

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

**Teaching
All
Young
Children**

**Great
Playgrounds
for All
Children**



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WV Early Childhood Provider Quarterly is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of the West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; Office of Maternal, Child and Family Health/West Virginia Birth to Three; WV Head Start State Collaboration Office; West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

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The opinions expressed in WV Early Childhood Provider Quarterly are not necessarily the opinions of any funding agency, advertiser or contributor. Contributions to WV Early Childhood Provider Quarterly by West Virginia's early childhood professionals are welcomed and encouraged. Articles submitted to WV Early Childhood Provider Quarterly are reviewed by the editorial board for content, length and technique. They may be edited from their original format. Please send your contributions to the editorial offices.



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ACDS Prepares for Survey and Instructor's Academy



ACDS Professional Survey through Survey Monkey

As part of continuing efforts to provide a quality Apprenticeship for Child Development Specialist (ACDS) program, an online survey has been designed for each semester of the program. In collaboration with WV Extension Agents Kerri Wade and Brenda Porter, ACDS developed the online survey. Each survey and identifying information will be kept confidential and the information obtained will only be used to better serve the needs of students. The first survey was sent to all students that were enrolled in the Fall 2012 semester who had listed a valid email address on the semester registration form. For any questions and/or concerns, please feel free to contact Sherrie Barrett at sbarrett@rvcds.org or 304-523-0433, Ext. 404.

ACDS Instructor's Academy

The ACDS Instructor's Academy will be June 24-28, 2013. Applications must be submitted by April 26 to ACDS. For more information pertaining to instructor qualifications please visit our website at www.wvacds.org. Follow the Academy link under the Instructor's tab. Applications can be mailed to Sherrie Barrett, ACDS, 611 Seventh Avenue, Ste. 208, Huntington, WV 25701.

Submitted by Sherrie Barrett, ACDS State Coordinator

www.wvacds.org

Talking With Parents When Concerns Arise

Written by Linda Brault, MA, and Janet Gonzalez-Mena, MA, Reprinted from *Beginning Together: Caring for Infant and Toddlers with Disabilities and Special Needs in Inclusive Settings*

As a child care provider, you are often the first one to notice a child who learns or communicates differently than other children in your care. If your careful observation and efforts to work effectively with a particular child do not seem to be meeting the child's needs, it is time to look for help to foster belonging and appropriately support this child in your program. This help can come from the family, but more expertise may be needed, such as from the child's pediatrician or health care provider, a therapist or another specialist. When you recommend to the family that they seek help in this way, or if you get their permission to seek such help yourself, you are "making a referral." It is easiest if the parent or family member makes the referral, as they will have the information needed and can get the process started more quickly. In order for you to make a referral, you will need to talk to the parents of the child first. They must give their written permission (consent) before you seek other assistance.

Sometimes parents will notice the developmental differences on their own. Although comparing one child with another is a disservice to both, it often helps parents to have a broader view than they may have if their experience is limited to their own child. One mother of a baby who was born with a heart defect entered an infant/toddler program that had a parent observation component. She was shocked when she saw the difference in development between her son and the other children



his age. Because of his fragile condition and several surgeries, his early experiences had been very different from the other children his age in this program. This mother didn't need the caregiver to recommend a referral. She went immediately to the heart specialist and the pediatrician and asked for help with her son's developmental needs. She understood that when specialists are worried about saving a baby's life, their concerns about overall development go on hold sometimes. With the help of the caregiver and developmental specialist, the child moved from being seen primarily as a heart patient to being a developing toddler.

The case was unusual because the parent didn't need a referral. She already had specialists to help her and ultimately the child care program as well. If the concern you have is for a child who isn't already defined as a child with special needs, you may not know how the

parents will react when you share your concerns.

How do you decide when to have a formal conference to talk to parents about your concerns? If you have spent some time focusing on the child and clarifying your concerns, you can ask the parents to schedule an uninterrupted time for you to talk with them. If you have worked to establish a good relationship with the parents, you probably have been talking to them all along, so you know if the issues you are worried about are unique to your setting or if the parents have noticed the same at home. You may know that the parents are concerned as well, and that their concerns are the same as yours. You may also know if they have not expressed any worries and can take that into account in planning a conference.

Certainly, if there have been regular small conversations, the conference

itself won't come as a surprise to the parents. Nevertheless, if you decide that the time has come to get some outside help by making a referral, this conference may take on deeper significance than the usual parent-caregiver conference or the casual conversations you've been having with the parents and/or other family members.

Preparing for a formal conference

Prepare for the conference by making careful observations of the child. Observation of the child over time will give you information about specific behaviors that illustrate the concern. It will help you clarify a general concern (Rashad seems too easygoing; Sarali is always in the middle of trouble) with specific examples of behavior (Rashad stays in one position for up to 30 minutes and doesn't change positions on his own; Sarali has trouble sitting at the table during snack time and often hits children). Note when and where those behaviors occur and under what circumstances. Also, with focused observation, you may get some insights into what is contributing to the behavior. See if changing the environment or your approach affects the behavior. Keep track of all the details of what you have tried and what happened. This record can contain important information to share with the parents.

Remember, it is only appropriate for you to discuss what you have observed about specific behaviors. Avoid the urge to label or diagnose. Sometimes parents have noticed that their child's development is different from most children and they come to the conference feeling relief that someone has

noticed. They may come anticipating that they will need to get the help and support they need. Other times, parents may be unaware of differences or unable to see them. Parents may have different expectations due to culture or experience. If parents haven't noticed anything, it may be a different situation.

Caregiver responses

One thing to keep in mind is that YOU may have an emotional response to the possibility of a child having a delay or difference in development. Noticing a difference in development can make you sad, nervous, upset, or anxious to get help. Your own emotional response will impact the way you share the information with the family. If Marta's only exposure to children with motor delays had come from seeing children with Muscular Dystrophy on the television, she might be very sad and even scared about the potential for this disability in Rashad. If you are a person concerned about children growing up to be independent individuals, the idea that a child has a special need that might get in the way of that goal may seem tragic to you. On the other hand, if your background stressed interdependence more than independence, you may consider a child with a special need a gift, not a liability. The family may have entirely different feelings. For example, if Emily is anxious to get speech and language help for Sarali, Emily may not be able to listen fully to the parent's perspective, and may be especially discouraged if Sarali's family does not share her concern.

Caregivers need to take the time to uncover their own emotional responses

before meeting with the family. It may be helpful to talk with a colleague or the director about your own feelings. Sharing about the situation should not contain specific information about the family unless the listener is part of the staff. The discussion also needs to occur in a private location, not a restaurant or crowded staff room. Knowing what your feelings are can help you anticipate what reactions you may have when sharing the information. For example, you may be surprised if the family agrees with your observations, yet is not very worried. Or, you may be especially frustrated if the family wants more time to observe on their own when you are sure that the child needs help. Once you realize your potential emotional reaction, you will be better able to keep it "out of the way" when conducting the conference. You may also be better prepared for the variety of ways that each family member may react.

