



DEC Recommended Practices with Examples

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The DEC Recommended Practices with Examples is an extension of the DEC Recommended Practices (April 2014) which includes accompanying examples for each practice to further explain the successful implementation of the practice. Developed by the DEC Recommended Practices Commission.

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Division for Early Childhood

of the Council for Exceptional Children

Introduction

The DEC Recommended Practices were developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who have or are at-risk for developmental delays or disabilities. The purpose of this document is to help bridge the gap between research and practice by highlighting those practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them. The DEC Recommended Practices support children's access and participation in inclusive settings and natural environments and address cultural, linguistic, and ability diversity. They also identify key leadership responsibilities associated with the implementation of these practices.

The DEC Recommended Practices are based on the best-available empirical evidence as well as the wisdom and experience of the field. The practices are organized into eight topic areas, but they should be viewed holistically across the topic areas. Family Practices, for example, are grouped in one topic area but are fundamental to all of the topic areas. We believe that when practitioners and families have the knowledge, skills, and dispositions to implement these practices as intended, children who have or are at risk for developmental delays/disabilities and their families are more likely to achieve positive outcomes, and families and practitioners are more likely to help children achieve their highest potential.

While developmentally appropriate practices are the foundation of quality programs for all young children and families (Copple & Bredekamp, 2009), we believe that young children who have or are at risk for developmental delays/disabilities often need more specialized practices that allow them to participate and engage meaningfully in their daily living routines and learning activities. While we acknowledge the important role of developmentally appropriate practices in the education and care of all children, we do not include those foundational practices in this document.

The purpose of the DEC Recommended Practices is to highlight those practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion. We assume that those who implement the practices:

- Have foundational knowledge of developmentally appropriate early childhood practices.
- Have a basic understanding of relevant professional, legal, and regulatory guidelines for serving every child.
- Act in accordance with the principles of the DEC Code of Ethics and in accordance with the principles of access and participation as described in the DEC/NAEYC (2009) position statement on inclusion.
- Engage in ongoing professional development to increase their knowledge, skills, and dispositions for implementing the Recommended Practices as intended.

In addition to implementing the DEC Recommended Practices, practitioners working in the field should be guided by their discipline-specific professional standards, competencies, and codes of ethics. All practitioners who work with young children, including those at risk for developmental delays/disabilities, are expected to access professional development and technical assistance systems to build knowledge and skills related to developmentally appropriate practices, the DEC Recommended Practices, and discipline-specific knowledge.

Building on previous efforts to produce DEC Recommended Practices as well as surveys and other opportunities to receive suggestions from the field, we also established the following parameters to guide the production of the current set of DEC Recommended Practices. These parameters include:

- *Recommended Practices* are those with the highest expected leverage and impact on outcomes, providing the “biggest bang.”
- *Recommended Practices* are supported by research, values, and experience.
- *Recommended Practices* represent the breadth of the topic area.
- *Recommended Practices* are observable.
- *Recommended Practices* are *not* disability-specific.
- *Recommended Practices* can be delivered in all settings including natural/inclusive environments.
- *Recommended Practices* should build on, but not duplicate, standards for typical early childhood settings such as the NAEYC Developmentally Appropriate Practices.

For the purposes of this document, the definition of young children who have or are at risk for developmental delays/disabilities is not limited to children eligible for services under IDEA. This set of DEC Recommended Practices has eight topic areas. In our presentation of practices that appears below, we begin with the topic area of Leadership, which provides guidance for local and state leaders who support practitioners. We define **leaders** as those

in positions of leadership or authority in providing services to all young children who have or are at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local administrators; early childhood coordinators; building principals; and assistant directors and coordinators.

The other seven topic areas provide guidance for practitioners:

- Assessment
- Environment
- Family
- Instruction
- Interaction
- Teaming and Collaboration
- Transition

For these Recommended Practices, we define **practitioners** as those who are responsible for and paid to enhance the optimal development of young children who have or are at risk for developmental delays/disabilities. This includes providing care, education, or therapy to the child as well as support to the child's family.

Leadership

The work of practitioners on the frontline is critical to improving outcomes for young children who have or are at risk for developmental delays/disabilities and their families. But practitioners do not operate in a vacuum. Their ability to implement the DEC Recommended Practices can be supported or constrained by the program, school, agency, or organization for which they work.

State and local leaders establish the conditions that are essential for the successful implementation of the DEC Recommended Practices by, for example, the policies and procedures they develop and implement. Leaders in early intervention and early childhood special education can be program directors and other administrators, practitioners, family members, students, higher education faculty, and others. The set of practices in this section address the responsibilities of those in positions of program authority and leadership related to providing services to young children who have or are at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local directors and other administrators; early childhood coordinators; building principals; and assistant directors and coordinators.

The provision of these services is a complex undertaking governed by federal and state laws, funded by multiple sources, and structured and administered in different ways. Some of the challenges to implementing the DEC Recommended Practices may be beyond the immediate control of state agency staff or local administrators. These challenges may require sustained advocacy from a variety of groups to create the systems change needed to establish more conducive policies and procedures. Leaders have a professional responsibility to use all the mechanisms within their control to create the conditions needed to support practitioners in implementing the following Recommended Practices.

We recommend the following practices associated with leadership:

L1

Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the organization's mission and goals.

