

Philadelphia
Inclusion
Network

PROMOTING THE INCLUSION OF
INFANTS AND YOUNG CHILDREN
WITH DISABILITIES IN CHILD
CARE SETTINGS.



INSTRUCTOR GUIDELINES: The Authentic PIN Training Approach

December 2002



December 2002
PIN, a program of:
Child & Family Studies Research Programs

Philadelphia Inclusion Network

Promoting the inclusion of infants and young children with disabilities in child care settings has been a primary purpose of The Philadelphia Inclusion Network (PIN), a program begun in 1995 to build the capacity of inner city child care centers to provide quality care and education for ALL young children, birth through kindergarten age, including those with disabilities or special needs.

Features:

- T** 17.5 hours of training
- T** Child Portfolio: A Story About
- T** On-site Consultation/Technical Assistance
- T** Neighborhood-based training and networking
- T** Evaluation of the impact of staff participation on the quality of care



Each PIN module is 2.5 hours in length.

Modules for each of the three PIN Training Programs are selected and presented in a 7 session training program, for a total of 17.5 training hours.

Core Modules used in all three PIN training programs include:

- | | |
|----------------------------------|-----------------|
| Welcoming ALL Children | (session one) |
| Promoting Development & Learning | (session two) |
| Resources & Relationships | (session seven) |

Sessions 3,4, 5, & 6 are selected from the modules listed below based on observed and self-identified needs of the training participant group.

Please cite these materials as:

Campbell, P.H., Milbourne, S.A., & Silverman, C. (2002). Philadelphia Inclusion Network, Participant Materials.

Campbell, P.H., Milbourne, S. (2002). Philadelphia Inclusion Network, Instructor Guidelines.

Both are available from Child and Family Studies Research Programs, TJU, OT, 130 S. 9th Street, 5th floor, Philadelphia, PA 19107, 215-503-1608.

Many people have provided ideas for training activities, content, and materials and we appreciate their input, especially from Elyse Rosen, Lalita Boykin, Kathi Nash, Francine Warton, Patricia Benvenuto, and Robin Miller, teachers who support inclusive child care for families and their young children with disabilities. Mary Mikus, Jean Ann Vogelmann, and other families who work for their children to be part of inclusive communities. Susan Kershman and Terry Waslow, early intervention specialists and advocates for inclusion. A special thanks to Natalie Feller and Lillian McCuen and also to the many of you who diligently and tirelessly edited the content of the materials.

December 2002

PIN, a program of: Child & Family Studies Research Programs

Thomas Jefferson University,

Jefferson College of Health Professions,

Department of Occupational Therapy

130 S. 9th Street, 5th Floor

Philadelphia, PA 19107

215-503-1608 fax 1640



This Instructional Guideline is to be use only for conducting an Authentic PIN Training Approach. Other options for using the PIN Training Materials can be found in the *PIN Trainer Guide, April 2005*.

Table of Contents

Section 1 - What is the Philadelphia Inclusion Network?

An Introduction to PIN: The Philadelphia Inclusion Network	1
4 Core PIN Principles	2
What Has Been the Impact of PIN Training?	3
What are the Features of the PIN Approach?	11

Section 2 - Facilitating a successful training program

How to Provide PIN training using the PIN Curriculum	19
Guidelines for Facilitating Adult Learning	29
Resources for Instructors	40

Section 3 - Planning a PIN training program

Instructions for Instructors	48
PIN Planner	52
PIN Forms	53
PIN Consultation Guidelines	55
Participant Project - Instructional Guidelines	61
For a Missed Session Assignment	61
PA Early Childhood Core Body of Knowledge Areas	62
Core and Supplemental Training Modules	64

Section 4- 6: Core Modules (sessions 1, 2, and 7)

Section 7- 17: Supplemental Modules (in alphabetical order)

An Introduction to PIN

The Philadelphia Inclusion Network

Promoting the inclusion of infants and young children with disabilities in child care settings has been a primary purpose of The Philadelphia Inclusion Network (PIN), a program which has provided training and other activities for child care center staff. Since 1995, PIN has built capacity of inner city child care centers to provide quality care and education for young children with disabilities, birth through kindergarten age. This introduction reports on PIN activities from 1995-2002 and includes information about the impact of training, the participants, features of the approach, and the PIN training program for child care staff.

The Philadelphia Inclusion Network training curriculum was developed by Grant # 324R990078 awarded to Child and Family Studies Research Programs at Thomas Jefferson University from the Department of Education. Content related to infant & toddlers was developed under a grant from the Pennsylvania Child Care Resource Developers Quality Initiative 2001/2 grant cycle. However, the content of this curriculum does not necessarily reflect the position or opinions of the U.S. Department of Education, the Pennsylvania Child Care Resource Developers, or Thomas Jefferson University, and no official endorsement should be inferred.

Note: the word “classroom” is used throughout the document. “Classroom” indicates any environment in which children are cared for - i.e. family-based child care home; infant-toddler room; pre-school classroom.

The 4 Core PIN Principles

Part of the philosophy of the Philadelphia Inclusion Network (PIN) is that the PIN curriculum does not assume that “high quality” must exist prior to making accommodations for children with special needs. The following four core principles should be considered and addressed in every training program.

1. Quality Instruction, Adult-Child and Child-Child Interactions:

- < Must improve the quality of care for ALL children
- < Neighborhood-based courses
- < “Individualized” content based on the needs of participants
- < On-site consultation
- < Based on principles of developmentally appropriate practice (DAP) and DEC recommended quality practices* for young children with special needs. These include:
 - T** child-directed learning
 - T** active preparation of child through hands-on learning
 - T** guidance of behavior
 - T** promotion of child-child interactions
 - T** child care staff as creators of learning opportunities and as facilitators of learning.

2. Competencies of Child Care Staff:

- < Provide training in relation to caregiver education and training level
- < Consider each program’s internal resources
- < Promote the use of community resources

3. Special Developmental and Learning Needs of Children:

- < Teach to ALL children
- < See ALL children as special
- < Emphasis on Adaptation and Accommodation to promote active participation
- < Promote inclusion by:
 - T** organizing curriculum activities
 - T** using peer support
 - T** infusing special therapeutic and teaching strategies into existing program activities and routines

4. Cultural Diversity:

- < awareness of and respect for diversity of all types
- < children with special needs viewed within a context of diversity and respected for strengths and contributions
- < anti-bias perspective

*Sandall, S., McLean, M.E., & Smith, B.J. (2000). DEC recommended practices in early intervention/early childhood special education. Sopris West: Longmont, CO

What Has Been the Impact of PIN Training?

- PIN participants report high satisfaction with the training program, trainers, content, and teaching/learning strategies.
- Quality practices in child care classrooms improve following completion of the PIN training program.
- Following training, child care staff agree that ALL children with disabilities or special needs can be included successfully in child care settings.
- Child care classroom staff report high levels of competency in working with children and families.

PIN Participants Learn from Training

Past PIN participants (n = 511 respondents) rated their training experience very highly. Evaluation data were gathered by having participants rate statements on a continuum from "strongly agree" to "strongly disagree."

Statement	% Strongly Agree or Agree
The training facilitators listened and responded to my concerns, questions, & ideas.	99%
The training sessions provided information that was clear and useful to me.	98%
I felt like I was an active participant in the training and not just a listener.	97%
The trainings I attended met my needs.	95%
I learned something in each session that I can (or did) apply in my work with children.	96%

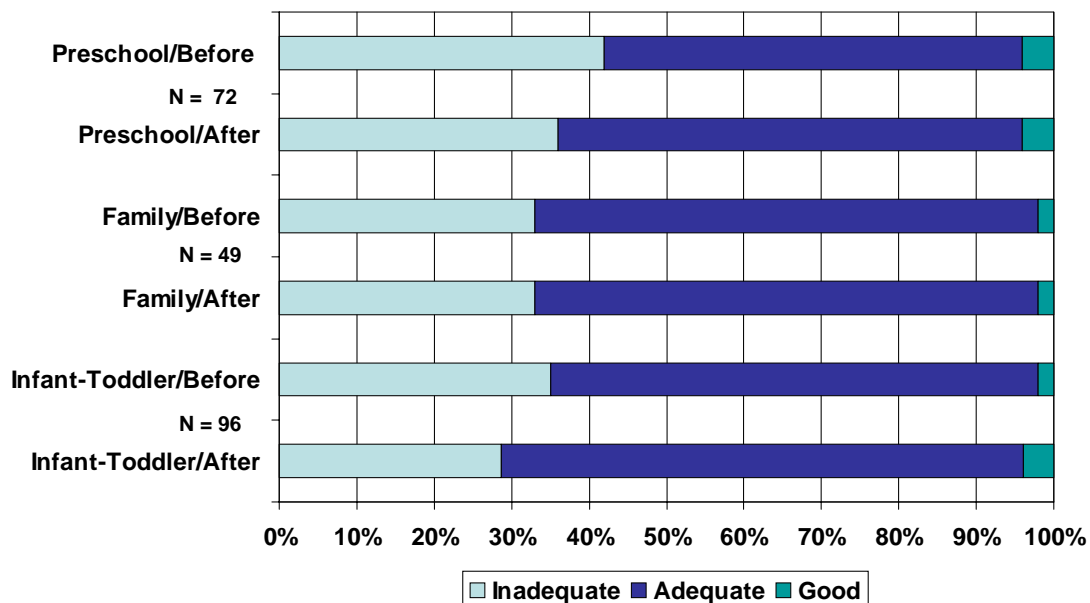
Participants said that "hands on learning was really helpful," "I liked the small group problem solving," and "I liked learning about adaptations and all the wonderful ways you can adapt materials for children." One participant wrote: "I really enjoyed doing these workshops. I learned a lot of things about all different types of children". A center director wrote, "I feel the growth in my staff is significant -- the presenters were very good at making things clear to us. I am very glad I had the training." And another director commented, "I feel much better about my center, children, and the special needs children I come in contact with."

PIN Training Impacts on the Quality of Child Care

One outcome of the PIN training programs is a positive impact on quality practices in child care settings. Since 1995, a total of 533 infant-toddler, family day care, or center-based child care staff have completed PIN training requirements. Observations were made in each classroom/program of participating staff using environmental rating scales (e.g., Early Childhood Environment Rating Scale; ECERS, Harms & Clifford, 1980; ECERS-R, Harms, Clifford, & Cryer, 1998; The Family Day Care Rating Scale, FDCRS, Harms & Clifford, 1989; Infant/Toddler Environment Rating Scale, ITERS, Harms, Cryer, & Clifford, 1990.) These widely-used instruments measure quality in child care environments using observer ratings of various aspects of the physical and social environments to which children are exposed in child care situations. Ratings result in overall quality scores ranging from 1 to 7 with scores of 1 relating to poor quality and 7 to excellent quality. Scores of below 3 are judged as inadequate quality of care, those from 3 to below 5 as adequate quality of care, and those above 5 as good quality care (Kontos, Howes, & Galinsky, 1996). Additional measures of caregiver interactions with children were obtained using the 26-item Arnett scale (Arnett, 1989) which measures caregiver-child interactions in four categories: Interaction; Permissiveness; Punitiveness; and Detachment. Items in each of these categories are scored on scale of 1 to 4 with 1 rated as “not true at all” and 4 as “very much true.”

