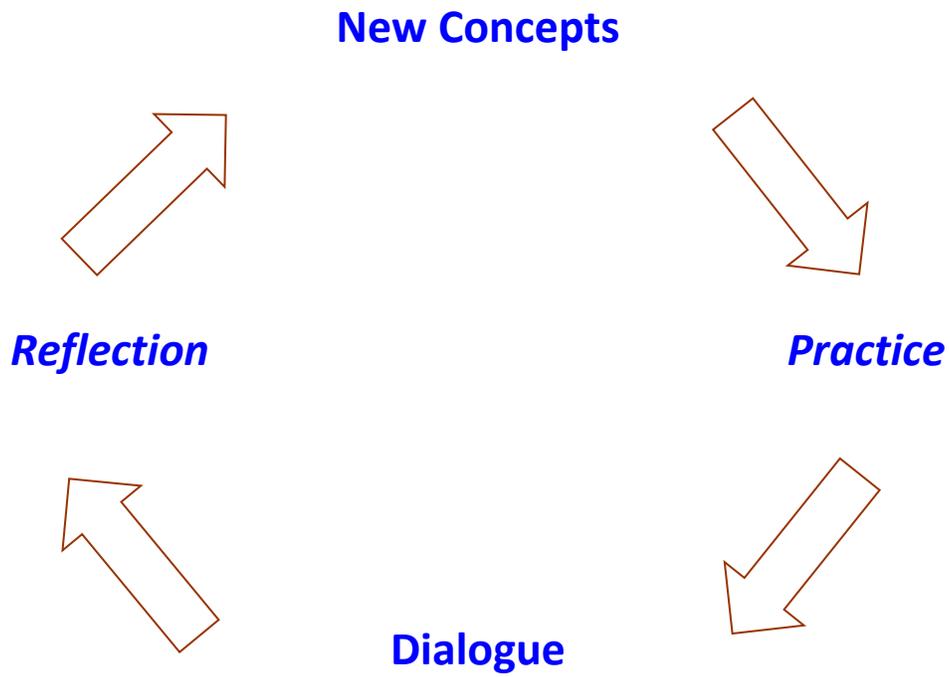


When Children Soar with the Wind

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The Learning Cycle

Adapted from Jane Vella



Overhead

Adapted from: Vella, J. (1994) Learning to listen, learning to teach. Jossey-Bass: NY

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Learning Styles

Adapted from David Kolb

<p style="text-align: center;">Accommodating</p> <p>Hands-on intuition rather than logic practical</p> <p>Carryout out plans experiences</p> <p>“Gut” instinct rely on others for information</p>	<p style="text-align: center;">Assimilating</p> <p>Good clear explanation</p> <p>Ideas and abstract concepts</p> <p>Logically sound challenges</p> <p>Readings, lectures, exploring analytical models having time to think things through</p>
<p style="text-align: center;">Diverging</p> <p>Different perspectives</p> <p>Ideas-generation</p> <p>Broad cultural interests</p> <p>Like to gather information</p> <p>Interested in people imaginative and emotional</p> <p>Prefer to work in groups, listen with an open mind</p> <p>Receive personal feedback</p>	<p style="text-align: center;">Converging</p> <p>Solution to practical issues</p> <p>Technical tasks</p> <p>Best at finding practical uses for ideas and theories</p> <p>Experiment with new ideas</p> <p>Simulate practical applications</p>

Adapted from: Kolb, D.A. (1976) The learning style inventory. McBer: Boston
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Goals:

- ★ Participant will identify benefits and challenges of including infants and toddlers with special needs in child care settings.
- ★ Participant will know the elements of Part C of IDEA
- ★ Participant will identify and practice strategies for discussing developmental concerns with families.
- ★ Participant will identify and practice strategies for adapting materials and activities for infants and toddlers with special needs.
- ★ Participant will experience and identify adult learning principles within workshop.