Examples

- *An early childhood state program administrator communicates the mission and goals of the agency in ways that motivate practitioners to implement them.*
- *A child care director creates a climate of mutual respect among all practitioners and staff, regardless of role and individual differences.*
- *An executive director of a non-profit program is open and honest in her communications with staff and solicits input prior to making programmatic changes.*

L2

Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices.

Examples

- *A Head Start director strives to achieve an excellent reputation in the community for his ethical standards, knowledge and adherence to practice standards.*
- *A state early intervention coordinator shares information on ethical and practice standards and creates settings, structures and policies that support implementation of those standards.*
- *A director of a pre-k program rewards performance that demonstrates adherence to ethical and practice standards.*

L3

Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families.

Examples

- *A preschool program director encourages practitioners to provide feedback on policies and practices that impact their work and takes constructive action based on this feedback.*
- *A Head Start director provides opportunities for active and meaningful participation of family members in advisory capacities and takes constructive action based on the advice of families.*
- *A chair of a local interagency coordinating council demonstrates that diverse perspectives are valued by encouraging each team member to share information during team meetings.*

L4

Leaders belong to professional association(s) and engage in ongoing evidence-based professional development.

Examples

- *A state early childhood special education coordinator actively participates in professional organizations, workgroups, and professional committees at community, state and national levels.*
- *A program director continually learns and grows professionally by engaging in a variety of learning experiences that are designed to support the acquisition and application of new knowledge (e.g., action research, coaching)*

L5

Leaders advocate for policies and resources that promote the implementation of the DEC Position Statements and Papers and the DEC Recommended Practices.

Examples

- *A preschool coordinator creates opportunities for staff to learn about and share the DEC Recommended Practices.*
- *A director of a state agency advocates for and aligns state and program policies and procedures with the DEC Recommended Practices.*
- *An executive director of a state chapter of a national professional organization secures and aligns resources with the intention of implementing the DEC position statements, papers and Recommended Practices.*

L6

Leaders establish partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.

Examples

- *A program director is involved in state and local activities such as local interagency teams and professional affiliates that have a mission to create coordinated and inclusive systems of services and supports.*
- *A technical assistance specialist helps educate colleagues in other systems about best practices for young children with or who are at risk for disabilities and/or delays and their families and how those practices can be implemented in inclusive and typical settings.*
- *A regional preschool disability coordinator supports her staff in attending meetings with counterparts in other educational settings to create coordinated and inclusive systems of services and supports.*

L7

Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.

Examples

- *A director of a technical assistance program develops an orientation packet for new TA practitioners that includes the DEC Recommended Practices as a central focus for the TA support provided to practitioners.*
- *A preschool director develops a policy statement that includes a reference to the DEC Recommended Practices as being an integral component of the program services and activities.*
- *An early intervention program director aligns program procedures for conducting child and family assessments with the DEC recommended practices.*

L8

Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices.

Examples

- *A director of a family support program advocates with state legislatures, advocacy organizations, and other state and national groups to obtain the resources to implement services and practices that promote better outcomes for children and families.*
- *The chair of an Interagency Coordinating Council promotes cross-sector funding for professional development aligned with the DEC Recommended Practices.*
- *A Head Start program director obtains a professional development grant and organizes schedules to provide a training on how staff can use the DEC Recommended Practices within their program.*

L9

Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

Examples

- *An early childhood program director engages staff in action research with researchers, students, and community practitioners.*
- *An early childhood chair at a community college selects field experience sites for students because they provide exemplars or positive models of the DEC Recommended Practices.*
- *A principal works with staff members to develop individualized professional development plans to ensure continued professional growth, especially related to the DEC Recommended Practices.*

L10

Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.

Examples

- *A program director devotes part of each staff meeting to discussing the laws and regulations, including the rights to privacy, and the ethical and professional responsibilities involved in providing services to young children and their families.*
- *A supervisor regularly reviews program files and documentation to ensure that paraprofessionals and related service providers consistently document their work adhering to applicable rules and regulations.*

L11

Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC, Council for Exceptional Children (CEC), and other national professional standards.

Examples

- *A state early intervention training director serves on advisory bodies to ensure that personnel preparation programs are aware of desired professional competencies.*
- *A task force director solicits input from cross-system stakeholders when developing state competencies.*

L12

Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

Examples

- *A director of a local preschool program prepares a report with aggregated data that shows children's progress from program entry to program exit to share with the program's Steering Committee.*
- *A state early intervention coordinator shares data on family outcomes with the interagency coordinating council to examine how well the program is serving families' needs across the state.*
- *A director of an early intervention program talks with staff regularly about the importance of collecting valid data on children's functioning.*

L13

Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines and the family to work together as a team.

Examples

- *A principal of an elementary school schedules a weekly meeting time for the early childhood teacher, the early childhood special education teacher, and the therapists to meet together and with families to plan for and discuss the children they serve.*
- *A director of an early intervention program arranges schedules so that all staff working directly with families are in the office on certain afternoons to ensure time and a structure for collaboration.*
- *A director of a local child care center arranges staffing so the lead teacher in each classroom can meet weekly with the early childhood special education teacher from the school district to discuss strategies and the progress of the children with special needs attending the center.*

L14

Leaders collaborate with other agencies and programs to develop and implement ongoing community-wide screening procedures to identify and refer children who may need additional evaluation and services.