The quality of care provided for infants, toddlers, and young children increased following participation in a PIN training program. As can be seen in the figure below, fewer programs

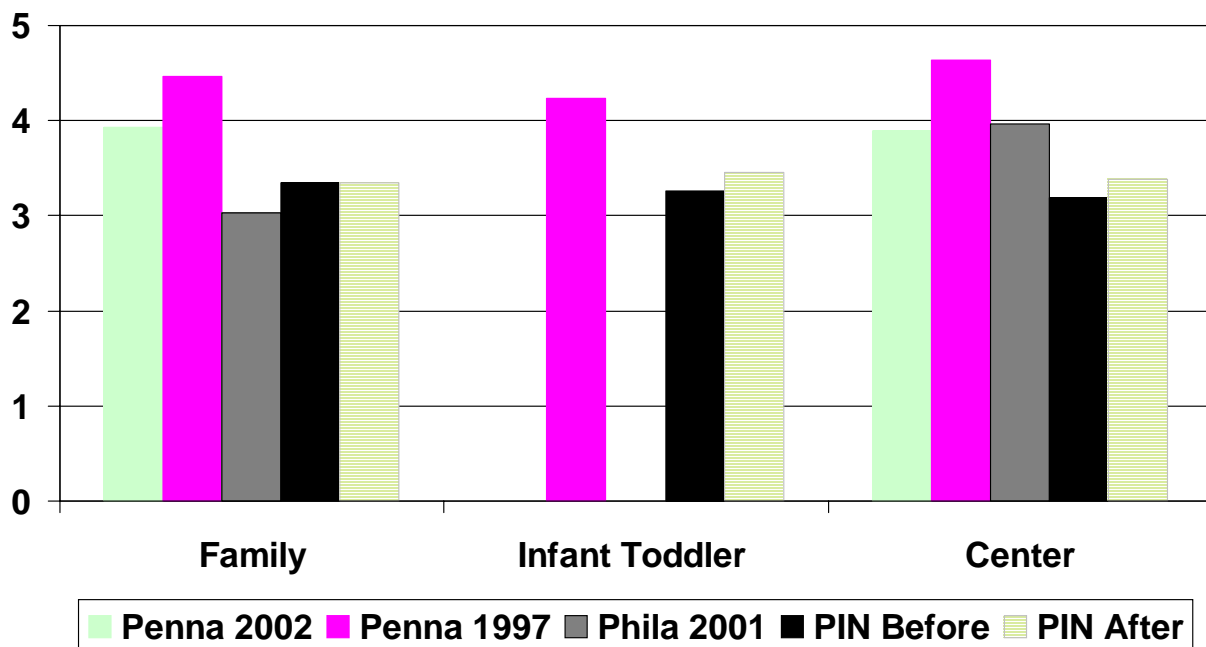
Rating of Observed Settings Before & After Training



were rated as inadequate following training. Quality changed to adequate or good in approximately 15% of the classrooms where staff completed training.

Participation in PIN training improved the quality of child care in urban child care centers as reflected by significant differences in ECERS and ITERS scores before and after training but changes in total quality scores were not achieved with family child care providers. These results, although relatively small, are significant when compared to other studies that have used environmental rating scale observations to measure the impact of child care staff training on the quality of child care. A Pennsylvania study, for example, contrasted ECERS scores in a 1989 Pennsylvania study with 1997 scores obtained five years after the implementation of 1992 child care regulations (Iutovich, Fiene, Johnson et al., 1997). These regulations required child care staff to complete 6 hours of annual training and established a comprehensive state-wide training system (Fiene, 1995). The comparisons noted no differences in average total ECERS scores. Five years later, a similar state wide study (Feine et al., 2002) conducted for the Governor’s Task Force on Early Childhood Education, showed decreased quality scores across the state even though child caregivers were required to complete 6 hours of professional development per year. In contrast, PIN participants received 15-20 hours of organized instruction and two to three on-site consultation visits over an average of a five month training period.

Quality Comparison



A sample of Philadelphia child care programs, including family child care, child care center-based programs, Head Start, and cooperative nursery schools was conducted for the School Readiness

Project (Jaeger & Funk, 2001). These programs were selected from throughout Philadelphia without regard to the socioeconomic characteristics of the neighborhoods in which the programs were located. The mean scores for family care providers in PIN, both before and after training, exceeded those of the Philadelphia sample. The scores for the inner city classrooms in the PIN sample remained about half a point below the Philadelphia average following training. The PIN centers represented the most impoverished programs where change is not typically expected to occur easily. However, the differences in classroom practices in these classrooms demonstrate the potential for improving the quality of practices through systematic training programs that provide ongoing involvement with participants and expectations for changes in classroom practices.

Quality in Child Care Centers

The quality of child care center environments was measured using the ECERS in 72 classrooms and the ECERS-R in 10 classrooms. A total of 244 child caregivers completed a PIN training program which included attendance at 10 classroom-based sessions, completion of an out-of-class project, and participation in on-site consultation visits.

The 72 pre- and post-training ECERS scores for each of the seven subscales are listed on Table 1. These subscales included: (1) **adult needs**; (2) **creative** activities; (3) **furnishings**/display; (4) **fine/gross motor**; (5) **language**/reasoning; (6) personal **care** routines; and (7) **social** development. Table 1 below shows that as a group, the 72 classrooms were inadequate in language/reasoning and social development subscales prior to training. Following training, as a whole, all classrooms provided adequate care in each of the subscale areas measured by the ECERS scale. Overall mean scores increased in each subscale area with the exception of adult needs. A majority of classrooms in this group were located in urban child care programs where limited resources were available to address adult needs, therefore changes in this subscale area would not be expected.

Table 1
Differences in Pre- and Post Training Mean ECERS Scores (n= 72 classrooms)

Scale	Pre-Training Mean	Post-Training Mean
Adult Needs	3.55	3.55
Creative Activities	3.03	3.24
Furnishings/Display	3.31	3.50
Fine/Gross Motor	3.48	3.68
Language/Reasoning	2.96	3.17
Personal Care	3.26	3.52
Social Development	2.88	3.06
TOTAL ECERS SCORE	3.19	3.38

While the total post-training mean is significantly higher than the pre-training quality mean score, the extent to which this change represents *observable* changes in quality practices used in these

center-based child care classrooms is more important. Prior to training, 30 (42%) of the classrooms were judged as providing inadequate, 39 (54%) as adequate, and 3 (4%) as good quality care. Following training, the number of programs providing adequate care increased to 43 (60%) and the number providing good care (n=3; 4%) remained the same.

An additional 10 classrooms were rated before and after training using the ERERS-R. The number of classrooms for which both pre- and post- training scores were available represented only 16% of the classrooms in which participants who completed the training worked. Therefore given the limited representativeness of the sample, statistical analyses were not completed. There was no change in pre- and post-training mean scores for either the total or subscale scores of the ECERS-R. Before and after training, 60% of the classrooms were rated as providing adequate care, a percentage comparable to that noted with the 72 ECERS-rated classroom.

As measured by the Arnett scale, child caregivers interacted with children in ways that were not punitive or detached but which represented only moderate levels of positive interaction and permissiveness.

Quality in Infant-Toddler Settings

A total of 166 early childhood providers completed First Beginnings, the PIN infant- toddler training curriculum. Of these, 15 worked as home visitors in three Early Head Start programs, leaving a total of 151 infant-toddler child care providers in 96 classrooms who completed the PIN training program. Participants completed five 3-hour sessions held on Saturday mornings and completed an out of class project about a child with special needs for whom they provided care. In addition to participating in two on site sessions where pre-training and post-training observations were conducted, additional consultation was provided in 70 (73%) of the 96 classrooms. The two or three on-site consultation visits that were provided were designed to assist child caregivers to implement in their infant toddler care settings what they were learning in class sessions.

Differences between pre- and post-training total ITERS mean scores in the 96 classrooms were significant ($t = -2.927$, $sig = .004$). The number of classrooms rated as inadequate before training (n=34; 35%) was reduced following training (n=28; 29%) and, following training, the number of classrooms rated as adequate increased from 60 (62%) to 64 (67%) and as good increased from 2 (2%) to 4 (4%). Observable change was noted in 17 (18%) of the classrooms where differences in quality changed from pre- to post-training by at least one ITERS point.

The mean scores for each subscale area on the ITERS are listed on Table 2. As can be seen, the mean scores increased following training in each subscale area with the exception of personal care. While the mean score for learning activities increased, quality of the learning activities provided for the infants and toddlers remained at the inadequate level.

Table 2
Differences in Pre-Training and Post-Training ITERS Scores (n= 96 classrooms)

Scale	Pre-Training Mean	Post-Training Mean
Furnishings	3.09	3.33
Personal Care	3.40	3.59
Listening & Talking	3.50	3.68
Learning Activities	2.71	2.91
Interaction	3.80	3.95
Program Structure	3.72	3.94
Adult Needs	3.50	3.58
TOTAL ITERS SCORE	3.26	3.45

No significant changes were noted in the Arnett scale scores. As a whole, caregivers demonstrated low levels of punitiveness and detachment and were moderately interactive with and attached to children.

Quality in Family Day Care Homes

A total of 51 participants from 49 family day care homes completed the PIN training program about family child care. Participants attended seven 2-hour instructional sessions, completed a project about a child with special needs outside of classroom sessions, and participated in two to three on-site consultation sessions.

Both pre-training and post-training scores on the FCDRS and Arnett were obtained for 49 (96%) of the participants. As measured by the FDCRS, there was no change in the overall quality of the child care environment following training in 92% (n = 45) of the family day care homes. Following training, the quality of care increased in two of the programs but decreased in two additional programs. Adequate quality of care was provided in a majority of the programs (n= 32; 65%); one program provided good quality care, and 16 (33%) provided inadequate care. **Caregiver-child interactions showed negligible change between pre- and post-training. Following training, caregiver-child interactions were characterized as interactive and permissive with scores in both detachment and punitiveness between “not at all true” and “somewhat true.”**

PIN Impacts Positively on Inclusion of Children with Special Needs:

Through a survey completed at the first training session, 80% (331/417) of respondents who attended the first session answered “yes” that ALL children can be included in child care programs and settings.

A total of 156 (100%) respondents who completed the training reported that EI specialists (e.g., special educators, speech and language pathologists) had visited children in their room. Thirty one percent (31%) of the 156 reported that they were "more able to work with specialists so that they help me work with children with special needs" ; 32% reported that “the EI specialist helps the child”; 12% indicated that the EI specialist was able to “share techniques with me”; and 14% suggested that the EI specialist was able to share ideas about classroom set-up and/or curriculum adaptations. **At the time of the survey, there was a reported total of 13 children with disabilities in a variety of classrooms; 11/13 of those children were receiving early intervention or special education services at the child care. A majority, 6/11 (55%) of the participants reported that one child in their room was visited; 5/11 (45%) reported having two or more children in their room who were visited.**

Following training, of 184 participants who were asked, 84% (155/184) of the participants agreed that ALL children with disabilities or special needs could be included successfully in child care. Those that disagreed reported that inclusion was dependent on the staff having adequate knowledge, on sufficient numbers of staff, and on the ability of the staff & program to address the child's needs appropriately.

In course evaluations, teachers and teacher assistants rated their abilities in key areas based on their participation in the training sessions.

Statement	% Strongly Agree or Agree (n = 511)
I am more able to look at children and see what they are learning to do.	98%
I am more able to identify children with special needs.	96%
I now know how to use special plans such as IFSPs and IEPs for children in my classroom	94%
I understand the behavior of children in my room better than I did before.	95%
I know how to set goals and expectations for children that help them learn more.	98%

Who Has Participated in PIN Training?

In the past eight years, 667 child care providers have participated in one of 22 separate intensive PIN training programs that were offered through 28 separate classes; 533 (80%) completed all the training program requirements. A total of 47% of the participants completed the Center-Based PIN Training, 43% the First Beginnings PIN training for infant-toddler caregivers, and 10% the Family Child Care Training program. These 533 child care staff worked in 181 child care programs within inner-city Philadelphia neighborhoods. A majority (98%) of the participants were women who had worked in child care settings for an average of 9.5 years (range = .5 to 36 years) and in their current positions for an average of 4.56 years (range = .1 to 26 years). The average age of training participants was 40.52 years (range = 18 to 69 years).