Materials:

- How we think and feel about disability prepared posters
- Markers for each participant
- One tiny potato, squash, radish or other inexpensive and easily available fruit or vegetable for each participant. (Processed baby carrots will not work and be cautious of nuts because of severe allergic reactions)
- Handouts with scenarios or directions for the three activities for “working with families”.
- Basket containing construction paper, markers, scissors, glue, etc. for creating a greeting card.
- Prepared list of questions for “Been There, Done That”
- Adapted materials as suggested in text
- Plastic pony beads, yarn, tape, materials to use to create challenges or adaptations: gloves, pipe cleaners, styrofoam bases, plastic dishes, plastic needles and thread, etc.

Workshop Agenda

- ★ Activities to explore attitudes: How we think and feel about disability, What’s the Difference?
- ★ Information on Early Intervention; Part C of the Individuals with Disabilities Education Act (IDEA)
- ★ Activities for developing skills in talking with families about developmental concerns and helping families think about achieving goals through routines and activities in natural environments
- ★ Activities for developing skills in adapting toys and materials: Been there, done that; demonstration of four principles of adaptation; and practice with adapting a beading activity.

Opening Activity

Caregivers today have a great deal of experience in working with children with disabilities. There is one factor that seems to be most critical in whether inclusion of children with disabilities is successful. The first and most important is whether the adults in the child's life really want the child to live as a member of their family and community. While attitude alone cannot guarantee successful inclusion, and in fact, there is the rare child who is never successfully included despite everyone's best efforts; the attitude of the adults towards disability and toward inclusion are the most important factors in success. In looking at how individual elements contribute to success, attitude is more important than the severity of the disability, the support resources available, or the training of staff. If people are committed to including the child, they can usually figure out how to do it. If they are committed to not including children with disabilities, no amount of support and resources will make it work.

The caregiver skills and program elements which ensure high quality in infant toddler programs, generally, are the same skills and program elements which are required to successfully serve infants and toddlers with disabilities. These include (overhead):

- partnerships with families,
- good observation skills,
- knowledge of child development,
- planning and documentation,
- understanding yourself and your own reactions to the child,
- adequate staffing, ratios, and group sizes,
- caring relationships developed through responsive interactions.,
- primary caregiving, continuity in caregiving.

Elements of Quality in Infant Toddler Programs

- ★ partnerships with families
- ★ good observation skills
- ★ knowledge of child development
- ★ planning and documentation
- ★ understanding yourself and your own reactions to the child
- ★ adequate staffing, ratios, and group sizes
- ★ caring relationships developed through responsive interactions
- ★ primary caregiving, continuity in caregiving

Central Ideas:

Belonging

Every child has a right to experience a feeling of belonging as a member of their family and community.

(45 minutes)

Main ideas to cover are:

Our attitudes and beliefs about disability are based in our life experience, they may be invisible to us, and yet they will determine our decisions and actions toward children with disabilities.

The attitude of the adults may determine the course of a child's life and their abilities to achieve their full potential.

Begin the activity, "How We Think and Feel About Disability." In advance, prepare chart paper with the questions on the following page of this module. Each page should be attractively decorated, leaving lots of room for participants to write their responses. Provide markers for their use in writing. An introduction could be something like this, "Because attitude is such a determining factor in the success of inclusion, we will start our work together today by learning about the beliefs and experiences of the people in this room. Some people grew up in a time when people with disabilities were never seen. Others have grown up with family members with disabilities or in inclusive schools. We have likely had very different personal and professional experiences around disability. I'm going to ask you to share your experiences and thoughts by walking around the room and responding to the posters that interest you." Ask everyone to stand up and walk around the room with you as you read each poster and tell them whether you want a comment or just a checkmark.

What I like about inclusion: Ask them to write down what they have experienced as positive or just what they think might be a positive aspect of inclusion

What worries me: Acknowledge that sometimes inclusion is not done well or supported adequately. Ask them to write down elements of bad experiences they have had or ideas they have about what might be problematic

I know: (use only the icons in the poster) Ask them to judge what they think their own knowledge base is and to put a checkmark next to the symbol. Read the symbols to them.

I have known: Ask them to put checkmarks next to all of the kinds of challenges they have seen

If I woke up tomorrow: Acknowledge that this is a tough one and they may choose not to answer it. However, if they want to respond, they should write down *why* one condition seems more tolerable to them than the others.