Examples

- *An early childhood coordinator for the school district coordinates with local pediatricians to support screening procedures and referrals.*
- *A director of an early intervention program works with public health staff and the local hospital to plan and implement developmental screening in the mall.*
- *A regional early childhood coordinator reaches out to the community child care centers to implement developmental screening in each of the centers.*

Assessment

Assessment is the process of gathering information to make decisions. Assessment informs intervention and, as a result, is a critical component of services for young children who have or are at risk for developmental delays/disabilities and their families. In early intervention and early childhood special education, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. Not all of the practices that follow apply to all purposes of assessment. For example, practice **A9**. focuses on monitoring child progress but does not relate to assessment for eligibility.

We recommend the following assessment practices to guide practitioners:

A1

Practitioners work with the family to identify family preferences for assessment processes.

Examples

- *A team of practitioners and the family jointly plan the specifics of the upcoming assessment including the location, time of day, and strategies for assessment.*
- *A team leader with input from other team members plans which assessments to use after obtaining information from the family about what the child typically does and what the child likes to do.*
- *In advance of the assessment, a team leader asks families whether they prefer to watch the assessment, to serve as an informant, to participate by interacting with the child, or to provide support to the child by staying nearby.*

A2

Practitioners work as a team with the family and other professionals to gather assessment information.

Examples

- *A physical therapist and an early childhood special educator make a home visit together to assess the child in a familiar setting and within familiar activities.*
- *An occupational therapist, speech language pathologist, early childhood special educator and family member agree to work together using a play-based model of assessment.*

A3

Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.

Examples

- *An early interventionist incorporates the child's use of an alternative communication system into all interactions and observations for the purpose of administering an assessment.*
- *The early intervention team agrees to do individual assessments across a few days and times based on the family's feedback that their child becomes overwhelmed by groups of people.*
- *A physical therapist observes a child with a physical disability using his mobility device and adaptive equipment while being assessed in the area of physical development.*

A4

Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.

Examples

- *A team assesses a child across all developmental domains and all behavioral dimensions even though the child is only being considered for eligibility in the area of speech and language disorders.*
- *A speech language pathologist talks with the family about what the child enjoys doing and what kinds of toys the child finds especially interesting at home.*

A5

Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.

Examples

- *The co-teacher, who is fluent in both English and Spanish, assesses the child in Spanish first using the Spanish version of the instrument. The early childhood teacher later assesses the child in English.*
- *The bilingual home-based early interventionist assesses the child first on one domain of an assessment in Spanish and then assesses the child on that domain in English. Dividing the assessment up prevents using the entire home visit for the assessment.*

A6

Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.

Examples

- *An early interventionist observes the child in his Head Start setting and talks with the early childhood teacher about the motor skills the child demonstrates in that environment.*
- *An early childhood teacher regularly communicates with the family through a "traveling notebook" about any new skills they have seen at home so that the information they share can be incorporated into the periodic assessments of child progress. The early childhood teacher has help from other personnel at the program so that all messages are written in the family's home language and the family's messages back can be translated into English.*

A7

Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

Examples

- *A family member reports that the child has some challenging behaviors in the early evening. An early interventionist schedules a home visit at that time to try to understand the issues and find potential solutions with the family.*
- *A family reports that their child, who is very quiet in his preschool setting, talks a lot at home. An early childhood teacher asks the family to capture some examples of his communication on a video to share with her.*

A8

Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.

Examples

- *A team completes the administration of all instruments for determining eligibility for a child and then meets together to consider the assessment results as well as their clinical opinions relative to eligibility for the child.*
- *In making a decision about eligibility, team members consider whether the scores from a standardized assessment are an accurate reflection of the child's skill level, and then seeks additional information as questions arise in order to inform their decision.*

A9

Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.

Examples

- *An early interventionist collects data on a child's fine motor learning targets during each home visit and then reviews the data to inform any changes in the targets or in the instructional strategies for the next visit.*
- *An early childhood teacher develops lesson plans for the following week based on data collected throughout the current week's activities.*

A10

Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.

Examples

- *A curriculum-based instrument has too few items to demonstrate progress of a child over time, so the team breaks down items on the instrument into smaller steps to detect changes.*
- *A team leader is careful to choose instruments for each child with sufficient sensitivity to measure that particular child's progress in communication, motor, or cognitive development rather than always using the same instruments for every child.*

A11

Practitioners report assessment results so that they are understandable and useful to families.

Examples

- *When writing reports to share assessment information with a family, the team leader is careful to use words, language and a format that will be understood by the family.*
- *In advance of the team meeting to share assessment results, information is shared with the family by at least one team member, and family members are provided the opportunity to ask questions or express concerns. During the meeting to review assessment results, all team members encourage the family to ask questions.*

Environment

Young children who have or are at risk for developmental delays/disabilities learn, play, and engage with adults and peers within a multitude of environments such as home, school, child care, and the neighborhood. Environmental practices refer to aspects of the space, materials (toys, books, etc.), equipment, routines, and activities that practitioners and families can intentionally alter to support each child’s learning across developmental domains. The environmental practices we address in this section encompass the physical environment (e.g., space, equipment, and materials), the social environment (e.g., interactions with peers, siblings, family members), and the temporal environment (e.g., sequence and length of routines and activities). They relate not only to supporting the child’s access to learning opportunities but also ensuring their safety. It is important for practitioners to remember that these environmental dimensions are inextricably intertwined for young children who have or are at risk for developmental delays/disabilities and their families. Through implementation of the environmental practices, practitioners and families can promote nurturing and responsive caregiving and learning environments that can foster each child’s overall health and development.

We recommend the following practices associated with the child’s environment:

E1

Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.

