

San Jose State University

**Connie L. Lurie College of Education
Department of Special Education**

Directed Teaching Handbook

**EDSE 154
Early Childhood Special Education
Interns and Student Teachers**

SJSU SAN JOSE STATE UNIVERSITY

Department of Special Education
Connie L. Lurie College of Education

DEPARTMENT OF SPECIAL EDUCATION MISSION

The Department of Special Education prepares professionals to be effective educators, leaders in the field, and lifelong learners. We accomplish this goal in collaboration with other departments and community partners. Together we promote equity and excellence in our curricula and instruction by infusing evidence based best practices endorsed nationally.

DIRECTED TEACHING COURSE

The last course taken in the credential programs is the Directed Teaching Course, in which the teacher candidate applies the skills and competencies learned from the credential courses in the program in a class or program. This requirement cannot be substituted by any course taken at another institution because of the importance of the SJSU supervisor observing the candidate's application of the competencies. After receiving credit in this course, the candidate is recommended for the teaching credential with the application for the California Commission on Teacher Credentialing. Candidates completing the Directed Teaching Course must submit the Supervision

Application form the semester prior to completing this requirement with the required documentation.

STUDENT TEACHING

Student teaching is an opportunity for a candidate to practice under the sponsorship and mentoring of an experienced special education teacher who has been evaluated as being an excellent teacher and recommended by the district. This experience is a partnership between the university and the local education agencies to prepare future teachers. Student teaching is only for students seeking to obtain the Preliminary Education Specialist Credential.

Candidates in the Early Childhood Special Education credential program complete eight weeks in a preschool program and eight weeks working in an Early Start Program with infants and families.

The Student Teacher practices co-teaching and solo teaching (or designing and teaching lessons on his/her own) during the 8 week placement or as prescribed by the University Supervisor. If the Candidate needs additional time to meet the standards and TPEs, an Improvement Plan will be written. The type of experience will be determined by the Master Teacher and University Supervisor.

The University Supervisor visits the teacher candidate and observes him/her teaching and makes notes with the strengths, best practice educational practices observed and suggestions or considerations for improvements on 3 occasions per placement, with additional visits if necessary. They meet and/or correspond through email about the notes and make arrangements for the next meeting and observation.

INTERNS: THE DIRECTED TEACHING COURSE

Preschool or Infant Toddler Interns complete the directed teaching requirement in their own classroom. EDSE I05 must have been completed with credit (CR) before the directed teaching class. Preschool Interns in the Early Childhood Special Education credential program also complete eight weeks in an Early Start Program with infants and families. Infant/Toddler Intern teachers also complete eight weeks in a preschool with a master teacher.

Grades for the Directed Teaching Class

The Directed Teaching course (EDSE154) is graded on a Credit/No Credit basis. The criteria for earning credit are as follows and outlined in the syllabus:

1. Attendance in five Directed Teaching seminars 1x/mo.
2. At least 41 points out of 68 points on the Directed Teaching Evaluation completed by the University Supervisor. and/or Master teacher (Preliminary Credential)
3. Completion of the Teacher Portfolio with 80% of the points earned, as outlined in assignments green sheet

If there are concerns about the Intern/Student Teacher's teaching, dispositions, connections with students, communication with others in the school setting or parents, or with professional conduct, the University Supervisor will hold a discussion with the candidate about feedback and recommendations. If changes are not observed by mid semester, an Improvement Plan will be developed that will outline the nature of the problem, objectives and/or activities necessary for improvement, the person responsible, criteria to meet the objective (with a description of the positive changes expected), and the deadline. The Candidate, Master Teacher/ Mentor/Support Provider and the University Supervisor sign the Improvement Plan. If the Candidate does not meet the criteria, he/she may not receive credit (CR) in the course **if** a candidate receives No Credit in the course, he/she can register for one additional semester the following year in the Directed Teaching course to attempt to pass this course.

Additional Candidate Requirements

1. Student Teachers follow the Pacing Guide and discuss with the Master Teacher prior to the start of the semester, if necessary
2. Schedule time to discuss the observation with supervisor immediately following the observation in person or via another media
3. Complete a video tape or recording of a lesson only in pre-K setting, not in Early Start Home setting.
4. Complete Daily Log and have available for supervisor upon visit.

