CHAPTER 7 EARLY INTERVENTION – INFANTS AND TODDLERS

7.1 KEY PROVISION: Adapted physical education services may be provided to infants and toddlers (children under three years of age) by qualified personnel, and must meet the other criteria delineated in IDEA '04, Part C Early Intervention.

Legal Reference: 20 USC 1432 *Definitions*
(4) Early intervention services. The term "early intervention service" means developmental services that—
(A) are provided under public supervision;
(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
(C) are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team, in any 1 or more of the following areas:
(i) physical development;
(ii) cognitive development;
(iii) communication development;
(iv) social or emotional development; or
(v) adaptive development;
(D) meet the standards of the State in which the services are provided, including the requirements of this subchapter;
(E) include—
(i) family training, counseling, and home visits;
(ii) special instruction;
(iii) speech-language pathology and audiology services, and sign language and cued language services;
(iv) occupational therapy;
(v) physical therapy;
(vi) psychological services;
(vii) service coordination services;
(viii) medical services only for diagnostic or evaluation purposes;
(ix) early identification, screening, and assessment services;
(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
(xi) social work services;
(xii) vision services;
(xiii) assistive technology devices and assistive technology services; and
(xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph;
(F) are provided by qualified personnel, including—
(i) special educators;

(ii) speech-language pathologists and audiologists;
(iii) occupational therapists;
(iv) physical therapists;
(v) psychologists;
(vi) social workers;
(vii) nurses;
(viii) registered dietitians;
(ix) family therapists;
(x) vision specialists, including ophthalmologists and optometrists;
(xi) orientation and mobility specialists; and
(xii) pediatricians and other physicians;
(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
(H) are provided in conformity with an individualized family service plan adopted in accordance with section 1436 of this title.
(5) Infant or toddler with a disability The term "infant or toddler with a disability" - (A) means an individual under 3 years of age who needs early intervention services because the individual - (i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or (ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay; and (B) may also include, at a State's discretion, at-risk infants and toddlers…

20 USC 1435 - Sec. 1435*(a) In general a statewide system described in section 1433 of this title shall include, at a minimum, the following components:*
…(9) Policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this subchapter are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this subchapter (including this paragraph) shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under this subchapter to infants and toddlers with disabilities.

Discussion: Federal law requires that states develop and implement plans to address the needs of developmentally disabled infants from birth through age two. A child born with a developmental disability (e.g., cerebral palsy, spina bifida, etc.) or born with "established risk," is defined as an infant/toddler individual with a disability as documented by an assessment.

A major goal of the law is to fully incorporate the family into the process of early

intervention. In IDEA Part C, the Individualized Family Service Plan (IFSP) is used instead of the Individualized Education Program (IEP). The incorporation of the family into planning represents a sensitivity to both the needs of the family and those of the child. A multidisciplinary team that includes family members and is based on an assessment by that team develops the IFSP.

Another key provision of this law is that services for infants and toddlers, to the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate. Services are provided in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

The 2004 reauthorization of IDEA describes programs for infants and toddlers in Part C. Under this federal law, adapted physical education is not specifically listed as a required service that each state needs to make available for infants and toddlers with a disability. However, as special educators, adapted physical education teachers can provide services that are designed to meet the developmental needs of an infant or toddler with a disability within a coordinated comprehensive, multidisciplinary set of services designed to promote all aspects of development..

The federal law leaves it up to the states to determine whether or not an individual is "qualified" to provide early intervention services. The law impliedly recognizes that professionals in various fields, who are qualified to provide services to infants and toddlers with disabilities, may possess different qualifications than those qualified to serve children of other ages.

It is a widely held principle that motor development typically progresses most quickly in the first few years of life. One of the traditional responsibilities of adapted physical education teachers is to teach and promote the development of motor skills. University training programs in physical education and adapted physical education have historically included a significant amount of course content related to typical and atypical motor development in infants and toddlers. Some adapted physical education teachers have received training and practice via pre-service and in-service training programs.