When thinking about your feelings about your concerns for the child, the implications of those concerns, and about the family's response, keep in mind the positive feelings that you have for the child and all of the strengths that you've seen in the child. Regardless of your concerns, the child is still the wonderful being who is the focus of her family's love and your care.

Conducting the conference

In the meeting itself, do what you can to make the parents feel comfortable and at ease as much as possible. Choose a seating arrangement that brings you together instead of separating you. Sitting behind a desk, for example, can

make a psychological as well as physical barrier between you and the parents or other family members. A warmer, friendlier arrangement may work better. Provide for privacy. This meeting is between you and the parents, not the business of the secretary or the rest of the staff. If you are a family child care provider, you may need to meet outside of regular hours of care. Set aside enough time so that the meeting isn't rushed and you can talk things through. If this is the first such meeting the parents have had, they need to feel that you care and that they can trust you.

If you and the family members do not speak the same language, careful thought must be given to interpretation during the conference. This conversation generally has an emotional component, and therefore appropriate interpretation is critical. When sharing information about a child's development, it is likely that some of the words and nuances in phrasing will be challenging for inexperienced interpreters to translate. Additionally, some parents may understand another language, such as English, yet not be able to fully understand and participate in a conversation about their child. A family may use someone (such as another family member or older child) for routine interpretation; however, they might not feel comfortable putting that person in the position of interpreting for this conference. You may need to explore other community resources.

Start the conference by gathering information from the family about how they see their child. Ask open-ended questions. Truly listen and show an interest in all that they say. Give them a chance



to talk without interruption. You'll learn more about the family and the child and may be able to identify concerns that you have in common with the family.

When it is your turn to share, start with what is going well. Sharing positive qualities that you've observed lets the family know that you're paying close attention to their child and that you care about their child. Both listening to the family and sharing positive things about the child helps the family to know that you are partners in meeting the needs of their child.

Ask about how the child behaves at home. If the family differs in their view of the child, be open to their perspective. Asking how the child behaves at home gives you information for comparison of your observations. You may also discover that there are different expectations due to the family's culture or values. When done respectfully, this communication can lead to a better exchange of ideas and ultimately be of most help to the child.

Before you share your concerns with the family, ask if they have any concerns that they haven't already indicated. Specifically asking the family if they have concerns that they haven't mentioned before gives the family another opportunity to voice their own observations or concerns and may provide information that supports what you've seen.

As you begin to talk about your concerns, let the family know that you are sharing your concerns to support their child's development and to get some ideas for how to best meet their child's needs. Be sure you communicate what you want to say clearly, without judgment and with concrete examples.

It is especially important that you share your observations without labeling or diagnosing. DO NOT suggest that a child has a specific diagnosis (such as attention deficit disorder). Most child care providers are not qualified to provide such a diagnosis and doing so often gets in the way of the next steps in the referral process. On the other hand, your specific observations and descriptions of what is happening will be very helpful to any specialists who become involved.

Supporting the family who wants to access resources

If the family is also concerned or agrees with your observations, you can move to a discussion of possible next steps. Support the family in getting help. Their biggest fear is often that you will reject their child or them if extra help is needed. Let them know that you are there to support their child and to

incorporate any new ideas. You should have information ready about services within your program, local early intervention services, special education services, and other resources. By sharing your concrete observations, you will be able to help the family clarify their questions about their child and what the referral will accomplish.

When ready to refer to the early intervention program, local school district, or pediatrician/healthcare provider, let the family take the lead. Because many families will want to take action, be prepared to talk with them about resources for obtaining further assessment and/or possible services. This is the point at which you are “making a referral.” It is generally appropriate to refer the family to their pediatrician at the same time you refer them to the local early intervention/special education resources.

Calling resource agencies ahead of time to gather general information can be very helpful. However, you cannot guarantee eligibility of services from another agency to a family. Rather, describe what might happen after the referral and what the possible outcomes might be based on what you’ve learned from the agency. You can also let the family know that you can be a source of information to the referral agency. Parents must give permission for you to talk about their child with referral sources, so you will want to carefully respect the family’s confidentiality and be sure that you have clear, written consent.

When the family wants to access other resources, being aware of potential barriers

can be very helpful. Some barriers include issues of insurance, spoken language, cultural practices, transportation, and discomfort, or previous negative experiences with authority figures such as teachers or doctors. It is not uncommon for a child care provider to help the families obtain services their child needs by setting the process in motion for them. Be careful not to do too much for the family, however. Rather than feeling responsible for overcoming the barrier, you can focus on supporting the family as they encounter a barrier. For example, a family can make the call to the referral source from your office, with you there to provide support and clarification if needed. Finding ways for the family to meet their child’s needs will serve the family and their child best in the long run.

When the family chooses not to access resources

If the parents don’t understand what your concerns are, think they are not important, or disagree with your observation, they may be upset if you suggest that a referral is necessary. It’s even possible that your observations will shock or anger them. In this case, sensitively supporting the parents’ feelings is called for without getting caught up in them. When infants and toddlers are distressed, caregivers accept the feelings and empathize with the child. Parents need the same approach from caregivers. You are not a therapist, but some of the listening skills of a therapist can serve you well. For example, if the parents get angry, your immediate response may be to get defensive and argue your case. If you get caught up in your own feelings, you are less available

to give parents the support they need at a time when they are vulnerable. Understanding that anger or blame are common responses for people in pain helps you accept the feelings without taking them personally. You may feel an urge to come back with your own feelings, but this is the time to focus on those of the parents and listen to what they have to say without minimizing their upset feelings. Share with the parents that you see further assessment as a positive move and that both of you have the child’s best interests at heart even if you don’t see eye-to-eye at the moment.

Sometimes the family may not choose to access resources when you first share your concerns or they may be open to information, yet not take action immediately. Rather than label them as being “in denial” or something else, remember that everyone moves at a different pace and accepts information differently. The family’s emotional response will affect what they are able to hear and understand. Processing and integrating this information will take varying amounts of time. The reality that life will have to change—that their child may be different than other children—is very hard for some families to hear. Unless behavior or other issues, such as medical urgency, will prevent you from caring for the child without assistance, allow the family to proceed on their own time line. Be prepared to support them in understanding what you have shared, repeating the information whenever necessary. Let them know that there is resource information available whenever they want it. If you find that your own judgment or emotions about this interfere with your ability to



respect the family as the decision-maker, seek support for yourself and don't be afraid to suggest that the family discuss this with someone else as well. If you believe that not seeking help is an issue of neglect, then you do have an obligation to be clear with the family and make an appropriate referral to a child protective agency yourself. Referrals to child protective agencies do not require parent consent.

