

Section 1: About Early Intervention

Early Intervention Recruitment and Retention



Early Intervention 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 at Rhode Island College.

Karen McCurdy, Ph. D.
Principle Investigator
2 Lower College Road
Transition Center Room 208
Kingston, RI 02881
401-874-5960
kmccurdy@uri.edu

Graduate Project Assistants
2 Lower College Road
Transition Center Room 208
Kingston, RI 02881
401-874-4036
grant.earlyintervention@gmail.com
eigrant.uri@gmail.com

<https://web.uri.edu/human-development/early-intervention-program/>

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What is the purpose of Early Intervention?

- To enhance the development of infants and toddlers with disabilities
- To increase the ability 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 age three) 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 primarily take place within a child's home. At times they may also take place in alternative settings, including child care centers 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 supports
- 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 are eligible for EI if....

- The child is experiencing developmental delays.
- The child has been diagnosed with a condition that is known to affect development.
- The child's circumstances result in a significant impact on the overall functioning of the child or the family.

A developmental delay is when a child does not develop skills expected as compared to same aged peers. All children grow and learn at different rates, but there are certain skills that we expect children to know and be able to do at different ages. Children who have developmental delays may have special challenges or conditions that require special accommodations or attention. The Early Intervention Program can help families learn how to best help their child.

For more information, contact the RI Parent Information Network (RIPIN) at:

1210 Pontiac Ave
Cranston, RI 02920
www.ripin.org
Toll Free Phone: 1-800-464-3399

Definition of 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.”

In addition, Early Intervention providers service many children in foster care and consider those families to have all the same attributes described above.

Developed and adopted by New Mexico’s House Memorial 5 Task Force on Children and Families in the Coalition for Children, 1990.

Assumptions Needed when Working with Families

- 1.** All people are basically good.
- 2.** All people have strengths.
- 3.** All people need support and encouragement.
- 4.** All people have different but equally important skills, abilities, and knowledge.
- 5.** All families have hopes, dreams, and wishes for their children
- 6.** Families are resourceful, but all families do not have equal access to resources.
- 7.** Families should be assisted in ways that help them maintain their dignity and hope.
- 8.** Families should be equal partners in the relationship with service providers.
- 9.** Providers work for families.
- 10.** Respect for a family's culture should remain in the forefront in all decisions made whether it pertains to resources suggested and/or interventions recommended.

Adapted from Iowa "Early Access Project".

Glossary of Early Intervention Terms

Assessment: ongoing procedures used by qualified professionals throughout the period of a child's eligibility to identify (1) his/her unique needs, (2) the family's resources, priorities, and concerns related to his/her development, and (3) the nature and extend of early intervention services required to meet these needs.

Assistive technology device: any item, piece of equipment, or product system used to increase, maintain, or improve the child's ability to meet his/her needs or acquire new skills.

Caregiver: any person responsible for caring for infants and toddlers, regardless of the care setting.

Child advocate: a parent, legal guardian, surrogate parent, or professional 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 below the mean, or below the 7th percentile in one or more areas of development as compared to same aged peers as determined by a standardized test.

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.

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 the child's potential growth and development from birth to age three.

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

Evaluation: procedures used by qualified professionals to determine a child's initial and continuing eligibility in using standardized tests which focus on the child's current developmental presentation in all developmental areas: cognitive, social-emotional, fine motor, gross motor, receptive communication, expressive communication, and adaptive skills.

Family centered care: a principle that promotes parents and caregivers as the decision makers; focuses care on their priorities and concerns and builds parent-professional partnerships.

Fine motor skills: the ability to use small muscles in the body. Some examples of using fine motor skills include using the small eye muscles to track, using fingers and hands to manipulate materials in the environment, grasping a rattle, picking up small objects, and eating with utensils.

Gross motor skills: the ability to use large muscles of the body, such as 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 the child.

IDEA: the federal government legislation entitled the Individuals with Disabilities Education Act (IDEA), which mandates early intervention services in all states, as well as several other educational programs and requirements to support individuals with disabilities and their families.

Individualized Family Service Plan (IFSP): the written plan for providing early intervention 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's concerns and priorities, and (3) includes the 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 to age three who are eligible for early intervention services because they are described with one or more of the following criteria: (1) the child has a developmental delay in one or more areas of development, (2) the child has a diagnosed condition that has a high probability of resulting in a developmental delay, or (3) the child's current development has a significant impact on the overall functioning of the child or family.