University Supervisor's Requirements

1. Conduct the first Directed Teaching seminar to review the requirements, meet the candidates and set up appointments. Follow schedule developed by fieldwork coordinator, notify the candidates and conduct each seminar. Participate in the five seminars.
- 2 Visit and observe the Student Teacher or Intern on at least 3 scheduled occasions in each of the two placements (or more if necessary); the first visit should be at least in the first two weeks of each placement.
3. Meet the Principal or the Administrator in the school (during the first visit, if possible).
4. Review the lesson plan or planned activity for the observation period.
5. Record/provide written feedback about what was observed; lesson events, instructional strategies, Intern/Student Teachers' ability to connect with students, student engagement during the observation, collaboration or relationships developed with other teachers, DIS personnel, administrators, parents, the Intern or Student Teachers' professionalism, planning and preparation and dispositions.
6. Evaluate the Student Teacher or Intern on the Directed Teaching Evaluation and the Dispositions Evaluation. Enter the Preliminary Credential candidates' scores into Task Stream.
7. Notify the Intern or Student Teacher about problems or concerns by at least mid-semester (within 4 weeks in each placement) on the Midterm Evaluation. If necessary, develop an Improvement Plan with the Intern/Student Teacher and Master Teacher.
8. Discuss with the Intern/Student Teacher any insights, considerations and recommendations gained from the observation.
9. Assist the Candidate to complete the Candidate Transition Plan at the end of semester.

Teaching Portfolio

The Teaching Portfolio is the signature assignment for the directed teaching courses in each credential program. The Intern or Student Teacher reflects over the semester about specific areas related to the role of the teacher and places these reflections in the Teaching Portfolio. These reflections match the Teacher Performance Expectations (TPEs). The binder is set up according to the following:

The cover for the Teaching Portfolio is on the next page of this handbook, and should be placed on the cover of a 2" three-ring binder with the Candidate's name and course number.

The binder should hold 16 dividers/tabs, labeled with each section A-P and 2 Tabs -Tab 1 and Tab 2; place each page following the cover page behind the corresponding divider/tab. These pages guide the candidate about the specific reflection. The spine of the binder should also be labeled with the Intern/Student Teacher's name.

A reflection is written that addresses each bullet point on these pages and placed in the binder behind the section page described above; the University Supervisor might have specific time frame in which the Intern/Student Teacher must complete a section and submit for review.

Student should also submit assignments in the portfolio, according to syllabus EDSE 154.



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Department of Special Education

TEACHING PORTFOLIO

Course:

Program:

Name:

Semester:

Date:

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Department of Special Education**

**EDUCATION SPECIALIST:
TEACHING PORTFOLIO**

SECTION A

INTRODUCTION

Interns: Include a copy of the Self -Assessment and Induction Plan and all updates.

Interns: Reflect about the goals on the Induction Plan. Did you meet the goals at the end of the semester? Reflect about the process for meeting these goals and include evidence of meeting them (the "proof" that you met the goals).

Interns and Student Teachers: Insert Pacing Guide in this section



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SECTION B

TPE 1: PEDAGOGICAL SKILLS FOR SUBJECT MATTER INSTRUCTION

Interns/Student Teachers: Reflect about the methods you use to instruct students in the early childhood curriculum i.e., DEC Evidence Best Practices. **Insert 2 reflection assignments here - Early Start and Preschool**

Interns/Student Teachers: Include some samples or photos of student work that connects with Early Foundations.

Student Teachers Only: Ask master teacher how he/she integrates IFSP /IEP goals with the Early Foundations.

Interns/Student Teachers: Insert PREK Video **Self- Evaluation** of teaching in this section

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SECTION C

TPE 2 MONITORING STUDENTS LEARNING DURING INSTRUCTION

Interns/Student Teachers: Describe the process you and/or your master teacher develops and monitors progress on each IEP or IFSP goal for students to determine how they are progressing.

Interns/Student Teachers: Include some examples of progress monitoring data sheets, scored quizzes or exams, project rubrics

Interns/Student Teachers: Reflect on the pacing of your instruction and any adjustments you have made regarding pacing.

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SECTION D

TPE3: INTERPRETATION AND USE OF ASSESSMENTS

Interns/Student Teachers: Reflect about your knowledge regarding assessments that are appropriate for the identification of student, whose cultural, ethnic, gender, or linguistic differences may be confused with manifestations of a disability.