Participants represented the following racial/ethnic groups; 15% were Caucasian; 77% were African American; 7% were Latino; and 1% reported their ethnic background under the category of other. The educational backgrounds of the participants varied: 20% graduated from college; 13% had Associate Degrees in early childhood (or another field); 3% had earned the CDA credential; and 55% either graduated from high school or held GED certificates. A total of 26% of the participants reported that a member of their family had a disability; 40% reported attending school with a person with a disability.

PIN has been implemented with staff in child care centers on a neighborhood-by-neighborhood basis. Licensed child care centers, group care settings, and family-based providers within specific zipcode-defined neighborhoods were targeted. Zipcodes have been selected to give priority to the economically poorest areas of the city. Caregiver assistants/aides who work with teachers who will be completing the training, center directors and other related staff have also completed PIN training.

What Are the Features of the PIN Approach?

PIN is designed to address the priorities, needs, and concerns of child care center staff who are working within urban areas. These urban staff confront different challenges with families, children, economics, and facilities than those working in suburban areas. Many urban areas, including Philadelphia, consist of distinct communities and neighborhoods and large numbers of family day care homes, child care centers, and Head Start programs. Within the City of Philadelphia, there are over **2510 licensed child care centers, group, and family day care homes and an additional 75 Head Start facilities, with these numbers increasing regularly as new centers and homes become licensed and as Head Start expansions are established** (DPW licensed child care registry, 2003; Philadelphia School District Head Start, 2003; & Region III Head Start, 2003). Like other urban areas, a majority of infants and young children are being raised under impoverished conditions. Communities and neighborhoods are segregated on the basis of race/ethnicity and socioeconomic status, making needs and priorities for child care and Head Start different from neighborhood to neighborhood. Urban child care centers differ in terms of physical facilities (e.g., many are located in rented space, on city blocks where there are no outdoor facilities), funding (e.g., since the families using the child care centers are likely to be poor, the amount of tuition that can be charged is related to families' abilities to pay), teacher training, credentials, staff turnover, and availability of equipment and materials. PIN is designed to build on the strengths of these centers and their staff by individualizing scheduling of training sessions, curriculum content, and consultation to address individual center and staff needs. PIN participants complete a self-assessment to identify areas in which they would like more information or assistance. Curriculum content emphasizes appropriate practices for all children, including those with special needs. Learning activities provide opportunities for: (1) simulated experiences; (2) problem-solving through real life stories; (3) active participation and learning; and (4) the Child Portfolio project - "All About Me".

Features:

- ' 17.5 hours of training
- ' Child Portfolio: "All About Me"
- ' On-site Consultation/Technical Assistance
- ' Neighborhood-based training and networking
- ' Quarterly Preschool Inclusion News newsletter
- ' Evaluation of the impact of staff participation on the quality of care

What Does the PIN Training Curriculum Include?

PIN is a flexible approach to providing intensive and ongoing training of child care staff. The scheduling of sessions, curricula contents, and on-site consultation are designed to meet the individual needs of child care staff. **PIN training programs are designed as three training series: preschool, First Beginnings (for infants and toddlers), and family care. Each series includes training sessions, completion of a project, and on-site consultation.**

Training Series:

The PIN training curriculum consists of **three training series options (listed below)**. Each of the training series includes **three core** and a choice of **four supplemental** modules. The chart below lists the core modules in order of training session number and supplemental modules in alphabetical order.

<u>Training Series</u>	<u>Preschool Series</u>	<u>First Beginnings Series</u>	<u>Family Care Series</u>	<u>Session</u>
	Caring for children ages 3-5 in Center-based Settings	Caring for Infants & Toddlers birth - age 2 in Home or Centers	Caring for children birth - age 8 in your Home	
<u>Core modules</u>	Welcoming All Children	Welcoming All Children	Welcoming All Children	<u>session #1</u>
	Promoting Development & Learning	Promoting Development & Learning	Promoting Development & Learning	<u>session #2</u>
<u>Supplemental Modules</u>	Adaptations & Accommodations ADHD/ADD Autism/PDD	Adaptations & Accommodations	Adaptations & Accommodations	
	Brain Development: Implications for Caregivers	Brain Development: Implications for Caregivers	Brain Development: Implications for Caregivers	
	Collaborative Teaming	Collaborative Teaming	Collaborative Teaming	
	Considerations for Curriculum Planning			<u>sessions #3 - #6</u>
	Individualizing for Families	Individualizing for Families Relationships with Infants and Toddlers	Individualizing for Families Natural Environments as a Teaching Tool	
	Promoting Full Participation		Promoting Full Participation	
	Promoting Social Competence		Promoting Social Competence	
<u>Core module</u>	Resources & Relationships	Resources & Relationships	Resources & Relationships	<u>session #7</u>

PIN participants are required to complete **seven modules** (or to complete a make-up requirement for a maximum of one missed session), participate in on-site consultation, and complete the required course project to receive continuing education credits. In Pennsylvania, where PIN has been implemented, child care staff are required to obtain 6 continuing education training credits from the Pennsylvania Department of Public Welfare (DPW) annually in order for the center to be licensed by DPW. Completion of PIN training fulfills these PA DPW requirements.

PIN Participant Materials :

Each session of participant materials includes:

- Introduction
- Objectives
- Outline
- Background
- Handouts and Activities
- For Further Information

Participant materials can be handed out at each session (or in the session preceding if participants wish to review information before the class meeting) or in a booklet format including all of the training session options. If handout materials are distributed in each session it is recommended to provide a three-ring binder to each participant and copy the handouts on three-hole punched paper. In some sessions, such as "Adaptations & Accommodations," the instructor will need to provide additional materials/handouts.

PIN Instructional Materials:

The PIN instructional materials have been organized in this Instructional Guidelines manual in sections 4-17. Each session of the instructional modules includes:

- Session Outline with time guidelines
- Right hand text box with Materials Needed
- Overview
- Objectives
- Background
- Handouts
- Activity step by step instructions
- References and Resources

Project:

As described earlier, portfolio projects are completed by PIN participants. The portfolio projects, called "All About Me", are incorporated as an outside project related to the training. From this project, participants will gain understanding about:

- Children's strengths in child care and at home.
- Ways of developing learning opportunities that build on the strengths and abilities of individual children.
- Ways of interacting with and supporting family perspectives.

Participants will assemble the information needed for the out-of-class-time project during the time period they participate in the PIN training sessions. Instructions for the project should be presented during the second PIN session. During the last PIN session, participants present their portfolios to the entire class. These presentations may be done as a time-limited (about 45 minutes) "poster session" where each participant pins the portfolio pieces on the wall (or on posterboard) and participants move around from poster to poster. [An alternative is for participants to make individual presentations in front of the group]. The project is discussed during the 3rd and 4th PIN training sessions to make sure that participants are working on the project, to get questions addressed, and to provide encouragement and clarification. Instructional guidelines and steps for project completion are covered in section 3 of this guide.

On-Site Consultation:

Participants receive five on-site visits (a pre- and a post-training observation; and three on-site technical assistance visits) to assist them in implementing the information they are learning during PIN sessions, address their individual goals (as indicated on the participant self-assessment), and help include children with special needs who may be enrolled. The types of consultation models that have been used with the PIN training sessions have varied in terms of the number of consultations, their content, and the qualifications and experiences of the consultants. The most effective approach has been one where the consultant and the classroom staff form a collaborative team and jointly problem solve issues identified by the classroom staff. The greatest changes in classroom practices occur when a minimum of four on-site consultation visits are made during the approximately three-month time span of the training sessions. Consultants may be early childhood special educators, therapists, or early childhood educators with experiences in addressing children's unique needs. Guidelines for consultation and further explanation of the philosophy of PIN consultation is outlined in section 3 of this guide.

PIN Quarterly Newsletter:

PIN distributes a quarterly newsletter -- *Preschool Inclusion News* -- that includes ideas and suggestions for including children with special needs as well as a column that addresses the specific questions and concerns of staff working in child care. Archived and current newsletters can be found at <http://jeffline.tju.edu/cfsrp>.

Care Packs:

Recently, PIN has developed a new product called a CARE Pack, Creating Adaptations for Rewarding Environments. The CARE Pack focuses on making adaptations for ALL children in childcare settings. Adaptations are presented in the form of “Here’s the Situation”, “Try this Adaptation” and can be used as a quick reference for caregivers to promote the inclusion of ALL children. The last page of each PIN newsletter features a tear-off page with adaptation ideas that can be used and kept on file. There are different ways of filing these adaptations such as a wall or door hanging, or a file box. CARE Packs and packets of adaptation suggestions are available through PIN.

References

Arnett, J. (1989). Caregivers in day care centers: Does training matter? Journal of Applied Developmental Psychology, 10, 541-552.

Campbell, P.H. & Milbourne, S.A. (2001). The quality of child care in Philadelphia neighborhoods. Philadelphia: Child and Family Studies Research Programs, Thomas Jefferson University.

Campbell, P.H., Milbourne, S.A., & Silverman, C. (2002). Philadelphia Inclusion Network, Participant Materials. Available from Child and Family Studies Research Programs, TJU, OT, 130 S. 9th Street, 5th floor, Philadelphia, PA 19107, 215-503-1608.

Campbell, P.H., Milbourne, S.A. & Silverman, C. (2000). Strengths-based child portfolios: A professional development activity to alter perspectives of children with special needs. Topics in Early Childhood Special Education, 21(3).

Cost, Quality, & Child Outcomes Study Team (1995). Cost, quality, and child outcomes in child care centers. Denver: Economics Department, University of Colorado-Denver.

Davis, M.S., Bennis, L.A., & Dunst, C.J. (2000). My child asset portfolio. Winterberry Press: Asheville, NC.

Falvey, M., Forest, M., Pearpoint, J., & Rosenberg, R. (1997). All my life's a circle using the tools: Circles, MAPS, & PATHS. Toronto, Ontario, Canada: Inclusion Press.

Fiene, R. (1995). Utilizing a statewide training system to improve child day care quality. Child Welfare, 74(6), 1189-1201.

Feine, R., Greenburg, M., Bergsten, M., Fegley, C., Carl, B., & Gibbons, E. (2002). Early care and education: The keystone of Pennsylvania's future: Quality Study. Commonwealth of Pennsylvania, Governor's Task Force on Early Childhood Care and Education.

Section 1

Frede, E. (1995). The role of program quality in producing early childhood program benefits. Future of Children, 5(3), 115-132.

Harms, T., Clifford, R.M. & Cryer, D. (1998). Early childhood environment rating scale: Revised edition. New York: Teachers College Press.

Harms, T., Clifford, R. & Cryer, D. (1990). Infant/toddler environmental rating scale. New York: Teachers College Press.

Harms, T., & Clifford, R. (1980). Early childhood environment rating scale. New York: Teachers College Press.

Harms, T., & Clifford, R. M. (1989). Family day care rating scale. New York: Teachers College Press.

Iutovich, J., Fiene, R., Johnson, J., Koppel, R., & Langan, F. (1997). Investing in our children's future: The path to quality child care through the Pennsylvania Child Care/Early childhood Development Training System. Erie, PA: Keystone University Research Corporation.

Kontos, S., Howes, C. & Galinsky, E. (1996). Does Training Make a Difference to Quality in Family Child Care? Early Childhood Research Quarterly, 11 (4), 427-45.

Love, J., Schochet, P., & Meckstroth, J. (1996). Are they in any real danger? What research does -- and doesn't -- tell us about child care quality and children's well being. Princeton, NJ: Mathematica Policy Research.