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

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

Native Language: the language or more of communication normally used by the family.

Natural Environment: any place the family would spend time, regardless of their involvement with early intervention or any other type of services. This may include the home or community settings.

Outcomes/Goals: statements or change the family or child will create directly relating to the family's concerns and priorities as a result of early intervention services. These statements are part of the IFSP.

Parent: a parent, legal guardian, or person acting as the role of a parent for a child. This term in EI does not refer to the State if the child is a ward of the State.

Part B: Part B of IDEA provides free, appropriate, public education and educational services to all school-age children with disabilities; this would be ages 3-21 in most states.

Part C: Part C of IDEA establishes the early intervention program for eligible infants and toddlers from birth to age three and their families.

Periodic Reviews: a review of the IFSP services and goals as well as the child's progress conducted at least every six months or more frequently as conditions warrant or at the family's request.

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

Procedural Safeguards: the standards and procedures to protect the rights of children, their parents, and surrogate parents under Part C of IDEA.

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

Service Coordination: activities carried out by a service coordinator to assist and enable an eligible child and the 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 to 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 IE process, including transition out of EI upon age three.

Service Provider: a public or private agency designated to provide early intervention services for an eligible child and 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 IDEA. This is a collaborating process which begins well in advance of the child's third birthday involving parents, Part C, and Part B programs, and may also include community based programs as appropriate. This ensures the uninterrupted provision of appropriate services beyond the child's third birthday.

Transition plan: the plan developed for a child when leaving early intervention services at age three.

Early Intervention and Early Childhood Acronyms

ABA	Applied Behavioral Analysis	ELL	English Language Learners
ACB	American Council for the Blind	EPSDT	Early Periodic Screening Diagnosis and Treatment
ADA	Americans with Disabilities Act	ERIC	Education Resources Information Center
ADD	Attention Deficit Disorder	ESL	English as a Second Language
ADHD	Attention Deficit Hyperactivity Disorder	FAPE	Free, Appropriate, Public Education
ADL	Activities for Daily Living	FCCP	Family Child Care Partnerships
ASD	Autism Spectrum Disorder	FEAT	Families for Effective Autism Treatment
CDC	Centers for Disease Control and Prevention	FERPA	Family Educational Rights and Privacy Act
CAPTA	Child Abuse and Prevention Act	GCD	Global Communication Disorder
CHADD	Children and Adults with ADD	HIPPY	Home Instruction for Parents of Preschool Youngsters
CNDC	Children's Neurodevelopment Center (Hasbro)	HBTS	Home Based Treatment Services
COTA	Certified Occupational Therapy Assistant	IDEA	Individuals with Disabilities Educational Act
CRC	Community Resource Center	IEP	Individualized Education Plan
CSHCN	Children with Special Health Care Needs	IFSP	Individualized Family Service Plan
DCYF	Department of Children Youth & Families	ISP	Individual Service Plan
DD	Developmental Delay	LD	Learning Disabled
DHS	US Department of Human Services	LEA	Local Educational Agency
DOE	US Department of Education	LRE	Least Restrictive Environment
DOH	US Department of Health	MHRH	Mental Health Retardation Hospitals
DOL	US Department of Labor	NEPIN	New England Pediatric Institute of Neurodevelopment
DSI	Dual Sensory Impairment (Blind & Deaf)	NICHCY	National Information Center For Children and Youth with Disabilities
ECSE	Early Childhood Special Education	NICU	Neonatal Intensive Care Unit
ED	Emotional Disturbance	OCD	Obsessive Compulsive Disorder
EI	Early Intervention	OT	Occupational Therapist

Part C	Educational and Medical Services for Children Birth-3	RIPIN	RI Parent Information Network
PAT	Parents as Teachers	RITE CARE	RI Medicaid Managed Care Program
PBIS	Positive Behavior Interventions	RITAP	RI Technical Assistance Program
PICU	Pediatric Intensive Care Unit	SORICO	Southern RI Collaborative Education and Training Center
PSN	Parent Support Network	SLP	Speech/Language Pathologist
PT	Physical Therapist	SLPA	Speech/Language Pathology Assistant
PTA	Physical Therapist Assistant	SPED	Special Education
PTI	Parent Training Information Project	TA	Teacher Assistant
RBI	Routines Based Interview	TBI	Traumatic Brain Injury
RIC	Rhode Island College	UCEDD	University Center for Excellence in Developmental Disabilities
RIDE	RI Department of Education	WIC	Women Infants and Children