My culture: Acknowledge that few cultures articulate beliefs about disability but ask them to reflect on how their family seemed to feel about disability – was it cause for charity? Shame? Honor?

When I see a child ... I want to: Tell the group that this is a continuum of how many people feel about disabilities right now. Ask them to comment on their belief next to the one that best matches their attitude.

The future: Ask them to write down what they believe, from their life experience, life will be like for babies born today with disabilities, and why they think that.

Ask participants to take the next 15 minutes to respond to the posters which most interest them and to take their seats when they are finished as a way of letting you know it is time to move on. Give them a warning at thirteen minutes that they have 2 minutes to finish writing. At 15 minutes, ask everyone to take their seats. Assign small groups to review each poster and synthesize the information for the group. You are asking for one or two sentences that give the gist of the information, not a reading of the posters. Give them five minutes to do this. Ask them to take their seats again.

Ask the first group to report. If these following points are made by the group, reinforce them. If not, introduce them.

What I like about inclusion: Point out that segregation is how we enact our own racism. By not including children in their community's regular activities from the beginning, we send a message that people with disabilities are somehow less than human and need to be away somewhere by themselves.

What worries me: Agree with any valid problems. Inclusion is not always done well and doesn't serve anyone when it is not.

I know: Ask the group what they think about their rating. Usually groups are rather modest. Point out that if they use high quality infant-toddler practices, they probably know all about how to get to know a child and providing individualized services to children.

I have known: Usually the group has extensive experience. If they do, comment on whether the extent of their experience relates to their personal rating of knowledge.

If I woke up tomorrow: Talk with group about how hard it is to think about having a disability in an area that has great importance to you. Asking this question is one way of helping us look inside ourselves and reflect on how we really feel disability, what we find acceptable and what we can not even think about – and most of all, how does this effect our feelings about the children with disabilities we meet.

My culture: Talk about the invisible effect of culture. A good example is the book, [The Spirit Catches You and You Fall Down](#) by Ann Faddiman. It describes a Hmong family in Fresno, California. Their baby develops a seizure disorder which their culture believes means the person is being chosen by the spirits to become a shaman or healer. The American medical community, however, saw this as a life-threatening situation which needed to be stopped. It is not hard to imagine the difficulties they encountered as they tried to work together – and yet their basic beliefs and understandings were invisible both to themselves and the others.

When I see a child ... I want to: Talk briefly about how our ideas about the place for people with disabilities in our society is changing.

The future: Emphasize the role we have for families in helping them to hold the possibility of a positive future for their child.

Manage the timing of this discussion to limit the discussion to about 20 minutes.

How We Think and Feel About Disability – A Walkabout

<p>What I like about inclusion ...</p>	<p>What worries me about inclusion ...</p>
<p>I know enough about disabilities/inclusion to fill:</p> <p>A CD</p> <p>An encyclopedia</p> <p>A book</p> <p>A letter</p> <p>A credit card</p> <p>A stamp</p> <p>The head of a pin</p>	<p>I have known kids with the following challenges:</p> <p>Down syndrome</p> <p>Cerebral palsy</p> <p>Spina Bifida</p> <p>Attachment disorders</p> <p>Behavior issues</p> <p>Visual impairment</p> <p>Hearing impairment</p> <p>Communication, language</p> <p>Motor issues</p> <p>Chronic illness</p> <p>Genetic syndromes</p> <p>Technology Dependent</p> <p>Family disruption</p> <p>Exposed to violence</p>
<p>If I woke up tomorrow with a disability, I would choose:</p> <p>Down syndrome Quadriplegia</p> <p>Seizures Blindness</p>	<p>My culture believes this about disability:</p>

2. Begin the second activity related to attitude, “What’s the Difference?” (15 minutes)

- Provide each participant with a small fruit or vegetable. They should be all, or mostly, the same type of vegetable but it is helpful if some of them have blemishes or odd shapes. You might use 30 squash and 4 potatoes and talk later with the group about how they felt about having something different.
- Bring the group together in a standing circle.