Examples

- *An occupational therapist visits a family during meal time in their home to help the parents problem solve positioning or feeding strategies, so their child can eat and socialize with the entire family instead of eating before or after the rest of the family.*
- *A physical therapist goes on a shopping trip to assist a parent of a child who uses an assistive device for mobility, to develop a new routine to ensure the child’s safety while navigating the parking lot and store.*

E2

Practitioners consider Universal Design for Learning principles to create accessible environments.

Examples

- *Program directors and early childhood teachers ensure that the physical environment of the early childhood center and classrooms are accessible to all children and allow for easy traffic flow between areas and activities.*
- *Teaching and learning opportunities are embedded throughout children’s daily routines and activities regardless of where children spend time. For example, the speech therapist supports family members to prompt their child to use the word “more” while eating dinner, taking a bath, and playing in the park.*

E3

Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.

Examples

- *The itinerant early childhood special education teacher works with a childcare provider to modify transitions in the childcare setting by posting a visual schedule of the daily routine.*
- *A developmental specialist works with family members to find resources to modify their home so their child who uses a walker can move easily from place to place.*
- *An early childhood teacher modifies a popular board game (e.g., he adds an easy to grasp foam handle to game pieces) so that a child who has difficulty grasping can access and play the game with classroom peers.*

E4

Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.

Examples

- *A physical therapist, when developing goals or objectives with family members and other members of the child's team, discusses assistive technology as a strategy to help meet the child's goals.*
- *A speech language pathologist works with family members to incorporate the use of a child's voice output device across the family's daily routines (e.g., using the device during the child's morning routine so he can communicate what he wants to eat for breakfast).*

E5

Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.

Examples

- *An early childhood special education teacher lends families assistive technology devices (e.g., switches, voice-output systems, adapted electronics) from the school's assistive technology library, so they can evaluate these devices before purchasing them.*
- *A speech language pathologist supports family members as they try a communication device that has four prerecorded messages prior to deciding on a more complex device with computer-generated voice output and additional messages.*

E6

Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

Examples

- *An early childhood teacher incorporates movement and physical activities into his preschool classroom's daily routines. For example, each day children choose a movement or stretch (e.g., hopping, marching, touching their toes) and the number of the month determines how many movements the children complete together during circle time.*
- *A physical therapist works with families and other adults to identify strategies in the environment to encourage children to walk, crawl, wiggle, scoot, reach, roll, kick, or move in any other way they can. For example, she shows family members how to place desired toys in sight but out-of-reach to encourage locomotion.*

Family

Family practices refer to ongoing activities that (1) promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals); or (3) support families in achieving the goals they hold for their child and the other family members.

Family practices encompass three themes:

1. **Family-centered practices:** Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning.
2. **Family capacity-building practices:** Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.
3. **Family and professional collaboration:** Practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

We recommend the following family practices for practitioners:

F1

Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.

Examples

- *A classroom teacher uses a communication journal to share information with the family about how their child is progressing and, in turn, for the family to share information about how their child is doing at home.*
- *A special instructor offers to meet with the church nursery staff to share strategies that will enable a child to successfully participate in Sunday School.*
- *An occupational therapist brings along an interpreter on her visits so that the family who does not speak English understands the strategies she's suggesting.*
- *A home visitor greets the family in their primary language and removes her shoes at the door to demonstrate her respect for the family's culture and circumstances.*
- *A service coordinator shares information about the family's rights in the format and language with which the family is most comfortable.*

F2

Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.

Examples

- *An early childhood teacher videotapes sessions of children in center-based programs for parents to view if they cannot accompany their child.*
- *In preparation for transition, a service coordinator supports the family's interests in exploring programming options by helping the family gather and evaluate information about the effectiveness of each option.*
- *A Head Start program director makes the parent newsletter available in several formats and in the major languages of families in the program.*

F3

Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

Examples

- *A home visitor uses open-ended questions to gather information from the family to understand their concerns and priorities*
- *A preschool teacher talks with each family member who is involved in the child's care, to gather information concerning their needs and priorities.*
- *A service coordinator assists the family in identifying and connecting to both formal and informal supports and resources, such as babysitting or respite care with family, friends, and neighbors.*
- *An early interventionist provides the family with the opportunity to discuss and prioritize Individualized Family Service Plan (IFSP) goals, so that she can update other team members on what is important to the family.*

F4

Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Examples

- *A teacher provides many opportunities for parents to ask questions and discuss their child's activities and progress.*
- *An Individualized Education Program (IEP) team leader works with the family and other professionals to develop IEP documents that address the needs expressed by the family.*
- *A service coordinator helps the family to understand the importance of developing IFSP outcomes that will address their concerns and help them facilitate their child's development.*
- *A speech language pathologist works with family members to identify the family routines during which IFSP goals can be implemented.*

F5

Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

Examples

- *A developmental specialist focuses on sharing information and providing support so that the family feels confident they can assist their child in-between visits.*
- *A family educator helps the family identify ways to share their parenting accomplishments and successes with other parents experiencing similar challenges.*
- *A physical therapist asks the family what types of activities they currently use to support their child's efforts to walk and then provides the family with strategies they can use to increase the child's participation in those activities.*
- *An early interventionist acknowledges a family's strengths and expertise in addressing the child's challenging behaviors and supports the family in using these skills to address the child's sleeping difficulties.*

F6

Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

Examples

- *A speech language pathologist tailors the information that she provides to the family's level of understanding using the best evidence available.*
- *An early childhood teacher answers the family's questions honestly and to the best of her knowledge and seeks more information for the family when necessary.*
- *A service coordinator gathers information about available parent education and training activities in their community and helps the family access desired activities.*
- *A preschool teacher works with a family who has recently moved to the United States to help them understand the American school system and to develop a plan for addressing possible differences in school and family expectations so that their child can be successful in both environments.*

F7

Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.