Best Practice: It is recommended that LEAs utilize trained and qualified adapted physical education teachers when providing adapted physical education services to infants and toddlers. It is understood that the service delivery model is likely to be different from that for preschool and older children. Adapted physical education for infants and toddlers involves a greater amount of assessment, provision of service in natural settings and collaborative consultation with families and other team members. This results in a smaller amount of direct instruction to individual children and may require more time per child than is needed for older children because of the differences in this age appropriate service delivery system. Therefore, administrators are advised to support scheduling and caseload assignment of adapted physical educators that reflect this service delivery model. For example:

- More time may be necessary for formal and informal meetings in large and small groups;
- Consulting with, providing demonstrations and explaining activities and teaching strategies to parents may require meeting with them at times other than the typical school day schedule and;
- Working with team members and parents is considered to have the same credibility as working directly with children.

Some of the major areas of knowledge and skill that may be necessary for an adapted physical education teacher to master in order to be qualified as a service provider for infants and toddlers are:

- Typical and atypical reflexes and postural reactions; sequences and progression of early motor skills and patterns; early sensory and perceptual motor development;
- Body image and self-concept;
- Overview of early language development and its relationship to motor development and motor learning;
- Principles and schedule of motor development;
- Terminology related to early motor development;
- Diagnostic team assessment approach;
- Family based assessment planning and service delivery;
- Components of the Individualized Family Service Plan;
- Activity-based intervention;
- Transdisciplinary play-based assessment and intervention;
- Formal and informal assessment tools and techniques appropriate for infants and toddlers;
- Stages of play development;
- Social development and inclusion in natural environments;
- Commonly occurring effects of various disabilities on early development;
- Strong collaboration and consultation skills; and
- Commonly occurring family concerns and issues related to young children with disabilities.

Adapted physical education services for infants and toddlers with disabilities will often be in the areas of assessment and consultation with family members and other service providers, with a limited amount of direct, ongoing instruction with the child. This is consistent with the developmental needs of all children at this young age, and with the emphasis on services to families stated in the law. In addition, adapted physical education services for infants and toddlers must be delineated on the child's IFSP (Individualized Family Service Plan). (Sec.56426.8)

Provision of adapted physical education services to infants and toddlers are not intended to replace or duplicate occupation or physical therapy and vice-versa. However, an infant or toddler may need adapted physical education to meet additional identified needs. Educators should keep in mind that the purpose of early intervention services under Part C, is to

"...promote all aspects of development of the infant/toddler with disabilities.…" This is a major difference from the purposes of education for older children, under Part B, which is focused on educational benefit and progress in the curriculum. This law provides some funding to LEAs and describes components that are required to be part of a state's early intervention program. However, as with all laws, states are permitted to, and often do utilize other resources, programs and methods for meeting their responsibilities under the law. Providing adapted physical education services is one of the programs in California that can be utilized if needed to meet an individual infant or toddler's developmental needs.

Examples of adapted physical education services to infants or toddlers:

- The adapted physical education teacher goes to a center-based infant/toddler program to demonstrate activity based motor instruction to the center staff.
- The adapted physical education teacher observes the child while engaged in motor activities at the park, home, or childcare center (natural environment) to monitor progress in the application of motor skills to play, mobility and personal care activities.
- The adapted physical education teacher, occupational therapist and physical therapist collaborate to provide an assessment of motor skills for a toddler, in preparation for transition to a preschool program. The OT and PT assess specific motor skills in a clinic setting. The adapted physical education teacher assesses the child's motor skills during regular activities in the natural environment (e.g., home, childcare center).

7.2 KEY PROVISION: Adapted physical education services for infants and toddlers with disabilities utilize developmentally appropriate, activity- based instruction and collaborative consultation models with families, caretakers and other members of the multidisciplinary team.

Legal Reference: The federal law does not mention a specific curriculum or curriculum type. However, it emphasizes that the purpose of early intervention is to promote all aspects of development of an individual infant or toddler with a disability. Therefore, the legal inference is that a developmental curriculum is necessary. An individualized, developmental curriculum for a child should be based on a developmental assessment. In most cases, the formal assessment tools listed in the Best Practices section below or in Appendix C of this document should be used.