National Center for Early Development and Learning (1997, summer). Quality in child care centers. Early Childhood Research & Policy Briefs, 1(1), 1-4.

Philadelphia Citizens for Children and Youth (PCCY). (1997). Our village, our children: A report to Philadelphia about its children. Philadelphia: United Way of Southeastern Pennsylvania.

Philadelphia School District - Head Start. (2003).

http://www.philsch.k12.pa.us/II/headstart/head_start.html

Pennsylvania Department of Public Welfare (DPW). (2003). Licensed child care registry - Excel data base provided by the Philadelphia Licensing and Inspection office.

Region III Head Start. (2003).

<http://www.paheadstart.org/countylisthsprograms.html#Philadelphia>

Jaeger, L. & Funk, S. (2001). The Philadelphia child care quality study: An examination of quality in selected early education and care settings. Philadelphia, St. Joseph's University, Department of Psychology.

How to Provide Training Using the PIN Curriculum

The PIN training program is designed to provide **individualized training** for urban child care center staff in order to improve the quality of child care for all children, including those with disabilities or special needs. An individual instructor may select and provide training using one or more content session(s), but ideally, a 7-session series is developed and provided by a team of consultant instructors and on-site consultants under the coordination of a person designated as the PIN Training Coordinator. The training coordinator (together with center directors and staff) select curriculum modules (sessions # 3-6), determine on-site consultation schedule, **and secure the training location, day, and time.** The Coordinator may be involved in presenting PIN sessions but the primary role is to organize the course and to ensure continuity among the instructors, consultants, center directors, and participants.

What Is Needed to Set Up A PIN Training Program?

PIN Planner, a spread sheet which lists all the necessary steps for setting up a training series is included at the end of section 3. The following is a brief description of each of the major steps necessary to successfully implement a PIN training series.

Step 1: Select a Training Coordinator

- A. The PIN Training Coordinator may be anyone who is interested in making sure that all the necessary activities occur. The Coordinator sets up and arranges the course, may be involved in teaching specific class sessions, and provides trouble-shooting and problem-solving throughout the course.

The Coordinator determines:

Section 2

1. **The ways in which child care center staff will be recruited (see step 4 below) and the number of participants for the series.** PIN series typically include no more than 20-25 participants. The activities within each of the modules are highly interactive (instructor-participant interactions) so larger groups are difficult to accommodate.
2. **The content for each session.** A PIN training program series includes 7 sessions -- a beginning session, Welcoming All Children, session 2 - Promoting Development and Learning, four sessions selected by the course coordinator with the center directors to meet the needs of training participants, and session 7 - Resources & Relationships.
3. **The location where the course will be held and the time and schedule for each of the sessions.** PIN series have been scheduled at times convenient for participating centers and staff. The most popular times have been early evening sessions (6:00 or 6:30pm to 8:30pm) scheduled for consecutive weeks and Saturday mornings (9:30 am to 12:00 pm).
4. **The instructors who will teach each session.** PIN modules have been taught by multiple instructors, each of whom has previous experience in providing training. These experienced trainers may be parents of children with special needs, early intervention professionals (e.g., special education teachers, therapists), early care and education professionals including child care teachers, directors, or supervisors, or people whose primary job is to train others (such as training or technical assistance consultants). **Step 3** (below) discusses strategies for finding and orienting multiple instructors.
5. **A plan for communicating with instructors.** Instructors need ways of knowing about the participants' concerns and priorities and information about each other's impressions, successes, etc. The continuity of a PIN course is dependent on the instructors' abilities to coordinate with each other and on the course coordinator's skills in coordinating instructors and consultants. The coordinator needs to touch

Section 2

base with instructors periodically to find out how things are going and make sure that any issues are addressed.

- 6. A schedule for gathering pre- and post-series information from participants.** PIN participants complete self assessment and demographic forms. Independent Observers (such as the course coordinator, training instructors, or others who have experience using the Rating Scales) complete the Environmental Rating Scale (ECERS, Harms & Clifford, 1998, ITERS, Harms, Cryer, & Clifford, 2003, FDCRS, Harms & Clifford, 1989) before the training sessions begin and after they end. The most successful way to schedule the observations is to assign each Independent Observer a number of classrooms to observe. The Independent Observer then contacts the child care program and schedules the classroom observation with the program director or classroom staff. The observation data is used for on-site technical assistance visits and needs to be distributed to the individuals who will provide the three on-site technical assistance visits (see **Step 6** below).
- 7. Logistical details.** Many details such as who will copy the materials, make arrangements for AV equipment (if needed), take attendance, schedule on-site consultation visits, obtain feedback from center directors, complete course evaluations, and so forth need to be coordinated and assigned to instructors or consultants.

Step 2: Distribute Instructor Guidelines and Participant Materials

Each instructor is provided with a copy of the ***PIN Instructor Guidelines*** or, minimally, the sections of the Guidelines that pertain to the module(s) that the instructor will facilitate. ***Participant materials*** can be handed out at each session (or in the session preceding if participants wish to review information before the class meeting) or in a booklet format including all of the training session options. If handout materials are distributed in each session it is recommended to provide

a three-ring binder to each participant and copy the handouts on three-hole punched paper. These materials will be distributed to the participants at the first session.

Step 3: Find and Orient Instructors

Each 7-session PIN training series has been taught by five to seven experienced trainers who are parents of children with special needs, early intervention professionals (e.g., special education teachers, therapists), early care and education professionals including child care teachers, directors or supervisors, or people whose primary job is to train others such as training or technical assistance consultants). The Training Coordinator recruits trainers (or co-trainers, two people who will teach a session together) from the local community where the training will be provided. Many parents and people from the child care or early intervention communities are interested in improving opportunities for children with special needs to be included in regular child care programs. These people often have experience training others and are willing to become involved in PIN by volunteering to teach one or two of the 2 1/5 hour modules.

The Training Coordinator assigns instructors (or co-instructors) for each of the modules included in a PIN training series. When making these assignments, the Coordinator considers the preferences, skills, and abilities of each of the instructors. Some instructors may be able to teach any of the sessions while others may be comfortable with only some sessions. Others may prefer to teach with another instructor.

OPTIONAL - Orientation Meeting: After recruiting parents and professionals who may be interested in teaching (or co-teaching) PIN sessions, the coordinator may schedule a meeting to orient instructors. The purposes of the meeting are to:

- Allow training instructors to get to know each other;
- Provide a brief overview of PIN; Hand out and review the ***PIN Instructor Guidelines*** (or appropriate sections) and, for each instructor, the ***PIN Participant Materials*** needed for session(s) each instructor will facilitate;
- Review the principles for adult learning that guide the PIN training;
- Provide information about the participants, if known, or make decisions about recruitment;

Section 2

- Discuss strategies for making sure that the course seems coherent and cohesive to participants even when multiple instructors are being used;
- Address instructor questions or issues;
- Summarize the expectations for each instructor (e.g., be prepared, be on time, do attendance, attend instructor meetings, respect participants, etc.).

OPTIONAL - Instructor Review Meetings: One or two review meetings may be scheduled during the time span (e.g., 7-10 weeks) over which a course is given. These may be brief (1 hour) meetings used to: (1) discuss how the course sessions are being linked together across instructors; (2) review participant progress and discuss any instructor concerns about participant performance; and (3) provide information about consultant on-site visits. Information about the participants (e.g., demographics, self-assessment priorities, rating scale scores) should be summarized and distributed at the first review meeting if this information has not been available at the instructor orientation session. The final review meeting should be scheduled after the course is completed so that instructors can receive feedback from participant course evaluations and can discuss any recommended changes for improving instruction, course logistics, etc.

Maintain continuity: A major role of the Training Coordinator is to maintain continuity across the series and to ensure that each instructor knows what happened in the session(s) before the one that they are facilitating. The Coordinator should speak with the instructors by phone the week before they are to teach to make sure that they have what they need (e.g., participant materials, AV equipment) and that information about the participants is passed along (e.g., "participants do better when grouping activities allow them to work with new people;" "this group really likes videotapes"). The Coordinator may review the module content and sequencing of activities with the instructor and provide mentoring/coaching about activities and teaching methods.

Step 4: Recruit Participants

Participants for the PIN training course can be recruited in a variety of ways. Three primary strategies were used in the development of PIN. One is a **neighborhood-by-neighborhood** approach:

- Select specific zipcodes within a targeted area;
- Obtain the lists of licensed day care programs within the selected zipcodes;
- Plan an afternoon meeting (such as 1:00 to 3:00) or an early evening meeting (such as 6:00 to 8:00) and send invitations to directors of the licensed centers (see example invitation letter at the end of the Guidelines);
- Follow up with phone calls and meeting reminders;
- Hold the meeting and:
 1. Distribute center information (Child Care Survey) forms (see example at the end of the Guidelines);
 2. Distribute Application forms to the directors and let them know how many people from each center may participate (see example forms at the end of the Guidelines);
 3. Establish a deadline by which applications need to be received;
 4. Ask for volunteers for a center where the training series may be held;
 5. Find out the directors' expectations about the training course, what feedback they would like during the course, and the extent to which they wish to participate in or support training;
 6. Find out what directors think will be the best time to schedule sessions;
 7. Provide information about the next steps and timeline (when the course will start, how they will know the location, how they will know who is selected to attend, etc.);
 8. Establish the session dates and time frame for the course; and
 9. Determine, with the directors, the specific sessions and their order.

The neighborhood-by-neighborhood approach has advantages because child care staff from more than one center or program are brought together. This provides participants with contacts from other centers and gives them a wider perspective of child care. Networks are formed that can be maintained informally. However, only a small number of staff from each program may participate

Section 2

in order to keep the class size between 20-25. The exact number will depend on the number of centers within the selected zipcodes who express interest in training.

Another approach is a **center or program-wide** course which is a good strategy for large child care programs that operate multiple centers or locations and who have sufficient numbers of staff (e.g., 20-25) who can be trained at one time. In this approach, the Coordinator:

- Contacts (or is contacted by) a multi-site program;
- Meets with the program administration and center directors and accomplishes the activities listed under neighborhood approach;
- Establishes the number of participants, time, and location for the course;
- Establishes the session dates and time frame for the course;
- Determines, with the directors, the specific sessions and their order.

The third approach is a **collaboration with local Child Care Information Services (R&R)** agencies which lends itself to pre-established mailing lists, and sometimes the R&R will do the training announcement mailing or post it in their newsletter. A second advantage is the potential for making training announcements at the R&R provider meetings or director's meetings, some of which are scheduled on a consistent basis, others which occur intermittently. PIN training has been held at some of the local R&R sites. Most R & R agencies have an outreach coordinator who has developed rapport and has on-going contact with providers in their geographic area. The outreach coordinator may be able to assist with recruitment or registration of participants.

Step 5: Determine Child Care Staff Training Needs

Three sets of information are used to determine staff training needs: (1) Environmental Rating Scale observations; (2) Participant Self-Assessments (see section 3); and (3) discussion with program directors or administrators. The Environmental Rating Scale observations may be completed by the PIN coordinator or by any of the consultant instructors and are completed before the course begins.

Anyone who uses the Rating Scale must complete training in administration and, when multiple observers are used, inter-rater reliability between observers should be calculated. Instructions for

Section 2

administration, scoring, and reliability are included in the **Rating Scale manuals (ECERS-R, Harms & Clifford, 1998, ITERS-R, Harms, Cryer, & Clifford, 2003, FDCRS, Harms & Clifford, 1989). Videotaped training in Rating Scales administration is available, also (Harms & Cryer, 2003, Harms & Cryer, 1999, Harms, Fleming, & Cryer, 1991 & 1993).** Environmental Rating Scales are used to observe child care environments, not training participants. Environmental Rating Scales are obtained for each “classroom” in which lead caregivers or pairs of caregiver/caregiver assistants are participating in PIN training. Thus, if a caregiver and assistant from the same “classroom” are going to attend PIN training, one observation would be completed. Each observation requires approximately 2-3 hours in order to be familiar with the child care environment. Depending on the number of participants and whether they are pairs of caregivers/assistants, an approximate two to three week time span is needed to administer the Environmental Rating Scales for the average PIN training series of 20-25 participants.