Interns/Student Teachers: Complete Assessment Assignment and insert report.

Student Teacher: Ask your preschool /infant master teacher the difference between an annual, triannual or 30 day interim and initial IBP. Ask what testing is done for a "tri" (or a triennial IEP/IFSP) in this district. Ask if any formal testing is done for an annual IEP. Ask how they handle amendments and learn the procedures to an IEP.

Student Teacher: Ask to see how **all** future known IFSP/IEPs/transition meetings are listed on a calendar or spreadsheet. Find out who schedules the meetings.

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SECTION E

TPE 4. MAKING CONTENT ACCESSIBLE

Interns/Student Teachers: Describe the process (with examples) for assisting and/ or adjusting lessons for students who do not understand the content or can't participate in an activity.

Interns/Student Teachers: Reflect about your ability to vary instructional strategies to meet student needs across special and general education environments. Give some examples.

Interns/Student Teachers: Describe the process for and the review of student participation in general education inclusive settings.

Interns/Student Teachers: Reflect about strategies for helping students develop social skills for building constructive relationships between all students.

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SECTION F

TPE 5: STUDENT ENGAGEMENT

Interns/Student Teachers: Reflect on your strategies for ensuring that the students have active and equitable participation in lessons.

Interns/Student Teachers: Reflect about the social and environmental supports for learning that are provided for your students. You may include photos of interesting ideas/strategies you have observed in other classrooms or techniques of your master teacher if you're a student teacher.

Interns/Student Teachers: Identify 2 resources for materials and ideas related to social skills' training. List websites that might help to support general education teachers and parents.

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SECTION G**

***TPE 6: CHRONOLOGICALLY APPROPRIATE OR CHILD-BASED
TEACHING***

Interns/Student Teachers: Describe behavior support plans that you developed or in which you participated in the development and include examples.

Student Teachers Only: Describe ideas you hope to use in your own classroom for behavior support plans. Be specific.

Interns/Student Teachers: What have you learned about yourself in terms of your ability to reinforce positive behaviors?

Interns/Student Teachers: Complete Best Practice Activity for each placement and insert both here

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SECTION H

TPE 7: TEACHING ENGLISH LEARNERS

Student Teachers: Ask your master teacher which students (if any) are English learners. Check the first page of the IEP. It will note whether a child is EL or not. Ask the English language acquisition level of each child classified as EL. Include examples of instructional strategies and goals for English Learners.

Interns/Student Teachers: Find out who does the assessment of English learners in your placements. Meet with him/her and ask about the testing done to assess student levels (CELDT). Describe here

Interns/Student Teachers: Is there an EL specialist on the staff? How is the program organized?

Interns Only: Reflect about the English Learners in your class or on your caseload and the strategies you utilizes to develop students' abilities to comprehend and produce English.

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SECTION I

TPE8: LEARNING ABOUT STUDENTS

Interns/Student Teachers: Reflect about how you learn about your students and their interests, preferences for activities and toys, and abilities. Include any strategies to do so

Interns/Student Teachers: Include photographs of your students, if given permission.

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SECTION J

TPE 9: INSTRUCTIONAL PLAN

Interns/Student Teachers: Reflect and Include at least 7 lesson plans (3/PRE-K placement & 4 ES placement) + 6 Home Visit forms that you completed this semester.

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SECTION K

TPE 10: INSTRUCTIONAL TIME

Interns/Student Teachers: Reflect about the process for connecting, communicating and collaborating with the following:

1. Designated instructional service providers (speech and language pathologists, occupational therapists, ABA therapists, mental health clinicians, etc)
2. general education teachers
3. para-educators
4. administrators
5. psychologists
6. families
7. agencies

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SECTION L

TPE J: SOCIAL ENVIRONMENT

Interns/Student Teachers: Reflect about your positive behavior class wide plan, rules for your class or your student teacher work with students, and/or methods for reinforcing positive behaviors of your students.

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SECTION M

12. HOME, SCHOOL, COMMUNITY, COLLABORATION

Student Teachers Only: Describe the process for your future introduction to new students and their parents, guardians or families.

Interns Only: Describe the communication and collaboration with family members or guardians of your students and reflect about the effectiveness of your strategies.