- Ask them to hold their “squash” and look at, really study it. Look at the shape, size, color or colors. Does it have an distinguishing features? Does it have blemishes or damage somewhere?
- Ask them what sort of character they think their squash has. What sort of personality?
- What do think its name is?
- What is its history? Where did it grow up? How did it come to be here?
- What is its future?
- Ask them to turn to someone near them and introduce themselves and their squash to someone else and their squash.
- Repeat this by asking the dyads to join another dyad and do this in groups of four.
- Collect the squash in a bag or basket.
- Spill them out on the floor and ask participants to find their own.
- Reseat the group and ask what this experience made them think about differences.
 - Points to cover:
 - Differences made one squash more recognizable and unique than others
 - The blemishes evoked attachment and affection; and added to the interest of the stories
 - Participants may have had feelings about introducing a very different vegetable, or a highly damaged vegetable
 - Differences can be a positive thing!

The Individuals with Disabilities Education Act (IDEA)

1. IDEA provides resources for supporting families of infants and toddlers with disabilities to support their child’s development. IDEA is the federal special education act. It provides funding for early intervention services for infants and toddlers with disabilities or with conditions that would be expected to create developmental delays. Services usually include a variety of therapeutic and educational services provided within the child’s natural routines and activities, developmental assessment, and service coordination. There is a system in each state which assures that infants and toddlers suspected of having a developmental delay will receive a developmental assessment and appropriate services.

(25 minutes)

Make these points:

The elements of Part C of IDEA in each state include:

Definition of developmental delay

Timely and comprehensive multidisciplinary evaluation of needs of children and

Family-directed identification of the needs of each family

Individualized family service plan (IFSP) and service coordination

Comprehensive child find and referral system

Public awareness program

Central directory of resources

Comprehensive system of personnel development

Policies and procedures for personnel standards

Single line of authority in lead agency designated by the governor

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Financial policies

Procedural safeguards

Data systems

State interagency coordinating council

Policies to assure that, to the maximum extent possible, services are provided in natural environments.

(elements overhead)

2. The most important elements for infant toddler programs have to do with the systems that allow caregivers to make referrals when they or the family suspects a delay in development and the systems that support the provision of services in natural environments. (highlights overhead). Care providers should be familiar with the system in their state for taking referrals when there is a concern about development, how the system provides the assessment, and what a family can expect if they choose to begin the early intervention process.

The Elements of the Federal Early Intervention Law (Part C of IDEA)

**(Including American Indian and Homeless Infants and Toddlers)
in each state include:**

1. A rigorous definition of the term 'developmental delay'
2. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family
4. Individualized family service plan and service coordination
5. Comprehensive child find and referral system
6. Public awareness program including the preparation and dissemination of information to be given to parents, and disseminating such information to parents
7. Central directory of services, resources, and research and demonstration projects
8. Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources
9. Policies and procedures to ensure that personnel are appropriately and adequately prepared and trained
10. Single line of authority in a lead agency designated or established by the governor for carrying out:
 - a. General administration and supervision
 - b. Identification and coordination of all available resources
 - c. Assignment of financial responsibility to the appropriate agencies
 - d. Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
 - e. Resolution of intra- and interagency disputes
 - f. Development of formal interagency agreements
11. Policy pertaining to contracting or otherwise arranging for services
12. Procedure for securing timely reimbursement of funds
13. Procedural safeguards
14. System for compiling data on the early intervention system
15. State interagency coordinating council
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved

Note: Adapted from 20 U.S.C. §1435(a).

Danaher, J., Goode, S. & Lazara, A. (Eds.). (2011). Part C updates (12th ed.). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

(Including American Indian and Homeless Infants and Toddlers)

1. A rigorous definition of the term 'developmental delay'
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13. Procedural safeguards
14. System for compiling data on the early intervention system
15. State interagency coordinating council
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment

Note: Adapted from 20 U.S.C. §1435(a).