Each participant completes the Classroom Self Assessment, a form developed specifically for **PIN (see section 3)**. This information is obtained from participants during the first class session. **The form includes a series of indicators in the following areas: activities; adult interactions; family participation; and addressing children's special needs. Participants mark whether or not the indicator occurs (always, sometimes, never) and whether or not they would like to see a change or improve in the indicator (yes/no).**The Training Coordinator summarizes the information to: (1) provide to instructors so that they know the participant perspective; and (2) share with consultants individually so that consultation can be based on participant priorities.

Step 6: Arrange for On-Site Consultation

Ideally, participants in each “classroom” should receive a minimum of 5 consultation visits over the 7-sessions (2 observations - pre and post; 3 on-site technical assistance visits). The purpose of these visits is to help participants apply what they are learning in course sessions in their “classroom”s and, in particular, to use information to assist them in including children with special needs. Some “classroom”s will have children with special needs who are already enrolled; some will have children with special needs (identified by the teachers) who may not have been referred for early intervention or special education or who may not have specific delays or disabilities.

Section 2

Instructors may make on-site visits in addition to teaching class sessions, consultation visits may be made by the Training Coordinator, or other people from the early intervention system may function as consultants. In part, who provides consultation will depend on what resources are available in a local community. During the development of PIN, consultation was provided by PIN which included occupational therapist, early childhood educators, and early childhood special educators.

The PIN course coordinator identifies how the consultation will be provided and makes a schedule for when visits will occur. Consultants may be included in the meetings of course instructors (orientation; review) or separate meetings of the consultants may be arranged. If consultants are separate from course instructors (e.g., come from community resource teams or other similar resources), an orientation meeting is helpful. In this meeting, the PIN Training Coordinator explains the purpose of consultation, provides a framework through which consultation will be provided, and distributes consultant log forms (on which consultants will record visits; see example in the forms section). Guidelines for PIN Consultation can be found in section 3.

Step 7: Establish Training Sessions and Schedules

The Training Coordinator puts together the schedule of all the training PIN participants, instructors, and consultants. The instructors and consultants should be provided with: (a) a list of centers, the contact person at the center, and phone numbers; (b) the center locations as well as, for the instructors, information about the location of and directions to the training location.

Step 8: Collect and Summarize Evaluation Data

The immediate (or short-term) impact of the training course is evaluated in two ways: (1) participants complete the Training Evaluation and Comments form (**included with the forms at the end of the Guidelines**); and (2) Environmental Rating Scales observations are made following the end of the training sessions. Follow-up visits or phone calls may be made several months after the end of the course to determine if additional children with special needs have been enrolled, staff turnover rates, or other long-term information about the impact of course participation.

The Training Coordinator summarizes evaluation information both to determine how effective training has been and to use this information to inform future activities. The first phase of evaluation is reflective -- an opportunity for the coordinator, instructors, consultants, and child care directors to look at the effects or impact of training -- on programs, participants, and children. The coordinator summarizes the data in whatever ways may be helpful -- by the group as a whole, by centers, by background, summarizing both numerical and comment data. Coordinators who are familiar with statistics (or have access to statistical computer programs or resources) may do t-tests (or other statistical measures) with the Environmental Rating Scales data. These data are discussed by the coordinator, instructors, consultants, and other relevant individuals in a final follow-up review meeting. In their discussion, the group then uses their interpretation of the data to inform future activities. For example, the group may determine that participants made the greatest change in the ways in which they organized their "classroom"s and not as much change in the ways in which they promoted social interactions among children. They may choose to review the consultation and training activities related to social competence and to give more emphasis to this area in future courses.

Guidelines for Facilitating Adult Learning

The PIN training course curriculum was developed on the basis of research on adult learning. Instructors and consultants provide training with PIN materials and use strategies, woven through the content and learning activities of each of the PIN sessions, to facilitate adult learning.

Adults bring a wealth of experiences, attitudes, values, beliefs, motivation, knowledge, and competencies to training. They also bring a variety of learning styles as well as expectations about the training. Instructors bring these same characteristics to a training session. Instructors also have preferred teaching and learning styles and expectations for what they want participants to learn.

Successful instructors facilitate by providing appropriate materials, data, experiences, or opportunities so that each member of the group may learn.

Be Prepared -- and Be Successful !!!

- Establish the purpose for the training. Training may have a variety of purposes such as transmitting information or responding to information needs. The purpose and goal of PIN training is to modify behavior, practices, or a whole program (or system).
- Determine the desired outcome of training, the ways in which participation in training is expected to impact on the adult learners. Outcomes of training include things like changing people's attitudes or beliefs or making them more skillful in a particular area. PIN training is designed to impact on adult learners by facilitating their application of best practices where

they work, including their use of these practices with young children with special needs or disabilities.

- Arrange learning experiences so that participants take responsibility for their own learning. Successful instructors are knowledgeable about their own personal learning styles and preferences but select learning experiences that best match the purpose, desired outcome, and characteristics of group participants. PIN is designed so that instructors facilitate adult learning by:
 - Using a variety of methods and materials
 - Providing opportunities for active participation
 - Allowing participants to make choices
 - Encouraging networking among participants
- Identify the participants. Groups differ in many ways -- size, previous experiences, expertise, expectations for training, motivation for attending training, learning styles -- just to list a few!! The more diverse a group, the more difficult a situation is presented for the instructor. Successful instructors learn about the group, are flexible, and are not stuck on an "agenda." The PIN training curriculum is based on flexibility and designed to build on individual instructor strengths by allowing them to facilitate adult learning experiences.

A first -- and most difficult -- task for the instructor is to create a positive match between learner-instructor expectations and learning styles.

Find out about the learners in the group:

Get information by show of hands: For example, ask questions or make statements such as: "How many of you have children who seem aggressive?" "Raise your hands if there are children in your room who receive services from early intervention." "Raise you hand if you have worked in the same center for more than X (#) of years." "Who works with infants?"

Use a rating scale activity:

Label each of the corners in a room -- strongly agree, agree, disagree, strongly disagree. Ask a question (as above) and ask participants to physically move to the room corner that best represents their response.

Use formal checklists or rating scales. The PIN-designed "classroom" assessment is an example of a formal checklist (see section 3). Participants rate indicators in terms of their presence/absence and importance (priority to the participant).

Use training experiences or activities that allow you to observe and identify prior experiences, current attitudes, beliefs, or other factors. Experiences such as role plays, response to videotaped examples, case studies and discussion allow participants to demonstrate the strengths, attitudes, and values that they bring to a situation.

Facilitate Learners to Build on their Strengths:

Research (e.g., Joyce & Showers, 1980; Wade, 1984; Wolfe & Snyder, 1997) shows that adult learners prefer training that:

- Recognizes and builds upon competencies & strengths
- Focuses on "real life" problems and issues encountered in their work situations
- Allows adult learners to be collaborators, actively contributing to the training experience
- Facilitates adults as agents of personal (and program) change

Provide opportunities for application; rehearse applications until they are everyday practice. The translation of new information into practice requires participants to take what was learned, implement the learning within their own setting, and practice the new information until its use is automatic.

Use a variety of learning activities -- some of the ones listed below are incorporated into the PIN curriculum.

- **Observing Actual Practices**
 - Visiting another center
 - Videotape of a quality example
 - Being an observer of an "expert"
- **Follow-Up Consultation (Job Assistance)**
 - Visits by a consultant to the participant
 - Individualized mentoring or coaching
 - Telephone or e-mail contacts
- **Microteaching**
 - Guided reflection (analysis) after participant(s) watch a taped example of their teaching, talking with families, etc.
 - Making a videotape for review by a mentor or consultant
- **Real-Life Examples (Case Study)**

Section 2

Written or videotape examples used for creative problem-solving and guided reflection of issues illustrated in the case

Role play of case by specific characters

- **Small Group Discussion/Work Groups**

Task-focused discussion

Problem-solving discussion

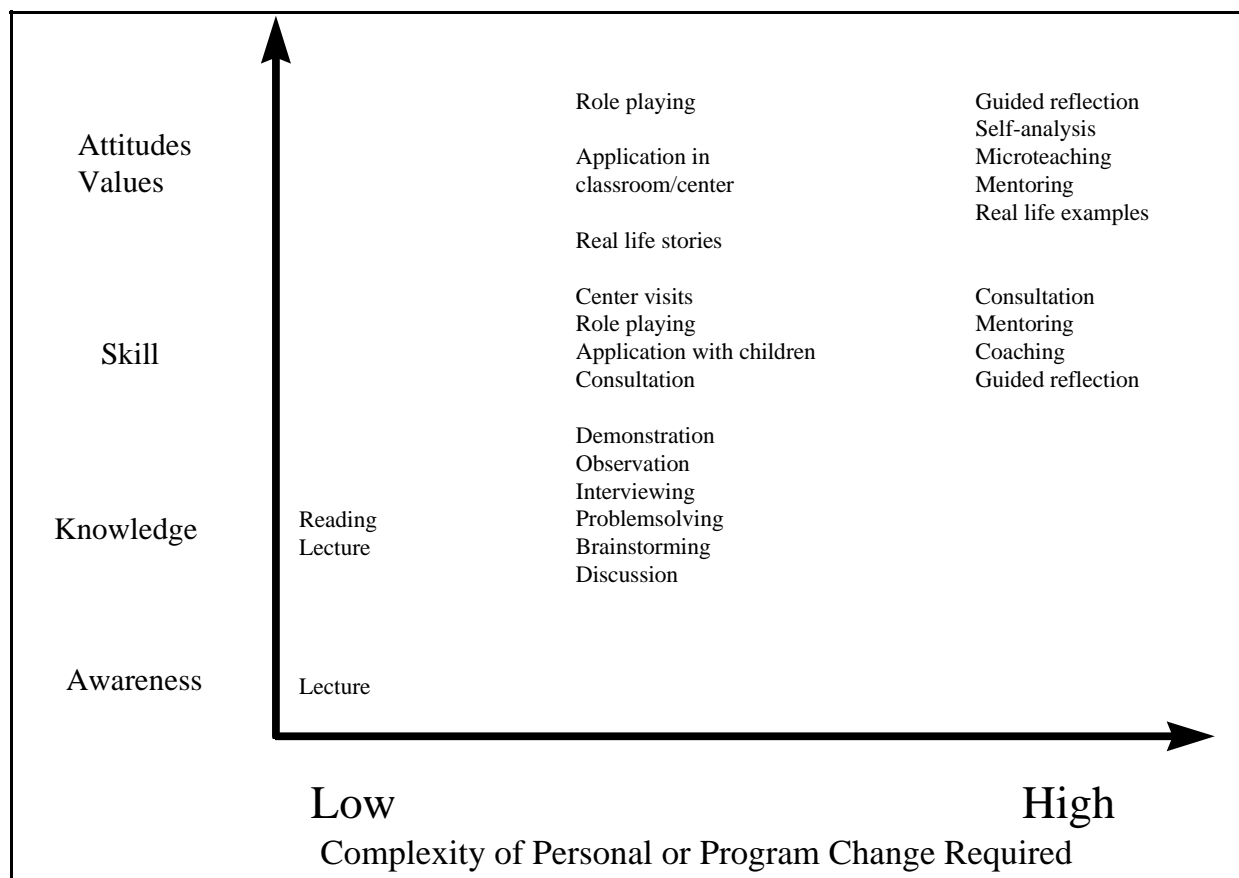
Experiencing Activities

Interviews

Section 2

Use the figure 1 (adapted from Catlett & Winton, 1997) to select learning activities. This chart lists the most effective learning activities on a continuum of amount of personal change required (low to high) and type (domain) of learning (e.g., awareness). When teaching new skills or values that will require a high amount of participant change, use activities on the far right side of the chart.