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SECTION N

13. PROFESSIONALISM

Interns/Student Teachers: Evaluate yourself in your interactions with university, faculty, staff, and other professionals in the field; review your civility and presentation in the office and when asking for help or advice in the school.

Interns/Student Teachers: Review your communication about students or student information using People First Language and professional presentation.

Interns/Student Teachers: Review your professionalism related to your conduct and professional attire.

Interns/Student Teachers: Do you belong to a special education organization? If not, consider joining Council for Exceptional Children (CEC) and its Division of Early Childhood.

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SECTION O

14. PARTICIPATION IFSP, IEP, & TRANSITION PROCESS

Student Teachers Only : Comment on your observation of any of the IFSP/IEP/Transition meetings.

Interns Only: Evaluate your participation in the IFSP/IEP meeting and your collaboration with parents and others in preparation for and during the meeting.

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SECTION P

15. Technology in the Classroom

Interns/Student Teachers: Comment on your use of technology in the classroom to help students with diverse learning needs.

Interns/Student Teachers: What are your goals for increasing the use of technology in your current or future program?

APPENDICES



Assignment Checklist



ECSE Lesson Plan



Home Visit Record Form



Authorization, Consent & Release Form



DEC Recommended Practices, 2014

EDSE 154 – ECSE Student Teaching

Assignment Checklist –

Student/Intern Teacher:

	ST	INT	Assignments	Points	Points Recv'd	Portfolio section	Total Points
1	X	X	Lesson Plans - ES (4) includes 6 home visit forms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Prek (3)	Total 70 10 pts each	<div></div> <div></div>	J	
2	X	X	Teaching Reflections - ES - PreK	Total 50 25 pts each	<div></div> <div></div>	B	
3	X	X	Best Practices Assignment - ES - PreK	Total 50 25 pts each	<div></div> <div></div>	G	
4	X	X	Assessment Summary + 3 goals	25 points		D	
5	X	X	-Teaching Philosophy - Resume - CBEST + scores - unofficial transcripts	25 points		Tab 1 In front of Sections A - P	
6	X	X	DVD – self-evaluation of teaching (ES only if in a center program – not homes)	30 points (15 each)		B	
7	X	X	Portfolio	240		Title Page on front of notebook	
8	X	X	Participation in Seminars	10 points	<div></div> <div></div> <div></div> <div></div>		
9a	X		Evaluations ES <input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Master teacher PreK <input type="checkbox"/> Midterm <input type="checkbox"/> Directed Teaching Eval <input type="checkbox"/> Master teacher <input type="checkbox"/> University supervisor	Total 45 points		Tab 2 – after Tab 1	
9b		X	Evaluations ES <input type="checkbox"/> Midterm <input type="checkbox"/> Final <input type="checkbox"/> Master teacher PreK <input type="checkbox"/> Directed Teaching Eval <input type="checkbox"/> University sup.	Total 45 points			
Total points				545			

Note: Need 436/545 for class credit (80%)

ECSE LESSON PLAN

NAME OF CHILD/FAMILY MEMBER _____

NAME OF ACTIVITY _____

DEVELOPMENTAL DOMAIN(S) _____

DEVELOPMENTAL SKILL(S)

CA INF/TOD OR PRESCHOOL FOUNDATION - NAME/#

MATERIALS REQUIRED _____

TEACHER'S BEHAVIORS

CHILD'S BEHAVIORS

EVALUATION OF CHILD (REN'S) PERFORMANCE:

SELF EVALUATION:

Home Visit Record

Child's Name:_____

Teacher/Aide:_____

Date:_____

Specialist/Other:_____

What we did today...

Parent/Caregiver - Things to do...

Teacher/Aide/Specialist/Other - Next Steps...