HIGHLIGHTS of Federal Early Intervention Law (Part C of Individuals with Disabilities Education Act) for Infant Toddler Programs

Definition of developmental delay

Timely and comprehensive multidisciplinary evaluation of needs of children and

Family-directed identification of the needs of each family

★ **Individualized family service plan (IFSP) and service coordination**

★ **Comprehensive child find and referral system**

Public awareness program

Central directory of resources

★ **Comprehensive system of personnel development**

Policies and procedures for personnel standards

Single line of authority in lead agency designated by the governor

Financial policies

Procedural safeguards

Data systems

State interagency coordinating council

★ **Policies to assure that, to the maximum extent possible, services are provided in natural environments.**

Working with Families

Child care providers need an increasing variety of skills for working with infants and toddlers with disabilities and their families. Given their wide experience with infants and toddlers, caregivers are often the first to recognize a potential developmental delay. They need to develop the skills to express their observations and concerns to families.

Caregivers must also develop comfort in talking to families about their child with identified disabilities. The following are three activities which address different aspects of working with families. Participants are invited to choose the activity they find most interesting or appealing.

(45 minutes; 30 to work and take a quick break, 15 to debrief)

Say, "Simply knowing that there are resources available doesn't really solve the problem of how to share your concerns with families. We have three different activities which will each help you think through and practice what you might say and how you might go about being a partner to the family of an infant or toddler with disabilities. You will choose which of the three activities appeals to you most and do that one. You will have 30 minutes to work and grab a quick break, then we will come back together to look at our work.

The choices are:

- ★ A short role-play in which the parents of an infant with disabilities are trying to enroll their child in your child care center. While the role play requires only four people, one or two more may join the group and add their ideas. The scenario to follow is on a handout.
- ★ A small group problem solving activity in which the staff of a child care center are trying to plan for a meeting with parents. The meeting has been requested because the staff has concerns for the child's development and wants to make a referral to early intervention. The directions are on a handout.
- ★ For the more reflective, introspective or artistic learner; an art activity in which you will create a card to send to a family on the event of the birth of their baby – with Down syndrome. Directions are available on a handout and materials are in a basket.

Bring the groups back together and invite a role play group to perform, the problem-solving group to report, and the card folks to share their work.

Major points:

- ★ Importance of honesty with yourself about your own feelings
- ★ Importance of honesty with parents and respect for and acceptance of their feelings
- ★ Importance of openly offering partnership with families

Enrolling an Infant with Disabilities

A role playing activity

- Parent 1: Your daughter, Amelia, was born very premature and has a number of difficulties resulting from the prematurity. Amelia is now 8 months old, 6 months corrected age. She is medically stable although you are certain that she has visual impairments and some degree of cerebral palsy. She has difficulty feeding and there is some discussion of inserting a gastrointestinal tube for feeding. You have been the at-home parent but must return to work to improve your financial situation and maintain a secondary insurance coverage. Despite the fear and pain of these months, you adore Amelia and take great joy in your relationship.
- Parent 2: You feel strongly that Amelia should be in group with other children and that your spouse should return to work. However, you are afraid for Amelia's well-being in group care and want to know that the center can accommodate to her needs.
- Director: Please make the parents feel welcome in your center. Tell them a little about your program. Then decide what you would need to ask them. Think about the language you might use.
- Infant Teacher: Feel free to join in by describing your classroom. As you hear about Amelia, what concerns does it raise? How might you voice those concerns?

Handout

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Planning for a Referral

Small group problem solving

The staff of the “We Love Babies Infant Toddler Center” has become concerned about a one-year old named Jamal. He is very sociable and bright-eyed, but his motor development seems very delayed. He rolls over and moves around, but can’t sit up without support and doesn’t use his hands much to play with things. He doesn’t bring things to his mouth. They are not sure whether he hears or understands them. He doesn’t do much babbling.

Jamal’s mother is an eighteen year old woman who graduated high school after Jamal’s birth. She is currently in community college and working at a grocery store to support them. She has made it very clear that she doesn’t want any more complications in her already delicately balanced life.

Your staff must decide what is important to include in your discussion with her. Create an outline of what you would have happen in the meeting.