The federal law emphasizes family involvement and natural environments through sections describing the IFSP and specific wording in other sections. In addition, it specifies a multidisciplinary team approach. Therefore, a collaborative consultative method for delivering adapted physical education services is the most appropriate for most infants and toddlers with disabilities.

Under, Title 14, Cal. Gov. Code Sec. 95020(a), *"An eligible infant or toddler shall have an individual family service plan. The individual family service plan shall be used in place of an individualized education program required pursuant to Sec. 4646 and 4646.5 of the Welfare and Institutions Code, the individualized program plan required pursuant to Sec. 56340 of the Education Code, or any other applicable service plan."*

Discussion: The main goal of adapted physical education programs for infants and toddlers with disabilities is to assist them and their families in developing and using motor skills. The motor modality is critical in enabling young children to explore and learn about their world. At this age, learning through activities and exploration is perhaps more important than at any other stage of development. Children at this stage of development learn through daily activities and interactive experiences with their environment. Therefore, learning should take place within that context and must be facilitated by regular caretakers; including parents, family members and any child care providers that may be involved.

Best Practice: Using an activity based instructional approach; the adapted physical education teacher can select from a variety of models, or can combine models, in order to assist with the development of motor skills in infants and toddlers with disabilities. For example:

- Go to the home, local park, childcare facility, playgroup, parent co-operative or other natural settings to explain and/or demonstrate age appropriate activities.
- Set up the play area .
- Provide direct service in the area of motor and/or play development including practical accommodations related to the child's unique needs.
- Conduct parent/caretaker training sessions with or without children present.
- Set up a motor development lab at a school, preschool or childcare center and bring young children and their families/caretakers in to use it in small group sessions.
- Team-teach with other members of the multidisciplinary team.

Other roles and responsibilities of the adapted physical education teacher may include:

- Assisting with the planning and implementation of smooth transitioning of a toddler to a preschool model and setting.
- Assisting parents, caretakers, or other team members in adapting equipment that can be used in motor development and functional activities based on individual needs.
- Provide suggestions for incorporating motor activities within daily routines.
- Collaborating with other team members to design activities that meet multiple needs (e.g., combining language and motor goals; combining play and physical therapy goals).

Below is a list of resources and assessment tools for this age group. For a detailed list of tests, refer to Appendix C.

- *Battelle Developmental Inventory. 2nd Ed*. (1999) New York. McGraw Hill.
- *Bayley Scales of Infant and Toddler Development, 3rd Ed.* (2004) Psychological Corp
- *Brack, J. C. (2004). Learn to Move-Move to Learn*. Overland Park, KS. Autism Asperger

Publishing Co.
Bredekamp and Copple, Ed. (2009). *Developmentally Appropriate Practices in Early Childhood Programs*. Washington, D.C. National Association for the Education of Young Children.
• Bricker, D. (2002). *O-3 Assessment, Evaluation, Programming Systems (AEPS) 2nd Ed.* Baltimore, MD. Paul H. Brooks Publishing
• *Brigance Diagnostic Inventory of Early Development-2.* (2010). North Billerica, MA. Curriculum Associates.
• *Curriculum, Assessment, Resources, Evaluation* (CARE –R). (1998). Adapted Physical Education Program, Los Angeles County Office of Education.
- Cowden, Sayers, and Torrey. (1998). *Pediatric Adapted Motor Development and Exercise: An innovative multi-system approach for professionals and families*. Springfield, IL. Thomas
- Flagler, S. *(1996) Infant–Preaschool Play Assessment* (I-PASS). Chappel Hill, North Carolina. The Chappel Hill Training-Outreach Project, Inc.
- Johnson-Martin, Attermeier, and Hacker. (2004) The Carolina Curriculum for Preschoolers with Special Needs, 2nd Ed. (2004). Baltimore, MD. Brooks Publishing.
- Lueck, A. H., Chen, D., and Keklis, L. S. (1999). *Developmental Guidelines for Infants with Visual Impairments: A Manual for Early Intervention.* Louisville: American Printing House for the Blind, Inc.
- National Association for the Education of Young Children, 1313 L Street NW, Suite 500, Washington, DC 20005.
- *Peabody Developmental Motor Scales* (PDMS-2). (2002). Austin, TX. Pro-Ed.
- Scheeringa. *Diagnostic Infant and Preschool Assessment Manual*. (2004). New Orleans, LA. Tulane University School of Medicine.