Resources for families

Health and medical service systems

In many cases, it is appropriate to have a family talk about their concerns with their primary health care provider. Some issues faced by children with disabilities or other special needs are medical in nature and will require careful follow-up by a health care provider. Some health care providers specialize in working with children with special needs, while others have limited knowledge of the assessment and service issues. Parents and providers must be proactive to assure a good match between child and primary health care provider. It is often a good idea for the referral to be made to the special education/early intervention service system at the same time as the referral to the health care provider because the referral process takes time and referring only to one system (such as health care)

may delay the entry to the other (such as early intervention). Remember, referrals are best made directly by the family. If a provider makes a referral, the family must have provided clear permission.

Local special education/early intervention service systems

Local special education and early intervention service systems are required by law to engage in "Child Find." In other words, there is supposed to be an active and ongoing effort on the part of the specialist system to identify children who may be eligible for services. Some areas may provide free screenings at local child care settings, while others may send outreach materials to child care and medical agencies. Not all children with differences in their development will qualify for services from special education or early intervention. This is determined after appropriate screening and assessment. This assessment is provided to families free of charge, as are most special education services. After referral, the special education or early intervention agency has 45 calendar days (50 for children over three) to complete the assessment, determine eligibility, and hold a meeting to plan for services if needed. Again, referrals are best made directly by the family.

Once a referral is received, representatives of those agencies will talk with the family and may schedule an assessment to see if the child qualifies for services. Knowing the best contact name and number in your local districts can be of great help to the family. Each state is required to have a Central Directory of Services for early intervention services.

There are legal timelines for responding to parent requests for consideration of early intervention or special education services. Parents may also put their request in writing if they are having difficulty getting a response. Parents must give written permission for the child to be tested and receive early intervention or special education. All services are confidential and many are provided at no cost to the family. Even if a child is not found eligible for early intervention or special education services, the team providing the assessment may have suggestions for ways to support the child's growth and development. Additionally, they will be able to give guidelines for monitoring the child's progress as the child becomes older, in case the family or you become concerned.

If the child referred is found eligible and begins to receive services, the child can benefit from your working with the specialists on his or her team. They can become consultants to you and the family. The open and ongoing communication you have established with the family will serve you well as you continue to exchange information and support the child.

The sooner concerns about a child's development or behavior are identified, the better the chance to provide effective help that may be important to the child's future development. You, as a care provider, are in a unique position to work with families to identify concerns and take advantage of the opportunity to access services and supports early. Together you and the family provide the love and support for the child to become all that he or she can be!

Do You Qualify For WVCHIP?

WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies for WVCHIP?



Age - Children under 19.



Income - Qualifying income is based on the family's monthly or yearly gross income (before taxes) and family size.



Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.

Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$23,274	\$31,026	\$46,542
3	\$29,298	\$39,066	\$58,602
4	\$35,334	\$47,106	\$70,662
5	\$41,358	\$55,146	\$82,722
6	\$47,394	\$63,186	\$94,782



Insurance - If your child is covered by another health insurance plan, or was covered in the past 3 months, the child may not be eligible.



Visit www.chip.wv.gov for more information.



What Makes a Playground a Great Place for ALL Children to Play?

Submitted by Ingrid M. Kanics, OTR/L, Kanics Inclusive Design Services, LLC

Play is the most important activity for a child's development. It is through play that children learn about their world, learn to manipulate it and succeed in it. One of the many places that children play is on the local playground. Be it in a local park, area school or large community center, the playground is a major environment for free play for all children. It is important that children of all abilities have the chance to engage with each other on these playgrounds so that they can all play, learn and grow together.

There are multiple benefits to having children of all abilities play together. Often the focus is on the benefit to the child with the disability, but the benefits for those without disabilities are just as important. Jennifer Van Buren shares these in her March 2011 article in *Austin Family Magazine*.

"It is important that children of all abilities have the chance to engage with each other on these playgrounds so that they can all play, learn and grow together."

Benefits of inclusion for students with disabilities:

- Friendships, interactions, and social relationships
- Increased achievement of Individualized Education Plan (IEP) goals and a greater access to the general curriculum
- Greater sense of belonging to school community for parents and children
- Access to peer role model
- Higher expectations
- Increased inclusion in future environments
- Increased school staff collaboration
- Increased parent participation and families are more integrated into the community

Benefits of inclusion for students without disabilities:

- Meaningful friendships
- Increased appreciation of individual differences
- Respect for all people
- Preparation for an adult life in an inclusive society
- Opportunities to master activities by practicing and teaching others
- Greater academic outcomes

Ultimately, when children of all abilities get to play together they all gain a better overall understanding of what they can do together.



A key way to make a playground inclusive is to be deliberate in its design, for it is often the environment that disables the person not their disorder or impairment. As Pullin (2009) so brilliantly states in his book Design Meets Disability:

“In the context of an environment or society that takes little or no account of impairment, people’s activities can be limited and their social participation restricted. People are therefore disabled by the society they live in, not directly by their impairment.”

So, if we design the playground well all children should be able to engage with each other in play. The National Association for the Education of Young Children provides the following questions in their Inclusion Checklist for Outdoor Spaces (2009):

- Can children playing in different areas of the playscape maintain eye contact and interact with each other?
- Does the program provide a variety of outdoor play activities?
- Are all areas of outdoor play accessible to all children?
- Are outdoor surfaces even enough so all children can move safely?
- Do wheeled toys allow for a variety of motor skill development?

These are questions to start with especially for those running early childhood programs. The Center of Universal Design at North Carolina State University also has a series of principles that can be used to create an inclusive playground environment. These are known as the Seven Principles of Universal Design and can be applied to any environment to create spaces where everyone can engage.

These principles are as follows:

1. Equitable Use: The design is useful and marketable to people with diverse abilities.
2. Flexibility in Use: The design accommodates a wide range of individual preferences and abilities.
3. Simple and Intuitive: The design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.
4. Perceptible Information: The design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.
5. Tolerance for Error: The design minimizes hazards and the adverse consequences of accidental or unintended actions.



6. Low Physical Effort: The design can be use used efficiently and comfortably with a minimum of fatigue.

7. Size and Space for Approach and Use: Appropriate size and space is provided for approach, reach, manipulation, and use regardless of the user's body size, posture, or mobility.

JT Grommet Island Playground,
Virginia Beach, Virginia



These principles can be applied throughout the playground design as well as to each specific play element. When looking at these principles as they apply to a whole playground the following questions can be considered for the principles.

1. Equitable Use:

a. Can everyone get to each component of the playground? For example, the parking lots, the restrooms, each of the play structures and play elements?