Figure 1



Group Management Strategies:

Ideally, trainers will have a group that comes to training with enthusiasm and interest to participate. Such a group will be eager to listen and take direction. A group that is motivated will interact freely with one another, will share with one another easily and will spontaneously seek to know the meaning of the group activity and how it can be applied. Sound promising? Well, a trainer needs to develop skills to manage groups that may not be so homogeneous and motivated to learn. Therefore, we have included Table 1 to assist trainers to develop strategies for managing large groups. Table 2 lists the “never evers” for trainers. Both tables have been adapted from Flynn, Thorp, Evans, & Takemoto, (1998)

Table 1

Participants' Behaviors - Inclusion Needs	Suggested Strategies for Trainers
<p><u>High Need</u> Over talking, small talk Recitation of many activities, previous experiences, talking in circles</p> <p><u>Low Need</u> Withdrawing from group activities Minimal responses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Create a welcoming environment; greet and meet participants as they arrive; provide refreshments, water <input type="checkbox"/> Use a non-threatening icebreaker; give everyone a chance to talk <input type="checkbox"/> Build bridges between participants <input type="checkbox"/> Listen attentively; acknowledge/reflect; move on <input type="checkbox"/> Respect all responses; verbal and nonverbal <input type="checkbox"/> Give everyone space; respect different levels of participation <input type="checkbox"/> Talk to quiet participants individually at break if behavior persists
Participants' Behaviors - Control Needs	Suggested Strategies for Trainers
<p><u>High Need</u> Challenging leadership Attempting to dominate the group Competition Program/parent bashing Disagreeing repeatedly</p> <p><u>Low Need</u> "Just tell me what to do" Going along with everyone else</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establish presenters' "credentials" early <input type="checkbox"/> Acknowledge qualities or accomplishments of the individual <input type="checkbox"/> Acknowledge the problems; move on <input type="checkbox"/> Remain non-defensive <input type="checkbox"/> Allow the group to deal with the behavior <input type="checkbox"/> Practice gatekeeping; give everyone a chance to participate <input type="checkbox"/> Use HUMOR
Affection Related Behaviors	Suggested Strategies for Trainers
<p><u>High Need</u> Expression of positive feelings of others Participants pairing off Responses to win approval of trainer Jealousies</p> <p><u>Low Need</u> Impatience with sharing Expressions of hatred for icebreakers; role plays</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Vary activities; individual work, small and large groups <input type="checkbox"/> Socialize with participants at break <input type="checkbox"/> Form groups differently and with choices <input type="checkbox"/> Give positive and encouraging feedback for honest sharing <input type="checkbox"/> Show equal respect and concern for each participant <input type="checkbox"/> Allow people to choose what they wish to share <input type="checkbox"/> Observe group process and behavior continuously to identify needs being expressed <input type="checkbox"/> Talk with disgruntled individual(s) at break to identify the problem <input type="checkbox"/> Give choices whenever possible

Table 2

**Some "Never Evers" for Experienced Trainers
(The ones we forget!)**

- i Never ever say you would be able to do something else if you had more time in the workshop.
- i Or that you are going to rush through, compress materials of a longer workshop into a shorter time span.
- i Never ever say you would have brought more materials if it had been possible.
- i In other words never ever give excuses or say what you have forgotten!
- i Never ever share illegible or disorganized "mishash" for a handout - make your handouts attractive and ALWAYS number pages.
- i Never ever share overhead transparencies that participants cannot see or read - use font size 18 or larger.
- i Never ever give participants something to read and then read it with them.
- i Never ever neglect participants' personal needs - clarify break times, available refreshments, and acknowledge the need for some time to freely move about.
- i Never ever forget that you have an audience - walk among participants, mingle, standing in front too long creates an artificial boundary.
- i Never ever share a workshop schedule that is impossible to follow or that is too specific and does not allow some flexibility.
- i Never ever go past the scheduled time. (Even better, end a few minutes early!)
- i Never ever take the workshop so seriously that everyone (including the presenter) cannot have fun.

Flynn, Thorp, Evans, & Takemoto (1998)

References

Catlett, C. & Winton, P. (1997). Putting it all together: The nuts and bolts of personnel preparation. In P. J. Winton, J. A. McCollum, & C. Catlett, Eds., Reforming personnel preparation in early intervention: Issues, methods, and practical strategies (pp. 527-544). Baltimore, MD: Paul H. Brookes Publishing Co. www.fpg.unc.edu

Flynn, N., Thorp, E.K., Evans, K., & Takemoto, C. (1998, 2nd ed.). Multicultural Early Childhood Team Training: Participant Manual and Training Guide. Fairfax, VA: Center for Human disAbilities and Parent Educational Advocacy Training Center.

Harms, T., Clifford, R.M. & Cryer, D. (1998). Early childhood environment rating scale: Revised edition. New York: Teachers College Press.

Harms, T., Clifford, R. & Cryer, D. (2003). Infant/toddler environmental rating scale: Revised. New York: Teachers College Press.

Harms, T., & Clifford, R. M. (1989). Family day care rating scale. New York: Teachers College Press.

Harms T. & Cryer, D. (2003). Video observations for the ITERS-R & Video guide and training workbook for the ECERS-R. New York: Teachers College Press.

Harms T. & Cryer, D. (1999). Video observations for the ECERS-R & Video guide and training workbook for the ECERS-R. New York: Teachers College Press.

Harms, T. Fleming, J. & Cryer, D. (1991). Video observations for the FDCRS. New York: Teachers College Press.

Harms, T. Fleming, J. & Cryer, D. (1993). Video guide and training workbook for the FDCRS. New York: Teachers College Press.

Section 2

Joyce, B. & Showers, B. (1980). Improving inservice training: The message of research. Educational Leadership, 37(4), 379-385.

Wade, R. (1984). What makes a difference in inservice teacher education? Educational Leadership, 42(4), 48-54.

Wolfe, B. & Snyder, P. (1997). Follow up strategies: Ensuring that instruction makes a difference. In P. J. Winton, J. A. McCollum, & C. Catlett, Eds., Reforming personnel preparation in early intervention: Issues, methods, and practical strategies (pp. 173-190). Baltimore, MD: Paul H. Brookes Publishing Co.

Resources for Instructors

Training Resources and Guides

Resources in this section provide general information about training, ideas and suggestions for further activities, or additional resources that may be helpful for PIN instructors.

Alexander, N.P. (2000). Early childhood workshops that work: The essential guide to successful training and workshops. Gryphon House: Beltsville, MD.

Bloom, P.J., Sheerer, M., & Britz, J. (1991). Blueprint for action: Achieving center-based change through staff development. Mt. Ranier, MD: Gryphon House.

Bourner, T., Martin, V., & Race, P. (1993). Workshops that work: 100 ideas to make your training events more effective. London: McGraw-Hill International.

Carter, M. & Curtis, D. (1994). Training teachers: A harvest of theory and practice. St. Paul, MN: Redleaf Press.

Catlett, C., & Winton, P.J. (2001). Resource guide: Selected early childhood/early intervention training materials (10th ed.). Chapel Hill, NC: FPG Child Development Institute. www.fpg.unc.edu

Clarke, J.I. (1998). Who, me lead a group? Parenting Press: Seattle.

Dodge, D.T. & Colker, L.J. (1998). A guide for supervisors and trainers on implementing: The creative curriculum for early childhood. (3rd ed.). Washington, DC: Teaching Strategies, Incorporated.

Driscoll, A. (1995). Cases in early childhood education: Stories of programs and practices. Needham Heights, MA: Allyn & Bacon.

Eitington, J. E. (1989). The winning trainer (2nd edition). Houston, TX: Gulf Publishing Co.

McWilliam, P.J. & Bailey, D. (1993). Working together with children and families: Case studies in early intervention. Baltimore, MD: Paul H. Brookes.

Newstrom, J. W. & Scannel, E. E. (1980). Games trainers play: Experiential learning exercises. New York: McGraw-Hill.

Silberman, M. (1990). Active training. New York: Lexington Books/MacMillan.

Silberman, M. (1995). 100 ways to make training active. San Diego: Pfifer Books.

Section 2

U.S. Department of Health and Human Services, Administration for Children, Youth, and Families, Head Start Bureau (undated). Training guides for the Head Start learning community. Washington, DC: U.S. Government Printing Office. [A number of guides are available that address disability and working in partnership with parents and with community partners.]

Vella, J. (1994). Learning to listen: Learning to teach. San Francisco: Jossey-Bass.

Williamson, B. (1993). Playful activities for powerful presentations. Duluth, MN: Whole Person Associates.

Video Resources

There are numerous videotapes that (1) illustrate best practices for all children in early care and education settings, (2) provide examples of situations encountered by child care staff, (3) illustrate perspectives of families and teachers; or (4) provide examples of children with special needs who are included in child care settings.

Some settings where the PIN training program is provided may not have VCR's. In other instances, videotapes may not be useful or needed when doing training. However, when providing training for individuals who are not familiar with a particular situation (e.g., have never seen a child with Down syndrome), videotapes may provide better examples than discussion or learning activities. Many instructional videotapes are available through public libraries and, in most states, through the special education learning resource system. [These materials centers have different names in different states; call your local school district to find out what type of resource center is located in your area or call the child care licensing agency to see if there is a resource center for child care providers].

The following resources provide information to help you identify and find videotapes.

Catlett, C. & Winton, P. (1998). Selected early childhood/early intervention training materials (7th edition). Chapel Hill: University of North Carolina, Frank Porter Graham Child Development Center.

This practical guide provides information about videotapes that are available very inexpensively from a number of sources. Many of the tapes listed focus on inclusion in child care settings, families, and children with specific types of disabilities.

Child Development Media (catalogue). An extensive collection of videotapes and training materials. [5632 Van Nuys Blvd., Van Nuys, CA 91401; phone: 800-405-8942; fax: 818-994-0153; <http://www.mcanet.com/childdvmedia/welcome.html>].

There are many catalogues featuring videotapes and other training materials. This catalogue includes videotapes (for sale) about infants, toddlers, and young children and their families.

The first three years: A guide to selected videos for parents and professionals. New York: Families and Work Institute and the Commonwealth Fund.

A review of videotapes in child development, health and safety, and parenting and families are provided in this review guide. Information includes a description of the contents of each videotape, source, and cost information.

Teacher's College Press (catalogue). Early childhood education. [Teachers College, Columbia University, 1234 Amsterdam Ave., New York, NY 10027-6694. phone: 800-575-6566; fax: 802-864-7626].

Testing guides and training videotapes about the Environmental Scales are available through TCP. These videotapes help observers understand each of the

Section 2

ratings possible on the Environmental Rating Scales and can be used to establish reliability when two or more observers are using the Environmental Rating Scales scale within the same program.

Websites as a Resource:

Websites are a valuable resource for learning more about particular areas and for downloading information that can be used in training. Many websites are linked to other websites, providing easy access to related sites. However, website addresses may change. These lists are a place to begin exploring!!

Organizations

The Arc of the United States (formerly the Association for Retarded Citizens of the U.S.)