Examples

- *A service coordinator helps a family to identify childcare options in their community that meet their needs so that the child's mother can return to work.*
- *An occupational therapist helps the family find ways to answer their specific parenting questions.*
- *A social worker asks about state and federal assistance programs as well as other community programs the family uses or would like to use.*

F8

Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development.

Examples

- *An early interventionist learns some basic vocabulary words in the child's and family's primary language and uses them throughout the intervention visit to acknowledge the importance of multiple languages.*
- *A speech language pathologist working with a family who is concerned about their child's language development provides them with materials on the benefits of learning in multiple languages. The materials are written in the family's home language and in a comfortable format for the family.*

F9

Practitioners help families know and understand their rights.

Examples

- *A service coordinator provides the family with information about state regulations in written form prior to the eligibility evaluation and discusses the implications with the family.*
- *An early childhood program director talks with the family about the policies and procedures related to dispute resolution and answers the questions they have.*

F10

Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

Examples

- *A program director recruits a committee of family and staff members to assess the educational interests of families and to develop opportunities to engage and support families in developing those interests.*
- *A parent educator works with families to design a variety of methods to provide resources and supports to all families, including written and electronic newsletters, bulletin board displays, verbal exchanges, and informational meetings.*
- *An early childhood teacher brainstorms with a group of families to identify the types of information they would like to receive to help them learn to advocate for their children and then arranges opportunities for families to receive that information.*
- *A program director organizes a task force of family and staff members to develop policies related to holidays.*
- *An early interventionist provides the family with information about serving on the state's interagency coordinating council.*

Instruction

Instructional practices are a cornerstone of early intervention and early childhood special education. Teachers, other practitioners, family members, and other caregivers use instructional practices to maximize learning and improve developmental and functional outcomes for young children who have or are at risk for developmental delays/disabilities.

Instructional practices are intentional and systematic strategies to inform what to teach, when to teach, how to evaluate the effects of teaching, and how to support and evaluate the quality of instructional practices implemented by others.

Instructional practices are a subset of intervention activities conducted by practitioners and parents. We use the term “instructional practices” rather than the terms “teaching practices” or “intervention” because instruction is the predominant term used in the research literature to refer to intentional and systematic strategies to maximize learning.

The recommended instructional practices below are written from the perspective of the practitioner. They may also be implemented by families or others who interact with the child, often with support of the practitioner.

We recommend the following practices to support instruction:

INS1 Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.

Examples

- *An early interventionist conducts a structured interview to gather information from a family about what they know and recognize about the child's interests and what they have observed the child doing during everyday routines and activities.*
- *An early childhood teacher observes a child's preference for trains and turns the dramatic play area into a train station. She then provides learning opportunities for the child to “purchase” train tickets, to take turns blowing the train whistle, and to help build a pretend train station.*
- *A team composed of the early interventionist, the speech therapist, the child's family, and the service coordinator plans for and conducts observations to gather information about which toys a toddler prefers and to identify potential reinforcers. The team collects data about which toys the toddler plays with and how long the toddler plays with each toy.*
- *An early intervention provider works with the family of a toddler to identify opportunities for the child to make choices during everyday activities and routines at home and in the community.*

INS2

Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.

Examples

- *An early interventionist uses a routines-based interview to gather information from a family about routines that are difficult for the child and family and about the skills the child might need in order to engage in those routines more independently.*
- *A team in an inclusive early childhood program, including the child's family, uses functional behavioral assessment to identify new skills the child might need to learn as a replacement for A speech-language therapist works with the child's family to select an augmentative communication system that would be a good fit for the child and family and to identify skills the child needs in order to use the system across different activities and routines.*
- *An early childhood teacher, speech therapist, occupational therapist, and the child's family observe the child in the settings in which he regularly spends time (e.g., home, car, church, school, grocery store) to identify the skills he needs to participate actively in the activities and routines in those settings.*
- *A team of early intervention providers, the child's family, and the service coordinator collaboratively identify priority child-focused outcomes, and skills related to these outcomes, during the Individualized Family Service Plan (IFSP) process.*

INS3

Practitioners gather and use data to inform decisions about individualized instruction.

Examples

- *A team working with a preschool-aged child makes a plan to collect, summarize, and analyze data with sufficient frequency to determine if the instructional strategies being implemented with the child are resulting in progress on priority skills or if modifications to the strategies are needed.*
- *An early interventionist works with a family to develop data sheets and other data collection strategies for the family and other caregivers to use at home and in the community.*
- *An early childhood teacher and early childhood special education itinerant teacher work together to develop a plan for using multiple methods to document a child's progress on Individualized Education Program (IEP) goals. The plan includes frequency counts, work samples, checklists, videotapes, and photographs.*
- *A preschool classroom team gathers data before and after they begin a skill-building intervention on a target behavior. They graph the data to determine if there are changes in the child's behavior after the intervention is introduced relative to the child's behavior before implementing the skill-building intervention.*

INS4

Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.