2. Flexibility in Use:

a. Are there different ways to play in a given area of the playground? For example, are there different types of swings in the swing area (baby swings, sling swings and adaptive swings)?

b. Do the facilities provide a variety of restroom sizes that can accommodate the different sizes of people with varying disorders (for example adult size changing tables in a restroom)?

3. Simple and Intuitive:

a. Is it easy for visitors to find their way around the playground?

b. Is it easy for visitors to understand how to play with each play element?



4. Perceptible Information:

- a. If there is important information that a visitor must know to engage in the park or playground is this information available in a variety of formats?
- b. Does the park include tactile maps so that visitors know where they are in the park?

5. Tolerance for Error:

- a. Does the playground provide the chance for children to play safely with a balance of risk (for example, safety surfacing in the appropriate places)?

6. Low Physical Effort:

- a. Does the park or playground have shaded areas where visitors can get out of the heat?
- b. Are there places to sit and rest especially along long pathways?

7. Size and Space for Approach and Use:

- a. Are the pathways and ramps on the playground wide enough to allow children to walk and/or roll side by side?
- b. Is there enough room to play at a given area without being in the way of other children moving through that area?

Sometimes playground spaces are pretty small and it's hard to design a ramped play structure in the given area. In these cases it is important to be able to look at a stand-alone playground element and decide if it provides inclusive play opportunities. Here are several stand-alone playground elements that could be considered for smaller areas and how the Seven Principles of Universal Design can be used to evaluate them.



A group of children enjoy the OmniSpin Spinner together.

Photo: Landscape Structures, Inc.



This updated version of the merry-go-round is a stand-alone playground element that can be included in a playground design. It allows a group of children the chance to socialize while they experience rotation through space (this stimulates the vestibular system). It also works a variety of muscles (proprioceptive input) to the children who will be pushing and stopping the spinner. Looking at the OmniSpin through the Seven Principles of Universal Design, we see that it is designed so that all children can engage in it (Principle 1). A child using wheeled mobility can transfer into the OmniSpin on the lower sides. They can engage in it in a variety of ways (Principle 2). They can push it in a variety of ways and sit in it a variety of ways. The high back seats provide additional support for those who might need more support while they enjoy the ride. It is obvious to children how to use it (Principle 3 & 4). The surfacing around the OmniSpin will always be a safety surface (wood fiber or unitary surfacing) protecting children if they should fall getting in and out while they play (Principle 5). The speed of the OmniSpin is controlled so that it does not go too fast. This makes it easy to stop (Principle 6). The design allows for children to be able to enter and exit from multiple sides (Principle 7). There is also plenty of room in the OmniSpin to allow multiple children to go for a spin together.

A family and friends enjoy the ride on the We-saw.

Photo: Landscape Structures, Inc.



This is another playground element that has been updated to be more inclusive. The We-saw is designed to allow everyone to have the see-saw experience in their own way. Because socialization is a key part of the playground experience, it has been designed to allow for more socialization than the traditional see-saw. Looking at the We-saw through the Seven Principles of Universal Design, we find that it is designed to allow all users a chance to go for a ride (Principle 1). The bucket seats and the center platform can be accessed from a wheeled mobility device. The different seating options allow the visitor

to choose where they want to sit for the ride (Principle 2). The seats are large enough that children can sit together or a parent can sit with a child on their lap. It is very easy for the visitor or child to use requiring no directions whatsoever (Principle 3 & 4). Wood fiber or a unitary surface is required around the We-saw protecting a child should he or she fall off (Principle 5). The range of height is also controlled and a bumper on the ground keeps the We-saw from bottoming out. The system used for movement requires minimal energy to begin up and down movement, while it controls the overall speed keeping the We-saw from going too fast (Principle 6). The seat design was created to provide enough room to make getting on and off easy regardless of where the user decides to sit for the ride (Principle 7).

These are just two stand-alone playground elements that can be considered for smaller playground areas that still provide a fun, inclusive play experience for everyone on the playground. Inclusive play does not always require huge playground structures with lots of ramps. Smaller areas can have a variety of stand-alone elements that are placed together to create a great place for all children to play, learn and grow together!

Resources:

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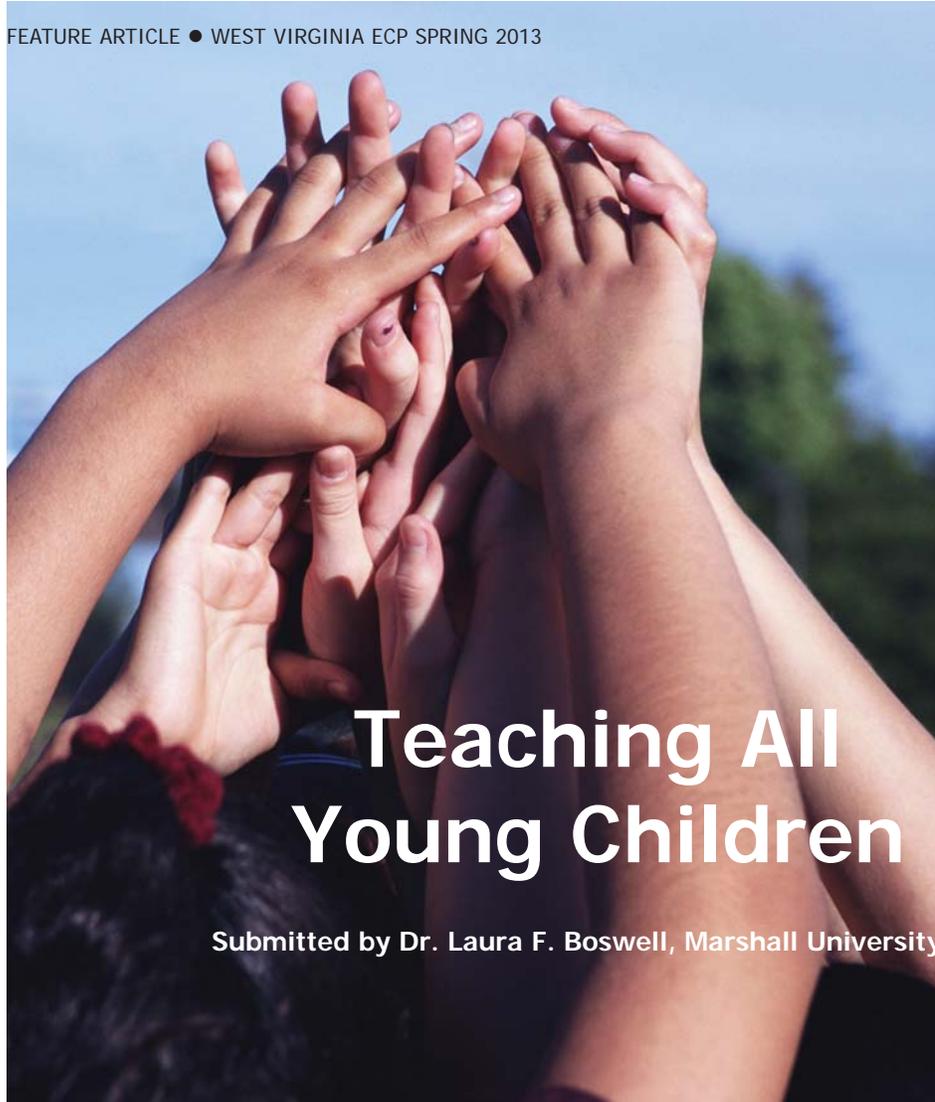
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Teaching All Young Children