1010 Wayne Avenue, Suite 650
Silver Spring, MD 20910
(301) 565-3842; (301) 565-3843 (Fax)
<http://thearc.org>

Clearinghouse on Disability Information

Office of Special Education and Rehabilitative Services (OSERS)

U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202
(202) 205-5465
<http://www.ed.gov/offices/OSERS/>

Council for Exceptional Children (CEC)

1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704
(888) CEC-SPED
(703) 620-3660; (703) 264-9494 (Fax)
<http://www.cec.sped.org/>

Division for Early Childhood (DEC)

634 Eddy
Missoula, Montana 59812-6696
(406) 243-5898; (406) 243-4730
Email: dec@selway.umt.edu
<http://www.dec-sped.org/>

ERIC Clearinghouse on Elementary and Early Childhood Education

Section 2

University of Illinois Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
(800) 583-4135; (217) 333-1386
<http://ericeece.org/>

ERIC Clearinghouse on Disabilities and Gifted Education
Council for Exceptional Children (CEC)
1110 North Glebe Road
Arlington, VA 22201-5704
(800) 328-0272
Email: ericec@cec.sped.org
<http://ericec.org>

Family Resource Center on Disabilities
20 East Jackson Boulevard, Room 300
Chicago, IL 60604
(312) 939-3513 (Voice); (312) 939-3519 (TTD); (312) 939-7297 (Fax)
<http://www.ameritech.net/users/frcdptiil/Frcd.html>

National Association for the Education of Young Children (NAEYC)
1509 16th Street, NW
Washington, DC 20036
(800) 424-2460
<http://www.naeyc.org>

National Child Care Information Center

243 Church Street, NW 2nd Floor
Vienna, Va 22180
Phone: (800) 616-2242; TTY: (800) 516-2242
<http://nccic.org>

National Early Childhood Technical Assistance System (NEC*TAS)

Campus Box 8040, UNC-CH
Chapel Hill, NC 27599-8040
(919) 962-2001 (Voice); (919) 966-7463 (Fax)
E-mail: nectac@unc.edu
<http://www.nectac.org>

Parent Advocacy Coalition for Educational Rights (PACER)

PACER Computer Resource Center
8161 Normandale Blvd
Minneapolis, MN 55437
(612) 827-2966; (952) 838-9000 (Voice); (952) 838-0190 (TTY)
Email: pacer@pacer.org
<http://www.pacer.org>

Parent Educational Advocacy Training Center (PEATC)

6320 Augusta Drive, #1200
Springfield, VA 22150
(703) 923-0010; (800) 869-6782
Email: partners@peatc.org
<http://www.peatc.org>

United Cerebral Palsy Associations

1660 L Street, NW, Suite 700
Washington, DC 20036
(800) 872-5827
<http://www.ucpa.org>

Zero To Three/National Center for Clinical Infant Programs

2000 M Street, NW Suite 200
Washington, D.C. 20005-2101
(202) 638-1144
<http://www.zerotothree.org>

Early Childhood

Early Childhood.com

<http://www.earlychildhood.com>

Early Childhood Educators of Family Web Corner

<http://users.stargate.net/~cokids/>

Hightscope

<http://www.hightscope.org/default>

Housecall T. Berry Brazelton

<http://www.babycenter.com/expert/>

Kidstogether

<http://www.kidstogether.org>

Activities

Crayola

<http://www.crayola.com/educators/index.cfm>

The Incredible Art Department Early Childhood Art Lessons

<http://www.princetonol.com/groups/iad/lessons/early/early.html>

Project Approach Home Page

<http://www.project-approach.com/>

Vandergriff's Children's Literature Page

<http://www.scils.rutgers.edu/~kvander/ChildrenLit/>

Early Intervention/Special Education

Americans with Disabilities Act (ADA)

<http://www.adainfo.org>

The ARC Questions and Answers about Down Syndrome

<http://thearc.org/faqs/down.html>

Attention Deficit Disorder

<http://add.miningco.com>

Attention Deficit/Hyperactivity Disorder (ADD)

ADD Warehouse (publications)

<http://www.addwarehouse.com>

Autism Society of America

<http://www.autism-society.org/>

Awesome Library

http://www.awesomelibrary.org/Library/Special_Education/Special_Education.html

Children and Adults with Attention Deficit Disorders

<http://www.chadd.org>

Coordinated Campaign for Learning Disabilities

<http://www.aboutld.org>

Disability International Links (major)

<http://www.dpi.org>

Learning Disabilities: The National Center for Learning Disabilities

Toll free information and referral <http://www.nclld.org>

Parents American Academy of Pediatrics

<http://www.aap.org>

Special Needs General Information:

National Information Center for Children & Youth with Handicaps (NICHCY)

<http://www.nichy.org>

Topic Area References

A bibliography of print references for each of the session topic areas is provided at the end of each training module.

Instructions for Instructors

Planning a PIN Training Program

PIN modules are designed flexibly so that instructors will be able to individualize sessions to build on their own strengths as instructors and facilitators. Each module is designed so that activities that require active participation are used. Active participation activities are important since much of the PIN curriculum emphasizes changes that are complex for participants and that focus on skills and attitudes/values. These activities are important, also, because when training is given in evening sessions, most participants will have already worked a whole day before attending training sessions and their attention will be difficult to maintain unless activities are interesting and carefully targeted to participant needs. In addition, many of the participants may not have had recent (or any) experience with traditional college-type courses and formats.

Prepare Before Teaching Any Content Session:

- Review the **Session-by-Session Guidelines**. These guidelines are divided into the following sections:

Session Outline which includes a time guide and information about what materials are needed for the module.

Overview describing what the session should accomplish and what participants should gain an understanding about.

Background about the topic so that the instructor can gain basic information needed to teach the session.

Activities that provide a step by step guide to facilitating the session activities.

Participant Handouts which are provided in the participant guide - may be photocopied for distribution.

- Some modules require **use of materials**. For example, in the "Adaptations and Accommodations" materials include flip chart paper, markers, tape, and adapted toys (optional). Other sessions require materials such as examples of curricula or activity books, children's story books, or equipment or school supply catalogues that instructors bring with them to the session. Some modules list examples of videotapes that may be used, but other tapes may be substituted or videotapes may not be used at all. A list of "what you will need" is included at the beginning of each instructional module. The Training Coordinator should be responsible for gathering the materials unless otherwise decided that the instructor will.

Section 3

- Review the **participant materials** for the session. These materials are included in a separate manual called **PIN Participant Materials**. Each set of handout materials includes a short background, a session outline and objectives, handouts used during the session, for further information section on resources, and a What Did You Learn Today form.
- **Get together everything you need** before the session including attendance sheets, evaluation forms, videotapes, instructional materials, prizes, and any other materials that may be needed.
- **Have Fun!!** PIN modules are designed to be highly interactive and enjoyable for everyone -- instructors and participants!

Tips for Teaching PIN Sessions:

- **Timing:** PIN modules are designed to last approximately 2.5 hours. However, the material included in the Instructor Guide may be longer (or shorter) depending on both the instructor or the group. When groups are smaller, more opportunity for discussion and interaction may be possible -- requiring longer time periods to cover materials or do the activities listed on the Instructor's Guide. An instructor's experience and style may also influence length. When instructors are familiar with session content, activities may be dropped or added to accommodate length.
- **Incentives and Motivation:** There are many ways to motivate participation and learning. For example, instructors may award small prizes (e.g., a children's book; a box of crayons; post-it-notes, posters) for groups that do a "great job" or for individual participants who give a "really good idea." Tickets (purchased from a party store or hand made) can be used as reinforcement by providing all group members with tickets under certain situations (tickets to everyone who is on time for the session or back from a break in time; a ticket to the person who had the best idea or the groups that made the best material, etc.). Participants write their names on the back of the tickets and at the end of the session, all tickets are placed in a box and one is drawn for the "prize of the session." Those participants who have earned the most tickets have the greatest chance at getting the prize. Prizes can be small and are best when are something that can be used in the "classroom". Dollar stores are a source for many inexpensive prizes.
- **Regrouping participants:** Many participants may not have an opportunity to talk with the people with whom they work during the day. When they come together, they may use the time to discuss center issues or other things that relate to their jobs and employment. Participants from the same center have a tendency to group together when they come to the session. The activities at the beginning of each session help to group participants with people from other centers and allow the group to get to know other people.
- **Diversity:** Individual group members attend PIN sessions for many reasons ranging from being required to attend to choosing to attend. Participants may bring varied attitudes about people with disabilities and varied opinions about how disability is best managed. Participants, also, bring varied years of experiences in child care and different skill and educational levels. Effective instructors accept and respect diversity and work within the parameters of the group, giving everyone an opportunity to contribute to the group and modeling respect for all participants.
- **Respect for ALL Participants:** Some groups are easier to keep on task and others are more challenging. Subgroups of people may talk among themselves while other groups are presenting to the whole group or may continue to talk while the instructor is introducing an activity or presenting information. People may strongly disagree with the instructor or with other participants. Sometimes participants may be doing other things (like completing the day's paperwork or writing a note to someone else) during the sessions. Other group members may

Section 3

always leave the session early or come very late. Focusing on those members who are participating and providing them rewards and incentives can set the climate (or standard) for the sessions and can sometimes bring those who are less than ideal participants into the group. It is also important for instructors to set clear parameters for participation -- deadlines for specific activities or expectations about attendance.

- **Encourage participants to bring their own stories:** Participants will have a variety of ways of personalizing their PIN training to their own situations. Some of these may be negative (e.g., we could never do that because; our director would not let us do that) but many of these may be positive reports of things that participants have tried successfully. Encourage participants to report ways in which they are applying information by asking at the beginning of each session for people to talk about what happened since the last session meeting or structure the end of each session by asking a few people to comment on what they want to try in their “classroom”s. When participants are asked to report at the beginning of a session, this encourages application and also provides continuity for different instructors across sessions.
- **Use Resources:** The resources section at the end of each module in the Instructor Guidelines includes information about internet sites, organizations, videotapes, instructor learning guides, and print resources for each of the session topic areas. Internet sites are a wealth of information about teaching strategies, lesson plans, adaptations for children's special needs, disabilities, and early care and education. Organizations also have a lot of information that may be useful to instructors or participants. Using the resource sections can provide instructors with more information about a topic area as well as with examples of teaching and learning activities.

PIN Planner

The PIN Planner (included at the end of this section) is a spreadsheet that lists all of the necessary steps for planning a PIN training program that were covered previously. The Planner identifies a time line for :

- T** Recruitment Activities
- T** Organizing Activities
- T** Training Activities
- T** Post Training Activities

The Planner also identifies PIN forms to be used in addition to tracking notes to be recorded by the training facilitator at various points in the time line.

Photocopy and use the PIN Planner for each training program scheduled. The Planner can serve as a training tracking form as well as a planning tool.

PIN Forms

Each of the forms used for a PIN training program are included at the end of this section. As previously stated, the timeline for using the forms is noted on the PIN Planner. Some forms are used for recruitment and baseline data collection, some are used for participant information, and other forms are used to collect information at the end of the training.

PIN has found it successful to create an identification number for each training series. File each of the training forms, such as Participant Information forms, in one file folder and mark the folder with the identification number assigned to the training group. For example, let's say you do a training with a group of providers in a particular neighborhood. You may identify that training as Training #1. When you collect the Child Care Survey forms from the directors you would put them all together in a file folder and mark the folder Training #1 - Child Care Survey forms. Another folder might be marked Training #1 - Participant Applications and so on. Therefore, if you are conducting concurrent or multiple training series at one time, or you conduct multiple series across a year's time you can successfully track and file the multiple forms collected from each group.

Forms can become overwhelming! Encourage participants to fully complete each of the requested forms so that you can have necessary information to make decisions about the training and also so you can be successful in evaluating the outcomes of the training program. Table 3 lists all the forms in the order in which they are used – as they appear on the PIN Planner.