Examples

- *An early childhood special education teacher and early childhood teacher work together to identify an effective prompting strategy that includes reinforcement for correct responding and error correction for incorrect responding for a child who needs additional instruction on a target skill.*
- *An occupational therapist and a family identify fun and interesting learning opportunities for an infant within daily activities and routines that provide contingent feedback as a result of the child's actions (e.g., motion-activated mobiles, rattles, musical games).*
- *A speech therapist, early interventionist, and the child's family design a choice board for the family to use during mealtimes to help the child request preferred food or drink.*
- *A physical therapist and early childhood special education teacher work together to analyze a preschool classroom environment to ensure that a child who is using a wheelchair can easily maneuver between centers and access toys and other materials.*
- *An early intervention provider and a child's parents monitor their own behavior to ensure that they are providing the appropriate level of support to enable the child to do a skill, and fading prompts when appropriate.*

INS5

Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

Examples

- *An early interventionist and family identify skills a child needs to learn to be more engaged, independent, and interactive in child and family routines and activities. They use this information to identify priority child learning outcomes for the IFSP and to break down each outcome into smaller and more immediate learning targets. They then discuss when, where, and how learning opportunities will occur. They identify how they will know if the child is making progress and if engagement, independence, or interactions improve in the priority routines and activities.*
- *A preschool classroom team, including the child's family, reviews the classroom schedule and the child's IEP goals along with the smaller and more immediate priority learning targets connected to these goals. Team members identify logical and appropriate opportunities for the child to practice and learn targeted skills during routine, planned, and child-initiated activities that occur in the classroom. They then develop activity matrices to specify how many embedded learning opportunities on which learning targets are planned within and across classroom activities or routines. They indicate when, where, and with whom embedded learning opportunities will be provided and which systematic and intentional teaching strategies will be used. They identify how they will collect, summarize, and analyze data about the number of embedded learning opportunities planned versus the number provided and about child progress. They use these data to help make decisions about whether the embedded instruction plan is working or if changes are needed.*

INS6

Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.

Examples

- *An early childhood special educator, early care and education provider, and the child's parents work together to develop a checklist of the steps involved in using the most-to-least prompting procedure to help the child learn to feed herself with a spoon and to monitor correct implementation of the procedure during snack and meal times in the classroom and at home.*
- *A speech-language therapist demonstrates using naturalistic time delay to support a toddler to request "more" during play and feeding routines and provides opportunities for the parent to practice implementing the strategy and receive feedback about implementation.*
- *An early childhood special educator, occupational therapist, and early care and education provider task analyze the steps involved in washing hands in a preschool classroom and use backward chaining to teach the last step first. Once the child masters the last step, the previous step is taught. The team creates a checklist based on the task analysis to monitor implementation of the backward chaining procedure and reviews it weekly to monitor the child's progress.*
- *During snack time, a parent displays the food choices and waits for the child to make a request (e.g., by pointing, speaking, signing, or using their alternative communication system). If the child makes an appropriate request, descriptive feedback and access to the requested items are provided to the child. If not, a planned correction is used to help the child learn to request (e.g., "You want juice. Say juice").*

INS7

Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

Examples

- *An early intervention provider works with a child's family to identify natural consequences associated with the child's behavior that are part of the everyday activities or routines.*
- *An early care and education provider observes a child's actions during circle time and comments positively and descriptively about the child's actions in order to sustain or elaborate on the child's engagement.*
- *An early childhood special educator provides access to a preferred toy after a child uses a gesture and vocal approximation to request the toy while playing at the sensory table.*
- *An occupational therapist demonstrates to a parent how to shape a child's engagement behaviors with developmentally appropriate toys by reinforcing each increasingly complex approximation of the desired behavior.*
- *An early childhood special educator asks a child how he is going to play, secures a verbal response from the child, observes the child play, and provides reinforcement after the play session when there is a correspondence between what the child says and what the child does.*

INS8

Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.

Examples

- *An early childhood teacher uses peer tutoring to promote a child's communication skills. The teacher demonstrates to two peers in the classroom how to use descriptive talk to comment on the child's behavior during play in order to provide a model of the child's specific expressive language learning targets.*
- *An early childhood special education teacher uses peers to help a child learn social interaction skills. The teacher teaches peers the skills (e.g., asking another child to play, taking turns). When the peers and the child play together, the teacher carefully monitors and reinforces their interactive play without disrupting the interactions.*
- *An occupational therapist uses peer modeling to increase a child's imitative play. During a play activity in the classroom, the therapist has peers perform a desired skill for the child and encourages the child's attention to the behavior (e.g., Wow, look what Tommy is doing with blocks. You can do that, too!).*
- *An early childhood classroom team teaches developmentally sophisticated peers how to initiate play and social interactions with target children, how to have positive exchanges with those children, and how to persist in playing with those children, even if they are not responsive to initial attempts to engage.*
- *An early childhood special education itinerant teacher helps an early childhood teacher learn to implement group contingencies for the performance of a target child's social behavior. For example, all of the children in the class receive "high fives" when the target child shares toys with peers during free choice time.*

