the laundry. Routine based intervention is portable and adaptable to the family’s interests, needs, and responsibilities. Embedded intervention implemented by caregivers can occur at home, at childcare, in the car, at the soccer game, in the laundromat, in the yard, in the doctor’s office, at play group, at the park, at grandma’s, while visiting the neighbors, or anywhere kids and families go.

FACETS is a joint project of Kansas University Affiliated Program and Florida State University
TaCTICS is a project of Florida State University
12/16/99
Development of the Individualized Family Service Plan

1. Conversations with Families
   EI learns about the child and family, what are the questions or concerns the family may have about the child’s development.

2. Individualized Assessment
   EI gathers more information through an assessment to learn more about the child’s development and determines if the child is eligible for EI services.

3. Discuss Concerns & Select Priorities
   EI shares with the family what they have learned from all the information gathered. Together the family and EI discuss and select what the priority is for the child and family.

4. Develop Outcomes
   EI develops outcomes with the family. Outcomes are what the family wants the child to be able to do. These outcomes are a result of the priority the family has identified is important to them.

5. Strategies
   EI will give the family ideas on how they can support the child to meet the outcomes developed. Strategies can be play activities, exercises, ideas that are incorporated into what the child already does during the day.

6. Identify Supports that the Caregivers Need
   EI will help the family identify what are the supports that the child’s caregivers (mom, dad, foster parents, grandparents, daycare provider, relative, person that spends time with the child etc.) need to carry out the strategies and support the child’s development.

7. Services
   EI determines what services a child will need to help them meet the outcomes developed and how often will they need them.