Table 3

T	Child Care Survey form
T	Application forms
T	Demographic Forms
T	Top Twenty Forms - OPTIONAL
T	Self-assessment Forms
T	Consultation Log Forms
T	Participant Project: "All About Me" (the project description is included later in this section)
T	Participant Certificates - Example form
T	Course Evaluation Forms
T	W9 forms and Request for Payment Forms (used if a stipend will be provided for successful completion of the training)
T	DPW Training hours certificates (used in PA for Pennsylvania Pathways child care credit hours)

PIN Consultation Guidelines

Intensive on-site consultation is provided to address a particular child's needs, prepare for the enrollment of a child with special needs, or gain assistance with environmental modifications, curricular, schedule, or routine adaptations.

Examples of individualized assistance available:

- T** adapt everyday activities and routines so all infants and toddlers can participate
- T** resource materials related to a particular disability or teaching strategy
- T** information about community supports and early intervention

Consultation Philosophy: Ecological Approach

- T** Was defined by Brown and colleagues in 1979
- T** Has been considered "recommended practice" in educating children with special needs
- T** Refers to the study of relationships between people and their environment
- T** Reflects characteristics of both the individual child and the environments in which his or her participation is desired
- T** Promotes the teaching of skills that are age appropriate and relevant to the child's individual daily life
- T** Respects the need to teach skills in order of progressive refinement and complexity
- T** Encourages use of adaptations to accommodate disability or simplify tasks demands
- T** Expands options for the child, including options for participation in more inclusive environments

The following chart compares some aspects of the ecological approach to a more common approach to planning, the developmental approach.

Ecological Approach	Developmental Approach
based on the interaction of individual with the environment	based on individual development & maturation
Philosophy: planning generates an individualized "curriculum" that encompasses the environments, activities, and skills that are most relevant and important for the child	Philosophy: teaching the "normal" sequence is expected to remedy delays and prevent deviations that would lead to greater delays and disabilities
Intervention: encourages the use of adaptations to accommodate disability or simplify task demands	Intervention: encourages achievement of the next skill in a usual developmental sequence
Learning: occurs by synthesizing new experiences into those that are already understood	Learning: occurs through instructional exchange between the caregiver and the child

Section 3

An ecological approach emphasizes the influence of environment, or context, on learning and performance. Context is described as the lens from which persons view their world. Research in teaching and learning indicates that learning is maximized when children (people) interact with one another and when they can construct personal meaning from the material or other instructional circumstances (considered part of the environment). Previous research emphasized the instructional exchange between caregiver (teacher) and child, whereas more recent research confirms that each of us makes sense of our world by synthesizing new experiences into what we have previously come to understand.

Primary dimensions of the environment that are considered include:

- T** The child's current performance and participation in activities
- T** The child's interests and strengths
- T** The environment - room set-up/equipment
- T** The activities presented in that environment
- T** The materials that are used for the activities
- T** The requirements of and the instructional strategies used during the activity

The ecological planning approach is characterized by its flexible and evolving process that weaves together information about both the individual child and the environment in which they are participating.

Consultation Ingredients:

- T** PIN training served as foundation
- T** Strength-based approach
- T** Staff guided
- T** Facilitative vs. Directive
- T** Hands-on approach
- T** Multi-Experiential Learning

Consultation Steps

- Step 1:** Environmental Observation
- Step 2:** Transfer Environmental Observation and Self-Assessment Form information onto the Consultation Log form.
- Step 3:** Visit 1: Schedule a visit to discuss the Consultation Log form (self-assessment & observation data) with “classroom” staff. Complete the last page (carbon-copy) of the Consultation plan of action. Leave the yellow copy with the “classroom” staff. Schedule a next visit and/or decide upon a regular visit schedule. PIN staff have found it helpful to schedule this visit during nap time or a time when the lead caregiver is available to sit and talk.

PURPOSE:

To establish at least 2 objectives for the “classroom” to address the identified need(s) and/or concern(s) that result from discussion of the observation and “classroom” staff self-assessment. Consultant and staff will discuss options for meeting the established outcomes which may include:

modeling	modifying teaching strategies
brain storming	rotating materials
observation/feedback	acquiring materials
adapting: materials, activities, routines	creating weekly/monthly plans
communicating with family	reviewing IFSP/IEP goals
rearranging the environment	integrating IFSP/IEP goals into daily routines and activities

Consultant & “classroom” staff will discuss necessary steps to achieve the outcomes, the persons responsible for completing the steps, and what will demonstrate that the outcomes have been accomplished.

- Step 4:** Visit 2: Provide on-site consultation following the identified outcomes. Consultation may consist of a combination of strategies identified in **Step 2** or additional strategies identified.

- Step 5:** Visit 3: Closure:

- Evaluation
- Acknowledge feelings
- Judging success
- Celebration

- Step 6:** Post Environmental Observation

Consultation Tools:

- T** Initial information gathering opportunities (child care survey; meeting/interview)
 - T** Environmental observation
 - T** Caregiver Interaction assessment
 - T** Child-based observations (i.e. sensory profile; behavioral checklists)
 - T** Child care environment self-assessment
 - T** Caregiver survey (perspective on inclusion)
 - T** Results Review Session
 - T** Outcome Generation Session
 - T** Phone time
 - T** On-site visits
 - reflection
 - role modeling
 - group activities
 - room rearrangement
- observation
video taping - review/discussion
peer observation
-
- T** Consultation Survey

Definition of a Consultant:

A person in a position to have some influence over an individual, group, and/or organization, but who has no direct power to make changes or implement programs.

Realities of Consultation:

Marginality	consultants are never really a part of a system
Ambiguity	consultants really never know what they will need to know!
You are the instrument	consultants need to use objective observation
Influencing without authority	consultants need to rely on interpersonal skills to build relationships with clients
Exercising restraint in making client's decision for them	the client needs to be able to make decisions and problem solve when you leave
Low control/High risk	consultants have little control over change but are at high risk when change is being implemented
Dealing with resistance	change is a personal loss - and therefore consultants feel resistance - respecting loss and encouraging change is a delicate balance
Discontinuity of perspective	consultants need to be objective and refrain from passing judgement on clients actions, beliefs, or priorities. Start with the client where they are and work toward change - step by step.

Consultation Myths & Facts:

Myth: As a consultant you will have complete control over the outcomes of your work. You are able to identify a problem, demonstrate your expertise, provide recommendations and solutions, and assure that they will be appropriately implemented.

Fact: Nothing could be further from the truth! In reality you have no direct control to make changes - the moment you take direct control you are acting as a manager, taking responsibility for implementation of recommendations is a major obstacle to effective communication and rapport building.

Myth: As a consultant you have all the answers, knowledge and expertise a client may need or request.

Fact: Remember that there are different roles the consultant plays. One role is expert- here you may have information to share with the client that may be new to them. As a role model - a consultant will engage with the client in demonstration, problem solving, or trial and error to answer a question or concern.

Components of a Consultant's Work:

Objective observer	raises questions for reflection
Process counselor	observes problem-solving process and raises issues mirroring feedback
Fact finder	gathers data and stimulates thinking
Identifier of alternatives	assists in assessing consequences of selected alternatives
Linker to resources	broadens opportunities for learning and support
Joint problem solver	offers alternative and participates in decision making
Trainer/Educator	educates clients on new knowledge
Information specialist	regards, links, and provides practice decisions
Advocate	proposes guidelines, persuades or directs in the problem-solving process

Participant Project - "All About Me"

Instructor Guidelines

The PIN Participant Project, "All About Me", is presented to the participants at the second training session. The Instructional Guidelines follow. Participant Guidelines can be found in the PIN Participant Manual.

For A Missed Session - Participant Assignment

PIN participants are required to complete all seven sessions (or to complete a make-up requirement for a maximum of one missed session). It is important for the training facilitator and instructors to emphasize that the training is a "series" and not just a set of one-shot workshops. Therefore, participants are highly encouraged to view the training as a "course" rather than simply a training. If participants miss a session the make-up assignment included at the end of these guidelines can be completed in order to receive the respective credit hours (2.5). It is expected that the assignment will take participants a minimum of 2 hours to complete. Participants are required to hand in the assignment by the end of the last training session in order to receive credit. The Training Coordinator will need to remind participants to hand in their assignment. Also, provide participants with a phone number in case they have questions about completing the assignment.

PA Pathways Core Body of Knowledge for Early Child Care Providers - CBK Codes

Pennsylvania has devoted considerable resources to the training of child care staff in a direct effort to improve the quality of programming and outcomes for young children. In 1997 the Center for Career Development in Early Care and Education at Wheelock College conducted a study to assess the various early childhood training systems in Pennsylvania. The Center's report, *Common Threads: Weaving a Training and Career Development System for 21st Century Pennsylvania* (Stoney, et al., 1997), presented recommendations on how to coordinate **the diverse child-care related systems in an effort to develop a full-fledged early childhood career development system** in Pennsylvania.

A key recommendation of the Center concerned the establishment of a core body of knowledge. As a basic building block for a career development system, a core body of knowledge identifies what caregivers should know and be able to do in their various roles in early childhood and school-age child care settings.

In an effort to establish this core body of knowledge, the Pennsylvania Pathways training system established a Career Development Task Force in 1999 and collaborated with the Alliance for Early Childhood Professional Preparation to develop the PA Core Body of Knowledge for Early Childhood and School-age Caregivers.

Additionally, the Pennsylvania Pathways training system has also developed a coding system for all training contracted by Pennsylvania Pathways. To obtain a copy of the training coding system you can contact Pennsylvania Pathways at 1-800-492-5107 or log onto the web site <http://www.papathways.org/>.

The following is a list of the codes assigned to each of the PIN training modules.

PIN Training Modules and
 Pennsylvania Pathways -
 Core Body of Knowledge Areas

Philadelphia Inclusion Network Training module	CBK Training Code		
	Knowledge Area	Level	Topic Code
Adaptations & Accommodations	2	2	19
ADD/ADHD	4	1	43
Autism/PDD	4	1	43
Brain Development: Implications for Caregivers	1	1	3
Collaborative Teaming	4	2	42
Considerations for Curriculum Planning (center or group providers only)	2	2	17
Individualizing for Families	3	1	32
Natural Environments as a Teaching Tool (family provider training only)	2	1	25
Promoting Full Participation	4	1	43
Promoting Development & Learning (session two)	2	1	16
Promoting Social Competence	2	1	21
Resources & Relationships (session seven)	3	2	33
Relationships with Infants and Toddlers	1	1	02
Welcoming ALL Children (session one)	3	1	31

Core & Supplemental Training Modules

The PIN training curriculum consists of three training series options (see Section 1). Each of the training series includes three core and an choice of four supplemental modules.

The core modules appear first and include:

T Welcoming ALL	session #1.....	section 4
Children.....	session #2....	section 5
T Promoting Development and Learning.....	session #7....	section 6
T Resources & Relationships.....		

The supplemental modules (sessions # 4-6), presented here in alphabetical order, are the modules from which the additional four training modules are selected based on director input.

T Adaptations & Accommodations.....	section 7 section 8
T ADD & ADHD.....	section 9 section 10
T Autism/PDD.....	section 11
...	section 12
T Brain Development: Implications for Caregivers.....	section 13
T Collaborative Teaming.....	section 14 section 15
T Considerations for Curriculum Planning.....	section 16 section 17
T Individualizing for Families.....	
T Natural Environments as a Teaching Tool.....	
T Promoting Full Participation.....	
T Promoting Social Competence.....	
T Relationships with Infants and Toddlers.....	

All of the instructional training modules are set up in the same format and include the following information:

- T** Session outline & time line & What you will need (for each session)
- T** Background Information for the Instructor
- T** Learning Activities
- T** Session Handouts
- T** What did you learn today forms.