

# PENNSYLVANIA'S APPROACH TO THE DELIVERY OF EARLY INTERVENTION SERVICES

There are many effective, research-based approaches to the delivery of early intervention services; all with different names and definitions. Regardless of the names, these approaches have common core principles that are the foundation of Pennsylvania's model for early intervention services. These core principles include the following:

**Early intervention provides supports and services to infants/toddlers and young children with disabilities and their caregivers so that they may help the child grow and develop.**

## **What it looks like:**

- Early intervention personnel design supports and services so that family members and early education programs are actively engaged in promoting the child's learning and development. Starting with the family's entry into Early Intervention, personnel use strategies to engage and involve all caregivers.
- Whether working with family members and/or other early education programs, early intervention personnel use methods that build on principles of effective adult learning. Early intervention personnel demonstrate techniques, observe the caregiver's practice and provide constructive feedback. To increase caregiver's competence and facilitate learning, early intervention personnel provide information, problem solve, and teach new strategies. They rely on family members and other caregivers to provide relevant information regarding the family's culture, as well as the child's developmental strengths and learning style.
- Early intervention personnel build families' and early education providers' competence by identifying what they are already doing to promote the child's learning; by identifying learning opportunities in the child's every day life; by creating additional learning opportunities for the child; and by helping them use effective intervention strategies in those learning opportunities.

**Early Intervention provides individualized supports and services to infants/toddlers and young children with disabilities and their families.**

## **What it looks like:**

- Information is gathered from persons most familiar with the child such as parents, caregivers, and health care providers. When additional information is needed further assessment is completed.
- This information is used by IFSP/IEP teams to develop individualized goals and outcomes for the child and family.
- Supports and services are identified and linked to the goals and outcomes.
- Specially designed instruction, methodologies, and program modifications are used in tandem with early intervention supports and services. They are linked to the outcomes or goals and are described specifically so that anyone implementing the plan can understand what to do to support the child. Specific types of methodologies that are commercial or require specialized certification may be appropriate for an individual child, but they are not listed by name on the plan; rather the strategies used are described. Because approaches can vary

based on the strengths and needs of the child and family, and because no one methodology can meet all the needs of an individual child, it is better to describe the characteristics of the intervention than list it by a name. This allows the Early Intervention team to customize strategies to meet the needs of the child and not be locked into a

prescribed program.

- Progress is monitored on the IFSP/IEP goals and outcomes to determine the effectiveness of the services and supports, to make any necessary modifications or changes, and to assess further needs on an ongoing basis.

**Early intervention supports and services are embedded within learning opportunities that exist in the child’s typical routines, within the home and community activities and/or early education programs.**

### **What it looks like:**

- Routines and community activities may vary with the age of the child, the interests of the family, and with the changing availability of community and family resources. The typical routines and activities of early education programs also vary with the age of the child and the curriculum used in the program. Early intervention personnel provide supports and services in an ever-changing variety of settings.
- Early intervention personnel should have conversations with the family and/or early education providers to identify typical routines and activities. The routines and activities may include child-initiated play activities, daily care routines, other family routines, community activities or early education activities so that services and supports can be delivered within the context of the routines. The conversations should include discussions that identify the typical sequence of the activity/routine and the materials used. The conversations should also help family members and early education personnel identify which routines are working as well as other routines that may become priorities for early intervention services and supports.
- The materials and the sequence of actions relevant to the routine need to be identified – particularly the items and events that are readily available within the child’s natural environments and/or early education settings. In this way, carefully planned, explicit instruction can occur within the context of the routine or activity.
- Using readily available materials, the natural sequence of the routine, and embedding supports or strategies into the child’s preferred activities, will provide frequent opportunities for functional and meaningful practice using natural reinforcers that are motivating and likely to occur repeatedly.
- Early intervention supports and services focus on problem solving in respectful ways with the family and/or early education programs to identify strategies to enhance the learning opportunities within identified routines. Strategies may include modification or adaptation of the materials used, the sequence of a routine, or providing the early education provider with teaching strategies that can enhance the child’s participation within natural and least restrictive environments.

**Early intervention supports and services build on the existing family, community, and early education resources.**

### **What it looks like:**

- Early intervention personnel have conversations with the family and/or early education provider about both the formal and informal resources that exist within their family, neighborhood, and greater community. Conversations can include discussion about resources that the family is currently using and those that the family needs. Conversations regarding cultural considerations important to the family are essential when reviewing and identifying resources. The information

about formal and informal resources should be updated frequently and used to guide services and supports.

- The IFSP/IEP can include documentation of both the formal and informal resources that exist or

are needed by the family. The IFSP/IEP can also describe how these resources will be used as part of the coordinated services and supports that are needed to ensure that the child's and family's needs are met.