Next Visit:_____ a am/pm (date & time)

Adapted from Santa Clara County Office of Education by PHSJSU1/17/16

San Jose State University
. College of Education
Department of Special Education
Sweeney Hall 204

Authorization, Consent & Release Form

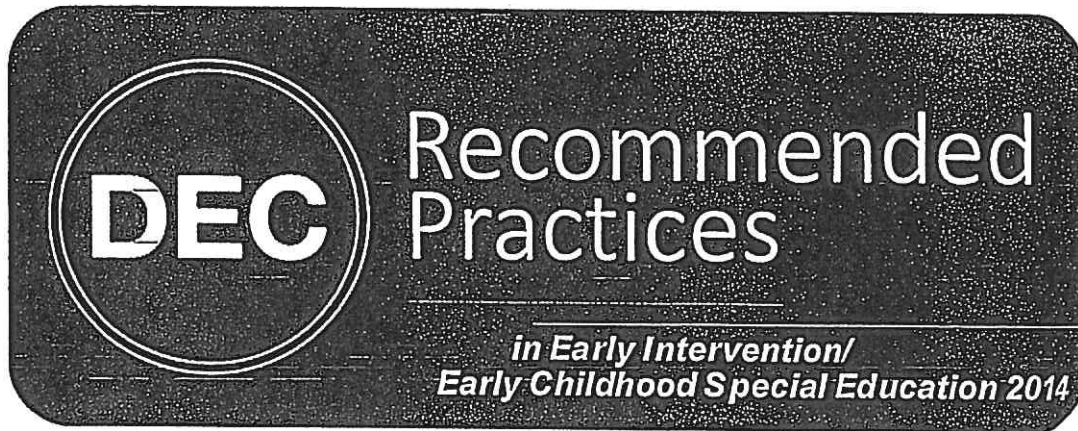
This is to give my written informed consent and permission for San Jose State University Early Childhood Special Education Department to photograph/videotape my child at the _____ facility.

I understand that the photographs/videotape will be used for evaluation and training purposes only by the student teacher and supervisor and will not be used for any other purpose without the expressed written consent of all parties.

I give my permission for _____ (Name of Child)

to be photographed () OR videotaped (x)
on _____

Signature _____ (Parent/Guardian)



April 14, 2014

<http://www.dec-sped.org/>

This document is available online at: <http://www.dec-sped.org/recommendedpractices>

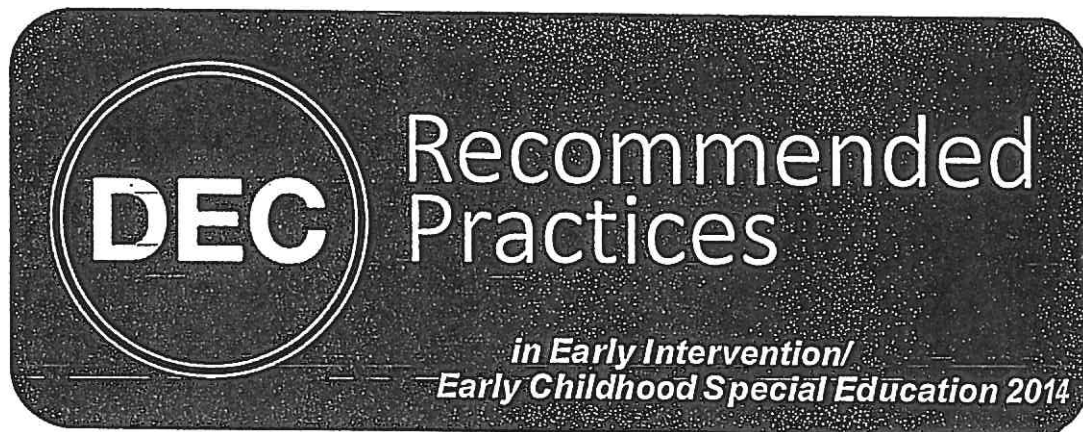
To reference the DEC Recommended Practices, please use the following citation: Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from

<http://www.dec-sped.org/recommendedpractices>

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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

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:

- x Have foundational knowledge of developmentally appropriate early childhood practices.
- x Have a basic understanding of relevant professional, legal, and regulatory guidelines for serving every child.
- x 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.
- x 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:

- x *Recommended Practices* are those with the highest expected leverage and impact on outcomes, providing the "biggest bang."
- x *Recommended Practices* are supported by research, values, and experience. x
Recommended Practices represent the breadth of the topic area.
- x *Recommended Practices* are observable.
- x *Recommended Practices* are *not* disability-specific.
- x *Recommended Practices* can be delivered in all settings including natural/inclusive environments.
- x *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:

- x Assessment
- x Environment
- x Family
- x Instruction
- x Interaction
- x Learning and Collaboration
- x 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 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.
- LG.** 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.
- LS. 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 curriculum.
- 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.
- FG. 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 goal s.
- 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

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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.

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