The Early Intervention System Step-by-Step

1. Referral

- a. Local Early Intervention agency contacted by parent or other individual concerned with a child's development

2. Service Coordinator

- a. Assigned by local lead agency
- b. Meets with family
- c. Advises family of overall procedures, rights, and safeguards
- d. Explains family's role
- e. Explores family resources, priorities, and concerns
- f. Assists in obtaining evaluation and services

3. Evaluation and Assessment

- a. Evaluation purpose and procedures explained to family
- b. Informed written consent obtained prior to evaluation
- c. Parent interview to ascertain strengths, needs, and concerns
- d. Multidisciplinary evaluation by at least two qualified professionals determines child's skill level
- e. Evaluation results reviewed with family

4. Child is Found Eligible or Ineligible for Services

a. Eligible

- i. Child meets state criteria for eligibility
- ii. RBI and IFSP completion meeting are scheduled

b. Ineligible

- i. Evaluation reveals child does not meet state's eligibility criteria and demonstrates skills within typical development compared to same aged peers
- ii. Service coordinator explains procedures for resolving complaint if parent is not in agreement
- iii. Service coordinator refers family to other community-based resources
- iv. Child can be referred again at any time prior to age three

5. RBI and IFSP Completion

- a. Family is interviewed to learn about child and family functioning within the family's regular routines and lifestyle
- b. Outcomes identified by family and team based on RBI and family's priorities
- c. Team reviews all developmental information gathered up to this point
- d. Services determined by family and team and implemented with family's informed written consent

6. Early Intervention Services

- a. Developmental and support services to address concerns and achieve outcomes
- b. Services available both to eligible child and child's family
- c. Plan is reviewed every 6 months and reevaluated annually for continued need for services

7. Transition

- a. Service coordinator assists family in planning for when child ages out or is no longer eligible for EI services
- b. Parent advised of their options including special education services provided by local school department or other community-based services

Early Intervention Outcomes

Child Outcomes:

- Children have positive social relationships
- Children acquire and use new knowledge and skills
- Children take appropriate action to meet their own needs

Family Outcomes:

- Families understand their children's strengths, abilities, and special needs
- Families know their rights and effectively communicate their children's needs
- Families help their children develop and learn
- Families feel they have adequate social support
- Families are able to access services and activities that are available to all families in their communities.

Guiding Principles for Quality Early Intervention Supports and Services

“All 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 in 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 setting 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.”

FROM: Edelman, L. (2001). Just Being Kids: Supports and Services for Infants and Toddlers and Their Families in Everyday Routines, Activities, and Places. (videotape and facilitators guide). Denver: Western Media Products, <http://www.media-products.com/>

Providing Services in the Natural Environment

“Part C of the Individuals of 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 care providers in the teaching and learning process for the child. It is about the process of working in a relationship where family members and care providers are doing actually “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 care providers 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.”

Development of the Individualized Family Service Plan

1. Conversations with Families

- a. EI learns about the child and family, what are the questions or concerns the family may have about the child's development

2. Eligibility Determined Through Evaluation

- a. EI gathers more information through a standardized test to learn more about the child's development and determines if the child is eligible for EI services.

3. Routines Based Interview

- a. EI interviews family to learn about child and family functioning within their regular routines
- b. Within the interview, the family identifies areas of concern or growth for the child and families
- c. These are prioritized and developed into outcomes for the IFSP

4. IFSP Completion

- a. EI shares with the family what they have learned from all the information gathered
- b. Together the family and EI discuss and select what the services will be to address outcomes and concerns already developed

5. Identify Supports that the Caregivers Need

- a. EI will help the family identify what are the supports that the child's caregivers (*mom, dad, foster parents, grandparents, daycare providers, relatives, people that spend time with the child, etc.*) need to carry out the strategies and support the child's development

6. Strategies

- a. EI will give the family ideas on how they can support the child to meet the outcomes developed
- b. Strategies can be play activities, exercises, or any ideas that the family can try to achieve outcomes

7. IFSP Review

- a. The plan created and the child's developmental progress is reviewed every 6 months
- b. Annual review is conducted to determine the need for the continuation of services