## Early intervention personnel work collaboratively with the family and each other to provide coordinated, flexible, early intervention supports and services.

### What it looks like:

- Once goals and outcomes are determined, IFSP/IEP teams make decisions about the skills and abilities that are needed to meet them. These discussions lead to the identification of the appropriate supports and services either in the natural environment or the least restrictive environment. These decisions are not made by matching the child's areas of deficit with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- Early Intervention teams are groups of personnel who have complimentary skills and abilities. Early Intervention teams work together in a variety of ways to achieve the goals and outcomes of the child and family. Early Intervention teams should have planned opportunities for interactions so they can share discipline-specific information, provide cross-discipline training opportunities, and/or brainstorm new intervention strategies. Family members are always a part of the Early Intervention team.
- Joint scheduling of early intervention services is one strategy to ensure purposeful opportunities for teams to collaborate on achieving child and family outcomes. Other strategies include planned team meetings, shared communication logs, and/or sharing progress monitoring results.
- Early education personnel should be part of the Early Intervention team. This enables all members to elicit and share IEP/IFSP information, which in turn assists early education staff in the implementation of the IEP/IFSP. In addition, both the EI and early education staff benefit from each other's experiences and knowledge that transfers to all children. If personnel from the early education program are unable to be members of the IEP/IFSP team, parent consent may be needed to share information.

## Early intervention supports and services focus on the family and child's transition between and among early education programs.

### What it looks like:

- Early intervention supports are fleeting in the larger context of the family's life and therefore should focus on ensuring that the few years in early intervention build competence across the family and child's lifespan. Reliance on other family and community resources builds the competence of families to be effective in helping their child grow and develop after early intervention services are no longer available or appropriate. Transition supports described in the IFSP/IEP should build on family, neighborhood, and community resources. Communication between and among all personnel who serve or may serve the child and family is essential to ensure smooth transitions throughout the early years.
- Transitions can often be difficult without planning and communication. Early intervention personnel should plan and support the many transitions that occur in a family's life, including entering a new

childcare program, entering or returning home from the hospital, moving to a new county or state or exiting the early intervention program because they no longer need early intervention, exiting at age three to continue on with a pre-school special education program, or exiting preschool to school age programs.

- Good communication and timely planning is critical during the early intervention process as the child approaches age three. Planning for transition frequently requires multiple conversations with the family and sending team members before the actual transition meetings so that each member of the team understands the parameters of the process. All concerns about transition should be discussed, including: the steps in the process; a child's strengths, needs, and progress; concerns of the family; and possible transition outcomes. This information should be shared with the receiving agency. If it is anticipated that the child will transition to preschool early intervention, it is important that the family understand the evaluation and IEP procedures. Concerns should be addressed openly to promote future successful transitions for all children and their families. If the concerns are not resolved, the team should seek additional guidance from supervisory staff and, if needed, state early intervention personnel.
- Feedback should be provided to sending agencies if procedures they are using or services that they are recommending regarding outcomes cause difficulty during the transition process. Any concerns at transition that result in mediation or due process should be immediately shared with the sending agency and preventative strategies should be developed.
- Eligibility criteria should be discussed when planning for preschool transition. The sending and the receiving agency should understand why the child has been determined eligible for early intervention. Teams may initially identify infants as eligible for early intervention through

the use of clinical opinion when no test(s) are sensitive enough to determine a developmental delay, despite the presence of developmental issues. However, as the child grows, the use of clinical opinion should be supported by test and progress documentation. A child cannot be eligible for preschool early intervention services based only on clinical opinion, so this topic must be addressed prior to any transition activities. If a child has been eligible in the infant/toddler early intervention program and there is a question about the child's continued eligibility in the pre-school early intervention program, the county must contact the preschool early intervention program to share evaluation materials in order to determine if additional evaluation is needed to determine eligibility.

- If a sending IFSP team is serving a family with a child who is approaching age appropriate development, the IFSP team should make every effort to determine if the child is still eligible for early intervention before transition occurs. This will prevent the unnecessary evaluation of a child. This may not be possible because of timing, family concerns, or other issues. In those cases, clear and active communication among all parties is paramount.
- Families should be given information about the sending and receiving agencies that support a smooth transition and respect the expertise and commitment of both agencies. Families should understand that both the sending and receiving agencies are working together in their best interest and that of their child.
- Local Interagency Agreements should address transition and describe the process to be used to resolve any conflicts.
- Early intervention personnel should celebrate transitions with families. The transition of a child out of early intervention because he or she has developed many new skills and accomplished many outcomes should be a time for celebration.

## Office of Child Development and Early Learning



Pennsylvania Department of Public Welfare