Submitted by Dr. Laura F. Boswell, Marshall University

Inclusion is defined as educating all children of the same age, regardless of ability or disability, in the same classroom. They share in a social and learning environment, which is a blending of recommended practices from the fields of early childhood and early childhood special needs. The classroom uses a universal design, considering the diverse needs of all students, and making needed accommodations so that all children participate in all activities.

Several elements make up the philosophy behind the blended inclusive classroom. Children with disabilities are children first, meaning they are more similar to, than different from, typically developing children. Classroom activities are developed for all children and educators should be able to meet the needs of all. We should create a community that celebrates diversity and provides support to enable all children to actively participate and learn.

As with children in a general education setting, those with special needs have their own unique strengths and weaknesses. While some children may have recognizable disabilities, others may exhibit challenging behaviors that interrupt the daily routine. Some may have a non-specific diagnosis such as developmental delay, which implies that given time and opportunity the child may catch up with their typically developing peers. Another group may be classified as “at risk”, which indicates that there is a high probability that without intervention the child will experience failure in school (Cook, R.E., Klein, M.D., & Chen, D., 2012).

It is important to keep in mind that all children can learn and should be allowed to participate in everyday routines to the best of their capabilities. Research tells us that children learn best in natural environments with typically developing peers (Allen, K.E., & Cowdry, G.E., 2004).

To develop a philosophy and an attitude of full inclusion of all children,

these basic concepts should be understood:

1. Children with disabilities do not need to be “repaired or fixed” before they can be included with their peers. Every child is unique and has worth regardless of his challenges.
2. Children will be growing up in a society where not everyone is the same. Preschool and kindergarten children are at a developmental stage where they can learn to be tolerant and accepting of others.
3. A successful inclusion program must involve a team approach to the child's education, which means input and ongoing collaborative efforts from all participants (especially the child's family) are welcomed and encouraged.
4. Inclusive programs encompass the belief that all children are entitled to developmentally appropriate materials and exemplary classroom practices that honor the child's strengths, as well as challenges.
5. Early care and education providers should know and understand that one size does not fit all and no one method, process, or product will work for all children. This includes an understanding that working with children with disabilities is not about using a specific product, but about following a process.
6. Quality programs for children should allow the teacher flexibility to perceive when something works and for change and adaptation when something does not work (Willis, 2009).

Benefits

There are many benefits of an inclusive classroom. Children with disabilities make greater academic and developmental gains with typically developing peer models than in segregated settings. They also make more substantial gains in social, play, behavioral, and communication outcomes.

Typically developing children also benefit from the blended settings. Research demonstrates that they make greater academic and developmental gains, exceeding those expected from maturation alone. Children develop positive attitudes regarding diversity of all kinds, as well as exceptional problem-solving skills, as they help create ways to make an activity accessible for everyone.

Children are naturally more tolerant of others when they feel a sense of community and when they recognize that each member of the community is an equal partner. In order for this to occur, the teacher will need to establish an environment in which both independence and interdependence are encouraged. On the one hand, children have opportunities to make choices as individuals. On the other, they are to work together for the benefit of the group. Children are also more tolerant when they understand and practice making and keeping friends. Children with special needs may need additional assistance and modeling in order to learn friendship skills, but the practice will help all children become more “socially competent” (Willis, 2009).

Inclusive education emphasizes an unconditional acceptance of each child

as a child without undue focus put on his limitations. With inclusion, the child has the opportunity to participate in all facets of an early childhood or school setting, rather than being fragmented into discrete parts based on needs that arise from limitations. This provides a holistic approach to learning and a better assurance of keeping the needs of the whole child in balance.

Inclusive education minimizes the effects of labeling for the young child. It allows greater flexibility in adjusting to the impact of maturation and development on a child's performance. Children can gain better adaptive skills, as well as social skills, and they can have more opportunities to develop friendships as a result of interacting with typically developing peers.

These benefits may not occur without purposeful and careful support systems to promote them. For example, even though imitation is a natural way for young children to connect with an experience and learn from it, children with disabilities may not engage in this process automatically or successfully without support. They may need additional instruction from caring and trained adults.

They may also need encouragement to engage in social exchanges to promote their social development and fulfill their socialization needs. Inclusion in and of itself will not guarantee that these things will occur.

Some families initially are anxious about an inclusive classroom setting, but most gain additional strategies for working with their other children,

regardless of abilities. Positive attitudes increase as diversity is embraced.

Children who are developing typically may learn play skills without adult intervention. Many children with special needs must be assisted in learning these skills. Many of these opportunities can be embedded within the play activities. Children who require intervention in learning pretend play should receive instruction in the context of their regular routine and alongside their peers. As they engage in the same behaviors with the same toys as children with typical development, opportunities for social interactions and communication will increase.

General Strategies for All Children

Many of the strategies found effective in working with children who do not have special needs can be used with children who do have special needs. The following categories of general strategies should be considered in working with all young children:

Structure and consistency means predictability, or feeling safe. When a child cannot predict what will happen next, he may feel as if he must be constantly ready to defend himself, or in a state of turmoil (Maslow, 1968). Caregivers must be consistent for children to learn the rules of conduct for social acceptance and beginning to understand the basic relationships between cause and effect.

Routines also help children develop a sense of trust or feelings of being safe. They allow children to predict what will happen next and handle transitions



between activities. When changes need to occur, the children should be prepared for the changes. Many children with disabilities may need some sort of visual reference for the routine, such as a picture schedule or a visual representation of the new situation. They also need a signal to indicate they will soon need to make a transition, giving them an understanding that change can be predicted (Cook, R.E., Klein, M.D., & Chen, D., 2012).

Limits or directions help provide consistency, not only for children's emotional needs for security, but also their bodily safety. Young children have a strong need to be independent before they have the cognitive judgment to avoid harming themselves or others at times. Behavioral limits offer children guidelines to imitate and internalize as they develop appropriate self-regulation. These should be limited to only

those absolutely necessary to a positive learning environment.