• Toland, Crock, and Goff. (2010). *Hawaii Early Learning Profile* (HELP). Palo Alto, CA. Vort Corp.

7.3 KEY PROVISION: Adapted physical education teachers conduct developmentally appropriate, multidisciplinary, family directed assessments of children with disabilities who are under three years of age.

Legal Reference: Title 14, Cal. Gov. Code Sec. 95016 (a) describes assessment requirements, and it states in part that the assessment, … *shall include a family interview to identifying the child's unique strength and needs, and services appropriate to meet those needs; and he resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler*.

Discussion: Infants and toddlers must be assessed in all areas of suspected disability, as do children of other ages. In order to address the needs of children with or at risk for developmental disabilities, the assessor must use developmentally appropriate assessment

tools. A developmentally appropriate motor assessment will usually involve use of:

- developmental scales;
- observation during play, mobility and activities of daily living;
- interview of parents and care providers; and/or
- collaborative assessment with other multidisciplinary team members.

Assessment of motor development will reveal the child's needs for services and content of intervention. The adapted physical education teacher is one professional who may conduct an assessment of gross motor and physical play skills. The results of the assessment will help the IFSP team determine what services are needed, including whether or not services from an adapted physical education teacher are needed.

Regardless of whether a toddler has received adapted physical education services as part of his/her special education, motor development needs to be considered when assessing the child's needs for preschool. Assessment of gross and fine motor development will often need to be a part of the assessment done in preparation for the transition to preschool. Assessment of motor development is often mistakenly left out of the transition assessment for a toddler preparing to enter preschool.

Best Practice: A thorough assessment of development, conducted by a qualified professional may include the motor area. An adapted physical education teacher who is trained in appropriate methods and procedures for infants and toddlers (see Key Provision 7.1) can conduct an assessment. Procedures should be in place to include motor assessment when planning both an initial and transition assessment for an infant or toddler. Use developmentally appropriate assessment tools and procedures, and include a family interview as required by California law. Team or arena assessments are often used for infants and toddlers. An adapted physical education teacher conducting an assessment should participate in team or arena assessments when they are utilized.

7.4 KEY PROVISION: An adapted physical education teacher providing service to a child under three years of age will document services in the child's IFSP (Individualized Family Service Plan), as required by IDEA '04.

Legal Reference: CCR Title 17, Sections 52100, 52102, 52104, 52106 through 52108 describes the Individualized Family Service Plan (IFSP) that is required (rather than an IEP). Some key differences include:

- Regional Center and LEAs are responsible for various aspects of the IFSP.
- Review every six months.
- A statement about the developmental outcomes expected for the child and a statement about the outcomes for the family.
- Statements specifying the natural environments where services will be provided (e.g., home, child care, school program).

- An identified service coordinator.

Discussion: The state of California is diverse in many ways, including the educational resources and needs of LEAs of different sizes and those in rural versus urban or suburban areas. Therefore, there are different staffing patterns and some LEAs will utilize adapted physical education teachers to serve infants and toddlers with disabilities. A qualified adapted physical education teacher who is providing services to infants and toddlers will need to be informed about the requirements of the IFSP and its differences from an IEP. Documentation of developmental outcomes rather than annual goals is an important difference that will affect the planning of the assessment and focus of intervention.

Best Practice: Depending on the individual needs of the child, the adapted physical education teacher may play a strong role in the education of the child. The adapted physical education teacher should take responsibility for inquiring about district policies and procedures regarding IFSPs as well as understanding the applicable laws and regulations. It may be helpful to network with other professionals who write IFSPs and review some samples.