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First Words

An individual reflective art activity

Your program provides child care services to infants and toddlers. You have a very popular center and children are often on your waiting list before they are born. It is your custom to visit the family at home after the birth of a baby to begin to develop your partnership.

As an infant supervisor, you have been asked to visit a family on the waiting list whose baby was born two weeks ago. They just came home from the hospital. You know both the mother and father because they have visited your classroom several times.

The baby was born with a birth defect. The umbilical cord was wrapped around his head in the womb and his face is somewhat deformed because of it. It was wrapped around the central part of his face and his eyes did not develop. He is completely blind.

You visit the family. You meet this baby, who is unlike any baby you've known in many ways – and very like every baby you've known in others.

Following the visit, you create a note card to send them in which to offer your thoughts and feelings in words which they might find helpful.

Use the materials in the basket to create a card and write a note inside.

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Adapting Materials and Activities

Adapting materials and activities for infants and toddlers with disabilities draws on the same skills of individualizing used in all high quality infant-toddler programs. This activity introduces the idea that early childhood educators make accommodations all of the time in response to individual differences. Have the group stand in the center of a space. Tell them that you will ask them some questions and if the answer to the question is yes, they should move to one side of the room. If the answer is no, move to the opposite side. Most participants are likely to move to the “yes” side and stay there.

Been There, Done That (10 minutes)

Have you ever had a child ...

- Who only ate certain foods? Only certain textures?
- Who needed some time to play alone, with some protection for their space?
- Who needed extra warning before transitions or clean-up time?
- Who found it upsetting if you varied your daily schedule for a special event or a field trip?
- Who didn't like to get dirty or touch different things?
- Who needed to “burn off energy” before settling down to quiet work?
- Who played in the same area day after day during free time if left to her own choices?
- Who needed to tell you something before he could settle in to play?
- Who found it hard to join other children in their play?
- Who was a little clumsy running? Or a little clumsy using manipulatives?

Comment to the group that they have known many children who required them to make changes in how they do things, and that they made those changes easily.

Demonstration of principles of adapting materials and activities (20 minutes)

Using the principles on the handout, show materials which demonstrate:

- adaptations made for stability: wide, heavy bottoms added to toys, wider handles on markers or brushes, non-skid surfaces added to tables, knobs on puzzles
- adaptations made for usefulness of information: offering only a few stacking cups, taping off openings in a shape box, “rainbow stew”, mobiles with high contrasts, toys made with different textures
- materials for achieving therapeutic goals:
 - isolating fingers: bubbles, toy piano, tape player
 - making sounds: bubbles, sound activated toys
 - hands to midline: sparkle wand, bubbles
- showing children with disabilities in a positive light: dolls with disabilities, posters, books

Adapting Toys and Materials

Framework questions:

How does this child learn?

What does this child need to learn?

What materials, experiences, or interactions inherently contain this information in a way that would be useful for this child?

Principles:

- ♥ Stability: infants identified with disabilities often have significant issues in motor control, taking in sensory information, or processing information. Toys that are stable through weight, size, firmness, or other properties that hold them still are helpful in providing opportunities for exploration.
- ♥ Usefulness of information: in adapting materials, it important to consider the sensory modes the infant uses to gain information about the world. Strong light and dark contrasts help children with vision impairments. Simplifying the materials available may help an infant with cognitive delays to understand the materials she is using. Background music may be very confusing to a child with a hearing impairment. Tactile sensitivity, sensitivity to sounds, and color preferences may all affect the child's use of materials.
- ♥ Meeting therapeutic goals: The Individualized Family Service Plan (IFSP) will articulate the developmental goals the baby is expected to master in the next six months. Materials and activities should promote the development of these skills through play and care routines. Typical goals for infants include encouraging the production of sounds, developing communication, gaining large and fine motor control (bringing hands together at midline, developing increasingly refined grasps, isolating fingers), and developing a sense of their own agency in causing things to happen in their world.
- ♥ Presenting a positive image of people with disabilities: Whether you have infants with disabilities or not, it is helpful to adapt your environment to include dolls with disabilities, posters of active, happy toddlers with disabilities, books about children with disabilities, etc.

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