Expectations for the performance of young children need to be based on their developmental or functional skills (what they can do) in specific areas. When a child is having difficulty performing in one or more areas, first evaluate to see if realistic expectations have been set. Share the expectations you have for a child with his parents in each area. Review your expectations for the child on an ongoing basis as young children often have spurts of growth and require adjustments of those expectations.

In setting expectations for children with special needs, it is important to keep the age of the child in mind as well as the functional performance level. For example, a child at the age of five who has a functional level similar

to a three year old in a specific area needs different expectations from those of a child of three who is functioning at a three-year-old level. The five-year-old child's needs are different relative to experiences, skill development, and interests.

Time requirements may be longer for children with disabilities, who may develop at a slower rate compared to typically developing peers. With many children the sequence of acquisition of skills may be similar, but they may process information at different rates.

Children with special needs often need more time to take in information, manipulate it, and respond compared to other children. Encourage children to learn to be patient with the child who needs more response time by modeling this behavior when you interact with these children. Be aware of a child's peak performance time during the day. Plan for the child to engage in his most difficult activity during this time, if it is possible.

Environmental conditions should be carefully planned to allow for small group activity throughout the day. Children with special needs generally respond better when participating in small rather than large groups. Allow a few quiet areas in your room for children who need alone time as part of their day. These should be an option and a privilege for all children.

Evaluate your setting to determine the number of spatial alternatives you provide for the children. This includes space for creative movement, places where children can go for alone time,

and social spaces for interpersonal interaction, game playing, and group projects.

Arrangement and organization of space influences both the learning and the behavior of children. Become aware of the different background noises within the room and external to it. Work to filter out distracting stimuli by eliminating extraneous sounds, if possible.

Note the amount and type of lighting used in your setting. Research suggests this makes a difference in the learning and behavior of children. Full-spectrum fluorescent lighting, which contains the color spectrum indicative of natural outdoor light, has been found to support positive learning and behavior better than cool white fluorescent lighting (Moore, 2009).

Color can have an influence on the learning and behavior of children. Exposing children to a wide assortment of colors and allowing them to utilize the ones that make them feel calmer and more focused have proved effective in children's performance. The choices for room colors and furniture can also have an impact on children's learning and behavior. Generally blues and greens are more calming colors compared to reds and oranges.

Multisensory activities (use of several of the five senses) should be incorporated in as many activities as possible. Plan to use movement along with the five senses in your activities whenever possible. This combination provides the stimulation to the brain needed to develop the young child's small

and large motor coordination, linguistic abilities, and body awareness (Moore, 2009).

For children who have sensory integration difficulties, you may need to adapt your activities, or the degree of their active participation in them, to meet their needs.

Building Emotional Literacy, or “the ability to recognize, label, and understand feelings in one's self and others” (Joseph, 2003) is thought to be essential to the development of self-regulation, successful interpersonal relations, and problem solving.

Children need to learn to cope with the feelings that arise in interactions with others, such as anger, jealousy, fear, sadness, and other unpleasant feelings. Some children may need to be taught words to label those feelings, including pictures, and short discussions when opportunities arise in the course of the normal day. Puppets, role-playing activities, art activities, and imaginative play may allow children to learn to understand, label, and constructively express their feelings (Cook, R.E., Klein, M.D., & Chen, D., 2012).

Inclusion, the practice of educating children with and without disabilities in the same environment, requires a blending of “best practice” in both the field of early childhood and that of early childhood special needs. The leading organizations (NAEYC and DEC) representing each field have collaborated to blend the most basic recommended practices of each and they continue to work together in many endeavors for the benefit of ALL children.

Children all have their own unique strengths and weaknesses, and all children can learn. They should be allowed to participate in everyday routines to the best of their capabilities, regardless of their challenges. Development and learning are interdependent.

Children are considered to have special needs when they require additional support and accommodations to ensure their well-being, development, and learning. The Inclusion Model is moving away from the earlier concept of isolating children with special needs to educate them in specialized settings to providing services within the context of the classroom alongside their typically developing peers. This has allowed them to make more substantial gains in social, play, behavioral, and communication outcomes.

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West Virginia Association for Young Children Annual Workshop

Thursday, August 8, 2013



Presenting...

Holly Bruno
"Leadership for Classroom Teachers"

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www.wvayc.com



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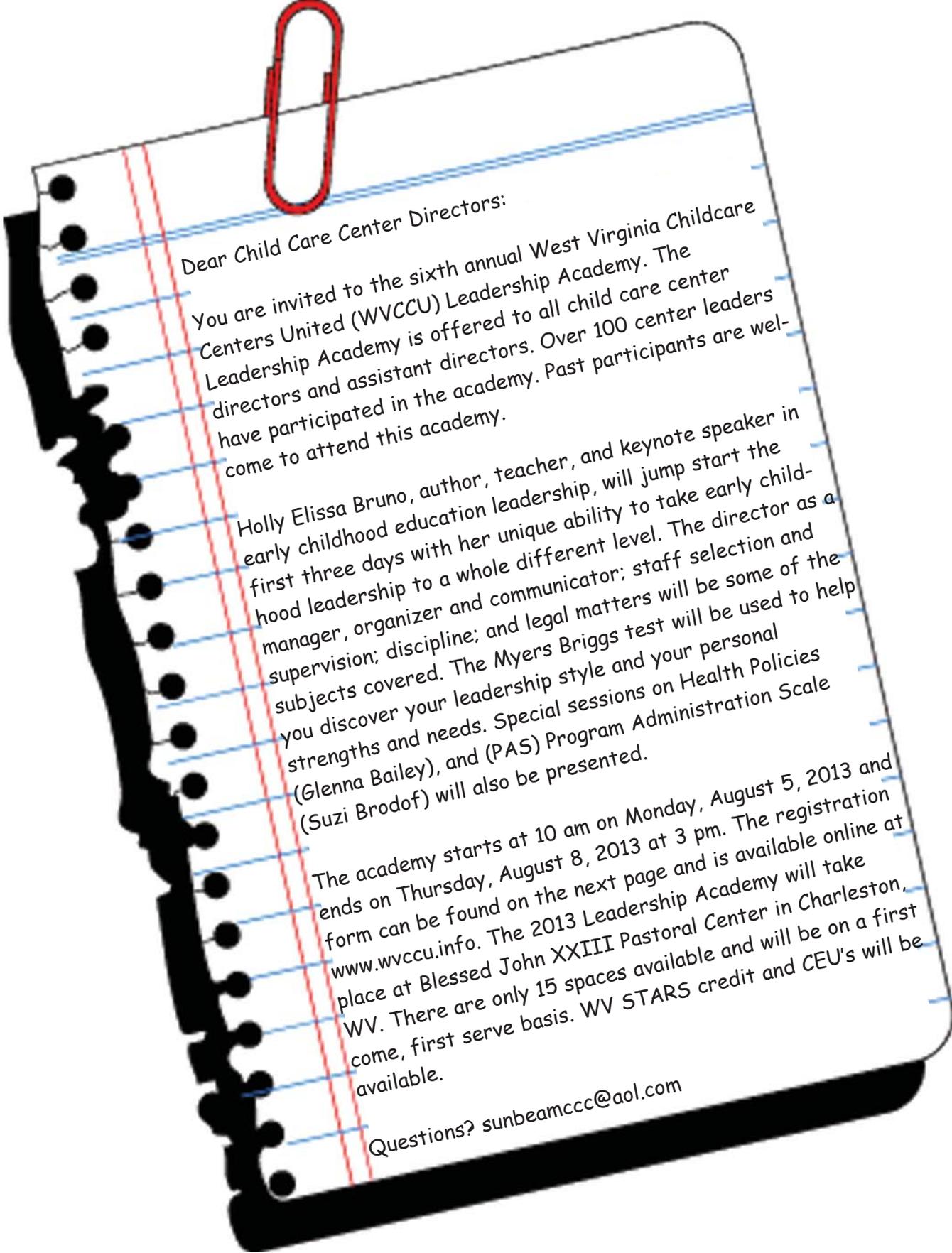
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Dear Child Care Center Directors:

You are invited to the sixth annual West Virginia Childcare Centers United (WVCCU) Leadership Academy. The Leadership Academy is offered to all child care center directors and assistant directors. Over 100 center leaders have participated in the academy. Past participants are welcome to attend this academy.

Holly Elissa Bruno, author, teacher, and keynote speaker in early childhood education leadership, will jump start the first three days with her unique ability to take early childhood leadership to a whole different level. The director as a manager, organizer and communicator; staff selection and supervision; discipline; and legal matters will be some of the subjects covered. The Myers Briggs test will be used to help you discover your leadership style and your personal strengths and needs. Special sessions on Health Policies (Glenna Bailey), and (PAS) Program Administration Scale (Suzi Brodof) will also be presented.

The academy starts at 10 am on Monday, August 5, 2013 and ends on Thursday, August 8, 2013 at 3 pm. The registration form can be found on the next page and is available online at www.wvccu.info. The 2013 Leadership Academy will take place at Blessed John XXIII Pastoral Center in Charleston, WV. There are only 15 spaces available and will be on a first come, first serve basis. WV STARS credit and CEU's will be available.

Questions? sunbeamccc@aol.com

Leadership Academy Registration Form (August 5, 2013– August 8, 2013)

(WV CHILD CARE CENTER DIRECTORS/ASSISTANT DIRECTORS ONLY)

Blessed John XXIII Pastoral Center, Charleston, WV
August 5, 2013 (Registration 9 am – 10 am) – August 8, 2013, 3 pm
Participants are expected to actively participate in the entire leadership academy
(We will have some evening activities) *STARS and CEU's available

Full Name: _____

Child Care Center: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____
(MUST HAVE LEGIBLE E-MAIL ADDRESS)

Confirmation of registration and participation information will be e-mailed by July 15, 2013. PLEASE MAKE A COPY FOR YOUR FILES.

This registration fee covers meals, lodging (single room) and materials. A complimentary 2013 membership in West Virginia Childcare Centers United with full membership benefits is also provided. We will operate on a first come, first serve basis.

A \$50.00 non-refundable registration fee must accompany this registration form.

Registration due by June 30, 2013

**Send completed registration form and check for \$50.00 to:
WVCCU Leadership Academy
Helen Post-Brown
1654 Mary Lou Retton Drive
Fairmont, WV 26554**

**Support for this training has been provided by the West Virginia Department of Health and Human Resources*

A Dream That Includes Everyone

Submitted by Barbara Tucker, WV Early Childhood Transition



To paraphrase Dr. Martin Luther King, “I have a dream. I have a dream that one day the word inclusion is no longer a part of the disability culture because everyone is included.”

In reflecting on the last thirty years (it seems like yesterday!) working in early childhood special education, I have seen many changes – from mainstreaming (where children with special needs would be out on the playground with peers, or eat lunch with peers, or peers would come into the classroom as role-models) to Universal Pre-K collaboration where many counties have the majority of children with Individualized Education Programs in local early childhood classrooms.

The American Federation of Teachers’ publication, *Right from the Start: Transition Strategies for Developing a Strong PreK-3 Continuum*, identifies “high-quality early learning experiences that ensure a successful and seamless transition to elementary and secondary school, and beyond” as the most effective way to improve educational and

economic opportunities for children. Seamless transition is an important part of the educational process. It involves the commitment of educators, parents, administrators, and policymakers to develop an effective system.

Researchers and professionals define the early childhood period as one of tremendous growth and development from birth to age eight. By elementary school, most children have experienced the different rules, relationships, and expectations of multiple childcare and education settings. Some settings were formal such as private preschool, Head Start, or home-based providers. Others were unstructured such as neighborhood playgroups or childcare at grandparents.

An increased emphasis on early learning has created pressure to prepare young children to enter school with the prerequisite skills to keep pace with their class and meet increasingly challenging learning goals. In 1994, the United States passed federal legislation creating Goals 2000, the first of which

states that “All children will enter school ready to learn.” No matter where early learning activities take place, children bring a wide range of experiences with them when they enter elementary school.

The WV Early Childhood Transition Steering Committee refined a Transition Checklist www.wvearlychildhood.org/resources/TransitionChecklist.pdf identifying key activities to support children and families as they transition to and from the WV Birth to Three System, School System/WV Pre-K, Head Start and Childcare. For children whose families receive supports through the WV Birth to Three system, transition outcomes are included in their Individualized Family Service Plans. Teachers for children receiving preschool special needs also prepare children for the next environment. Some of the strategies used by all involved in successful transitions include preparing staff in the next program, discussing strategies to help the child be successful in the next setting, and planning activities to prepare the child for the next service location.

The above strategies are best practice for all children. ALL children and families benefit from strategies designed for optimal success in all learning environments. My hope is by the time my grandchildren are through school, society is looking at how to support ALL children, that there is no delineation of “including” children with special needs.

Yes, I have a dream.

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 10, Issue 2, Spring 2013

People First Language

When describing or talking with people with disabilities, some are unsure of what words may or may not be offensive. It is important to be sensitive when choosing the words you use. Here are a few guidelines on appropriate language.

Recognize that people and children with disabilities are ordinary people with common goals for a home, a job and a family. Talk about people in ordinary terms.

Never equate a person with a disability—such as referring to someone as retarded, an epileptic or quadriplegic. These labels are simply a medical diagnosis.

