



Division for
Early Childhood

website: www.dec-sped.org
email: dec@dec-sped.org

address: 3415 S. Sepulveda Blvd. #1100
Los Angeles, CA 90034

telephone: 310-428-7209
fax: 855-678-1989

DEC Recommended Practices in Early Intervention/Early Childhood Special Education

The Division for Early Childhood of the Council for Exceptional Children

www.dec-sped.org

April 14, 2014

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.
- L2. Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices.
- L3. Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families.
- L4. Leaders belong to professional association(s) and engage in ongoing evidence-based professional development.
- L5. Leaders advocate for policies and resources that promote the implementation of the DEC Position Statements and Papers and the DEC 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.

- L7. Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement 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.
- 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.
- L10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.
- 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.
- 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.
- 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.
- 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.

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.

- A2. Practitioners work as a team with the family and other professionals to gather assessment information.
- 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.
- A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- A5. Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.
- 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.
- A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
- 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.
- A9. Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.
- A10. Practitioners use assessment tools with sufficient sensitivity to detect child progress--especially for the child with significant support needs.
- A11. Practitioners report assessment results so that they are understandable and useful to families.

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.

E2. Practitioners consider Universal Design for Learning principles to create accessible environments.

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.

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.

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.

E6. Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

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.

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.

F3. Practitioners are responsive to the family’s concerns, priorities, and changing life circumstances.

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.

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.

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.

F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.

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.

F9. Practitioners help families know and understand their rights.

F10: Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

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.

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.

INS3. Practitioners gather and use data to inform decisions about individualized instruction.

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.

INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

INS6. Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.

INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

INS8. Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.

INS9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

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.

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.

INS12. Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.

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.

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.

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.

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.

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.

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.

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.

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.

TC3. Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

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.

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.

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.

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.

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>

DEC would like to extend our sincerest appreciation to the dedicated DEC members who gave their time and expertise to update and revise the DEC Recommended Practices.

DEC Commission Members

Mary McLean (Chair)	Pam Winton	Lori Erbrederis Meyer
Barbara J. Smith (Past Chair)	Chelsea Guillen	Susan Sandall
Rashida Banerjee	Kathleen Hebbeler	Patricia Snyder
Judy Carta	Mary Louise Hemmeter	Judy Swett
Tricia Catalino		

DEC Commission Support

Betsy Ayankoya
Dale Epstein

Topic Group Members

Serra Acar Allison	Howard Goldstein	Alissa Rausch
Kaitlin Bargreen	Rena Hallam	Robyn Ridgely
Erin Barton	Eva Horn	Lori Roggman
Stephen Bagnato	Susan Killmeyer	Beth Rous
Bill Brown	Sumeyye Koten-Glucu	Dathan Rush
Jennifer Brown	Marisa Macy	Rosa Milagros Santos
Deborah Cassidy	Helena Mawdsley	Ilene Schwartz
Laurie Dinnebeil	Jeanette McCollum	M'Lisa Shelden
Carl Dunst	Katherine McCormick	Eleni Soukakou
Lillian Duran	Eileen McKeating	Jane Squires
Marilyn Espe-Sherwindt	Robin McWilliam	Carol Trivette
Lise Fox	Carla Peterson	Juliann Woods
Jennifer Fung	Baker Lois Pribble	Tweety Yates

Evidence Review Group

Mary Beth Bruder
Glen Dunlap
Carl Dunst
Alisa Rausch
Lori Roggman
Rosa Milagros Santos
Phil Strain
Carol Trivette