INS9

Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

Examples

- *A behavior specialist helps an early childhood teacher, classroom teaching assistants, and a child's parents collect data on antecedents or triggers (A), behaviors (B), and consequences (C) to develop hypotheses about what functions the child's challenging behavior might be serving. For example, following an ABC analysis, the team determines that activities such as circle that involve a lot of watching (A) result in a tantrum (B), which results in the child being removed from the activity (C). The team hypothesizes that the child's challenging behavior (tantrum) serves an "escape" function (i.e., the child escapes the watching activity). The team develops a plan to make the child's escape behavior (tantrum) irrelevant by planning fun circle times that do not involve too much watching and are not longer than 10 minutes.*
- *After determining that the function of a child's hair pulling is to obtain her sister's attention, a parent makes the hair pulling inefficient by teaching the child a replacement behavior (to gently touch her sister's arm) to gain her attention. Touching her sister's arm to gain attention is easier than hair pulling.*
- *Classroom teams in an inclusive program meet regularly to discuss their instructional and interactional practices to ensure that they are not promoting or maintaining children's challenging behaviors.*
- *Staff and parents "catch children being good" and comment on their appropriate behavior as frequently as possible. Adults tailor the positive feedback by making it descriptive and individualized.*
- *Staff members use praise and other reinforcers in varied, genuine, enthusiastic, individualized, and contingent ways.*

INS10

Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

Examples

- *An early childhood special education itinerant teacher works with a speech therapist, occupational therapist, and an early childhood educator to ensure learning opportunities are sufficient for a child who is acquiring a new communication skill, recognizing the child needs repeated and frequent opportunities in this phase of learning (i.e., acquisition).*
- *An early interventionist helps a parent problem-solve about how to support a child to maintain a learned skill by identifying routines and activities in which the skill can be used.*
- *A speech therapist and early childhood teacher consider similarities between the activity in which a child learned a communicative behavior and other routines and activities where the child needs to use the behavior (i.e., generalize the behavior across routines and activities). They decide on the planned frequency of embedded learning opportunities to use the communicative behavior in these other routines and activities.*
- *An early childhood special education teacher decides to modify the instructional pacing she is using with a child for learning trials focused on the child labeling pictures in a book following a teacher-delivered prompt (e.g., *What's this?*). She shortens the time interval between each instructional trial to 3 seconds.*

INS11

Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language.

Examples

- *An early interventionist works with the family to select a book that family members can read with their child in their home language and in English.*
- *An early childhood special education teacher and speech therapist develop a list of commonly used words in the classroom (e.g., *snack, coat, all done, etc.*) in the child's home language that they can use to communicate with the child and teach the corresponding English words and phrases.*

INS12

Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.

Examples

- *An early childhood special education teacher and a bilingual early childhood educator who speaks the child's home language work together to develop a "what we know, what we want to know, and what we learned" table in the child's home language and in English to support instruction in both languages as part of a thematic unit in the inclusive classroom.*
- *During whole-group or reading aloud time in the preschool classroom, home language supporters who are parents of a bilingual child or volunteers from the community, read aloud in the child's home language right after reading the text in English.*
- *An early childhood classroom team labels both verbally and with pictures common classroom items or toys preferred by the child in the child's home language and in English.*

INS13

Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Examples

- *An early interventionist uses coaching strategies during a home visit to support a parent who wants to learn how to embed learning opportunities for a child in everyday routines or activities. The coaching strategies involve setting the stage for the visit, observing the parent and child during the activities or routines in which embedded learning opportunities occur and providing supportive feedback, problem-solving and reflecting about the embedded learning opportunities, and discussing how the parent will implement embedded learning opportunities between visits and collect information about child responses and progress to share with the coach at the next visit.*
- *An itinerant early childhood educator uses a practice-based coaching framework to support an early childhood teacher's implementation of naturalistic instructional strategies with a child enrolled in her classroom. The itinerant teacher shares information about the naturalistic instructional strategies and video examples with the early childhood teacher. She gathers the teacher's perspectives about her confidence and competence in implementing the naturalistic instructional strategies and observes the teacher's implementation of the strategies. Based on these two sources of information, they jointly develop an action plan to support the teachers' implementation of the naturalistic instructional strategies. The itinerant teacher visits the classroom once a week for several weeks to observe the teacher's implementation of the strategies. After the observations, the teacher and itinerant teacher debrief for 10-15 minutes. They reflect on the teacher's implementation, and the itinerant teacher provides supportive and constructive feedback. They discuss next steps and determine if their action plan needs to be modified.*

Interaction

Sensitive and responsive interactional practices are the foundation for promoting the development of a child’s language and cognitive and emotional competence. These interactional practices are the basis for fostering all children’s learning. For children who have or are at risk for developmental delays/disabilities, they represent a critical set of strategies for fostering children’s social-emotional competence, communication, cognitive development, problem-solving, autonomy, and persistence.

We selected interactional practices to promote specific child outcomes, and these will vary depending on the child’s developmental levels and cultural and linguistic background. Practitioners will plan specific ways to engage in these practices across environments, routines, and activities. In addition, practitioners will assist others in the child’s life (family members, other caregivers, siblings, and peers) in learning sensitive and responsive ways to interact with the child and promote the child’s development.

We recommend the following practices to support interaction:

INT1

Practitioners promote the child’s social-emotional development by observing, interpreting, and responding contingently to the range of the child’s emotional expressions.

Examples

- *A home visitor models positive interactions for the parents by commenting on what a great helper the child is when he joins her in gathering up the toys they have been using.*
- *An early interventionist is responsive to the child’s initiations by “reading” and interpreting her nonverbal cues, anticipating her desires and waiting for her to give a clear signal of that desire, and then following her lead in play.*
- *An early childhood teacher smiles frequently at children, shows genuine pleasure to be in the company of children, and shows authentic approval of each child’s accomplishments.*

INT2

Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

Examples

- *An early childhood teacher in a Head Start classroom helps peers respond to a child who uses gestures to communicate.*
- *An early interventionist works with the parents in the home to encourage and reinforce a child for initiations and engagement with materials by providing choices; making suggestions; giving the child time to make choices; and providing positive, descriptive feedback.*

INT3

Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests.