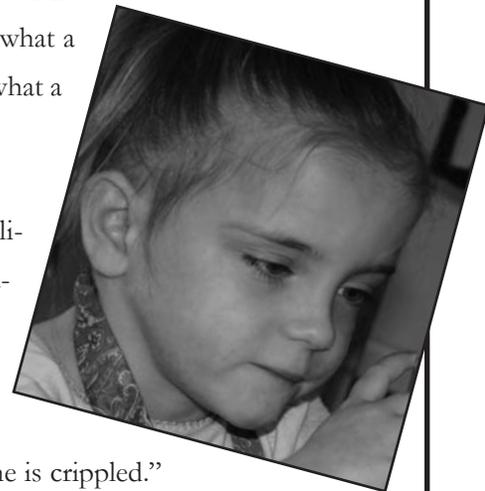
Use People First Language to tell what a person has, not what a person is.

Emphasize abilities, not limitations. For example, say "a man walks with crutches," not "he is crippled."

Avoid negative words that imply tragedy, such as afflicted with, suffers, victim, prisoner or unfortunate.

Recognize that a disability is not a challenge to be overcome, and don't say people succeed in spite of a disability. Ordinary things and accomplishments do not become extraordinary just because they are done by a person with a disability. What

Continued on next page



WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; and West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

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is extraordinary are the lengths people with disabilities have to go through and the barriers they have to overcome to do the most ordinary things.

Use handicap to refer to a barrier created by people or the environment. Use disability to indicate a functional limitation that interferes with a person's mental, physical or sensory ability, such as walking, talking, hearing, and learning. For example, people with disabilities who use wheelchairs are handicapped by stairs.

Do not refer to a person as bound to or confined to a wheelchair. Wheelchairs are liberating to people with disabilities because they provide mobility.

Do not use special to mean segregated, such as separate schools or buses for people with disabilities, or to suggest a disability itself makes someone special.

Avoid cute euphemisms such as physically challenged, inconvenienced, and differently abled.

Promote understanding, respect, dignity, and positive outlooks.

-Reprinted from WV Birth to Three, RAU 7 newsletter

Stipends available to families



Stipends to attend training opportunities are available for families of children with special needs. The funds may be used to cover the registration fee and applied to travel expenses. Please call for information and an application form at least 60 days prior to the training event.

**Contact Alyson Edwards at
1-888-WVECTCR**

Examples of People First Language

Try this...

People with disabilities
 People without disabilities
 Person who has (or diagnosed with)
 Person who has Down syndrome
 Person who has autism
 Person with a physical disability
 Person of a short stature, little person
 Person who is visually impaired
 Person with a learning disability
 Person who uses a wheelchair
 Accessible parking, bathrooms
 Student who receives special education services
 Person diagnosed with a cognitive disability or developmental disability
 Person diagnosed with a mental health condition

Instead of...

The handicapped, disabled
 Normal, healthy, or whole
 Person afflicted with
 Downs person, mongoloid
 The autistic
 A cripple
 A dwarf, a midget
 The blind
 Learning disabled
 Confined to a wheelchair
 Handicapped parking, bathrooms
 Special ed student
 Mentally retarded, slow, idiot
 Crazy, insane, psycho, mentally ill, emotionally disturbed

For more information, visit <http://www.txddc.state.tx.us/resources/publications/pflanguage.asp>

IEP's Help Children Meet Individual Goals

Information provided by West Virginia Parent Training and Information Inc.

The acronym IEP stands for Individualized Education Program. This is a written document that describes the educational program designed to meet a child's individual needs. Every child who receives special education must have an IEP.

The IEP has two general purposes: (1) to set learning goals for your child; and (2) to state the supports and services that the school district will provide your child.

According to IDEA, your child's IEP must include specific statements. Your child's IEP will contain the following:

Present levels of academic and functional performance. This statement describes how your child is currently achieving in school. This includes how your child's disability affects his or her participation and progress in the general education curriculum.

Annual goals. The IEP must state annual goals for your child, what you and the school team think he or she can reasonably accomplish in a year. The goals must relate to meeting the needs that result from your child's disability. They must also help your son or daughter participate in and progress in the general education curriculum.

Special education and related services to be provided. The IEP must list the special education and related services to be provided to your child.

This includes supplementary aids and services (e.g., preferential seating, a communication device, one-on-one tutor) that can increase your child's access to learning and his or her participation in school activities. It also includes changes to the program or supports for school personnel that will be provided for your child.

Participation with children without disabilities. The IEP must include an explanation that answers this question: How much of the school day will your child be educated separately from children without disabilities or not participate in extracurricular or other nonacademic activities such as lunch or clubs?

Dates and location. The IEP must state (a) when special education and related and supplementary aids and services will begin; (b) how often they will be provided; (c) where they will be provided; and (d) how long they will last.

Participation in state and district-wide assessments. In order to participate in tests of student achievement, your child may need individual accommodations or changes in how the tests are administered. The IEP team must decide what accommodations your child needs and list them in the IEP. If your child will not be taking these tests, the IEP must include a statement as to why the tests are not appropriate for your child, how your child will be tested instead, and why

the alternate assessment selected is appropriate for your child.

Transition services. By the time your child is 16 (or younger if the IEP team finds it appropriate for your child), the IEP must include measurable postsecondary goals related to your child's training, education, employment, and (when appropriate) independent living skills. The IEP must also include the transition services needed to help your child reach those goals, including what your child should study.

Measuring progress. The IEP must state how school personnel will measure your child's progress toward the annual goals. It must also state when it will give you periodic reports on your child's progress.

It is very important that children who receive special education services participate in the general education curriculum as much as possible. That is, they should learn the same curriculum as children without disabilities--for example, reading, math, science, social studies, and physical education. In some cases, this curriculum may need to be adapted for your child to learn, but it should not be omitted. Participation in extracurricular activities and other nonacademic activities is also important. Your child's IEP needs to be written with this in mind.

For more information, visit www.wvpti.org

Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the
WV Birth to Three services
in your area, please call:

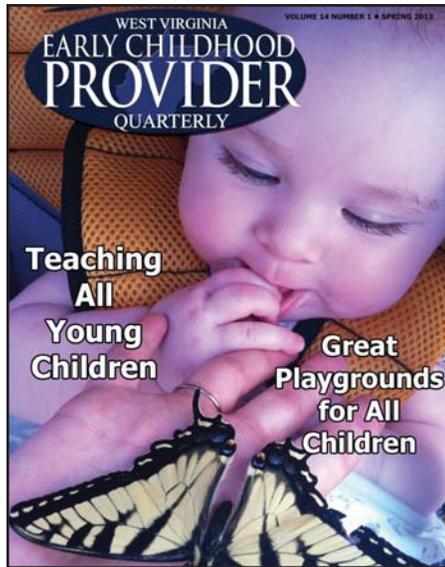
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Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

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