Examples

- *An assistant teacher uses children's preferences to increase engagement and to promote interaction with peers on the playground.*
- *A speech language pathologist who is trying to teach the child to request using the sign for "apple" in the classroom places the desired apple within sight but deliberately out of reach, in order to prompt the child to request it.*
- *A Head Start teacher teaches developmentally sophisticated peers to recognize, interpret and respond to nonverbal children's communicative attempts.*

INT4

Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.

Examples

- *An early childhood teacher extends and expands on children's play behavior by imitating the children's behavior and then adds steps by showing how things work, other actions they can perform with objects, or ways that they can pretend with toys.*
- *A Head Start teacher encourages children to verbally describe what they are doing when they are playing in order to share their ideas with adults and peers.*
- *An early interventionist joins in on the child's exploration in the sand box following the child's lead and showing how the truck disappears under the sand and then reappears.*

INT5

Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

Examples

- *An early childhood teacher observes a group of children beginning to interact with pretend play materials and helps them plan their activity and identify what their roles will be as they interact with one another.*
- *When children engage in aggressive behavior, an assistant teacher models strategies using words to work out problems.*

Teaming and Collaboration

Educational programs and services for young children who have or are at risk for developmental delays and disabilities, by their nature, always involve more than one adult. The quality of the relationships and interactions among these adults affects the success of these programs. Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals.

It is a given that the family is an essential member of the team and that the team includes practitioners from multiple disciplines as needed. The teaming and collaboration practices we present include strategies for interacting and sharing knowledge and expertise in ways that are respectful, supportive, enhance capacity, and are culturally sensitive.

We recommend the following practices to support teaming and collaboration:

TC1 Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

Examples

- *A physical therapist and special instructor meet to talk with the family about the child's current abilities and progress and modify current strategies to align with the child's current level of performance.*
- *An early childhood teacher discusses her ideas and concerns about a child's progress with the consulting speech language pathologist and they develop additional teaching strategies.*

TC2 Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

Examples

- *An early childhood teacher participates in the child's monthly team meetings convened by the service coordinator to discuss progress and share ideas for supporting goals in the classroom setting.*
- *A family childcare teacher spends a few minutes at pick-up and drop-off to exchange information about the child's performance with the family.*
- *An itinerant teacher works with the classroom teacher to model and demonstrate a strategy to support a child's development and learning during outdoor play.*

TC3

Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

Examples

- *A program director acknowledges gaps in communication among teachers and teacher aides and develops a plan to remedy the problems.*
- *A team leader uses a round robin technique in a group meeting to ensure that all team members, including those who typically are quiet, have a chance to express their perspectives and ideas on an issue.*

TC4

Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

Examples

- *A service coordinator learns about reimbursement policies and helps families, as needed, to understand the impact of using non-public funds to pay for services.*
- *A social worker compiles a resource book on programs, funding options and policies to be used by families and other team members.*
- *A case manager invites contributions and perspectives of each team member about placement options to meet a child and family's needs.*

TC5

Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

Examples

- *During a home visit, the occupational therapist shares strategies with parents that were developed in conjunction with the physical therapist.*
- *An early childhood teacher, who serves as the primary contact for the family, receives instruction, feedback, and support from the itinerant hearing specialist to provide individualized support for the child during transitions within the classroom.*

Transition

Transition refers to the events, activities, and processes associated with key changes between environments or programs during the early childhood years and the practices that support the adjustment of the child and family to the new setting. These changes occur at the transition from hospital to home, the transition into early intervention (Part C) programs, the transition out of early intervention to community early childhood programs, the transition into Part B/619, and the transition to kindergarten or school-age programs.

Transition is a process that generally involves many activities on the part of the practitioner in collaboration with the family. As with other life transitions or changes, positive relationships—in this case positive teacher-child and practitioner-family relationships—are associated with greater satisfaction, better adjustment, and better child outcomes.

We recommend the following practices associated with transition:

TR1

Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

Examples

- *A preschool teacher organizes a transition portfolio for each child who is moving to kindergarten.*
- *A director of the preschool electronically submits the academic records for each child who is moving to kindergarten and for whom the parent has given permission, to ensure that each child's prior information is included in the district's data base.*
- *A service coordinator calls the family and the preschool the week after the child's transition to preschool and again a month after transition, to make sure that all paperwork and other aspects of the transition are proceeding as planned.*

TR2

Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

Examples

- *An infant-toddler teacher organizes the play group schedule for the older toddlers so that they practice some of the routines of preschool before they transition.*
- *A service coordinator provides families with lists of preschools and visiting schedules. She offers to accompany families on their visits to the preschools.*
- *A preschool and kindergarten teacher arrange a school visit for the preschool children. The preschool children get to explore the kindergarten classroom, talk with the kindergarten children, see the bathrooms, and sit on the school bus.*

Citations

Copple, C., & Bredekamp, S. (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (3rd ed.). Washington, DC: NAEYC.

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Retrieved from DEC website:
<http://dec.membershipsoftware.org/files/Position%20Statement%20and%20Papers/Inclusion%20Position%20statement.pdf>

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