

Introduction to Early Intervention in Philadelphia



2010 - 2011

**Providing Family-Centered Participation-Based Services
within Everyday Activities and Routines Using a
Transdisciplinary Approach**

Objectives

Upon completion of this course, participants will be able to:

- Understand the inter-related components of early intervention services: natural environments, family-centered, participation-based, and transdisciplinary team approach;
- Promote child's participation in family-selected activities and routines in family's natural environments;
- Engage and teach families strategies to help their children learn and participate;
- Select child intervention strategies, including adaptations and assistive technology, to promote children's learning and participation
- Assess self and set goals to improve upon delivery of recommended family-centered participation-based practices; and
- Refine beliefs about recommended practices through collaboration with other participants via thoughtful and respectful sharing of ideas.

This study guide is designed to be used by participants to meet State professional development requirements. **In order to demonstrate successful completion of this self-study course, participants must complete all assignment components and attendance at all class meetings. If you successfully complete the course, YOU print out your certificate of completion by accessing <http://jeffline.tju.edu/cfsrp/tlc/transcript/>**

Contact Information

Child and Family Studies Research Programs
Thomas Jefferson University
130 South 9th Street, 5th floor
Philadelphia, PA 19107
Main TLC phone: 215.503.4019
Website: <http://jeffline.tju.edu/cfsrp/>
Email: teaching.collaborative@jefferson.edu

Please address Introduction to Early Intervention materials to the attention of Brook Sawyer, Ph.D. If you have questions or concerns *specific to the Introduction to Early Intervention course*, you may contact Jennifer Fleming at 215-503-4018 or jennifer.fleming@jefferson.edu

Overview of Course Requirements

Component	
<u>Attendance</u> at 3 class sessions	Class 2 date _____
	Class 3 date _____
<u>Assignments*</u> <i>See separate "alternate assignment" packet if you do not provide services to families using child interventions (note: confirm with instructor).</i>	
Assignment 1 <ul style="list-style-type: none"> ➤ Videotape of Typical Practice ➤ TLC AV Consent Form (in packet and on website) ➤ Participation-Based Competency (done during class) 	To be completed by/during Class 1
Assignment 2 <ul style="list-style-type: none"> ➤ Assessment of Family Activities/Routines ➤ Family Demographic Form (in packet and on website) ➤ Child's IFSP 	Due at Class 2
Assignment 3 <ul style="list-style-type: none"> ➤ Planning and Reflection Form (in packet and on website) ➤ Videotape of Practice 	Assignment #3 due date is: _____ Mail to Brook Sawyer (contact information on page 2)

Please check the TLC website (<http://jeffline.tju.edu/cfsrp/tlc/>) ONE WEEK BEFORE YOUR SCHEDULED CLASS to see if any changes have been made to the dates or locations of TLC events you wish to attend.

Considerations for Videotape(s)

- Tapes may be submitted in any format. We are capable of viewing tapes in the following formats: mini dv, dvd, cd, flash-stick, VHS, VHS-C, hi-8. (If you are unsure whether we are able to view your tape, please contact Brook.)
- CFSRP has video cameras that you may borrow - however, please set this up ahead of schedule so that we may ensure we have a camera available. Contact TLC at 215.503.4020 or teaching.collaborative@jefferson.edu.
- When Recording Your Tape:
 - Please use a blank tape specifically for the Introduction to Early Interventions video.
 - Ideally, you do not want yourself or a family member to be holding the camera. Try to find a colleague who could attend the session with you OR use a tripod (note: CFSRP also has tripods you may borrow).
 - Introduce/identify participants in the video (remember CFSRP staff do not necessarily know who is the provider versus who is the mother, etc.).
 - Do not tape directly into sunlight.
 - If using a tripod, please check the camera periodically to ensure participants are still in the frame.
 - If recording onto a DVD, you must FINALIZE your disc or it will not play on independent machines (see your owner's manual).
- Submitting Your Tape:
 - Clearly label your tape with:
 - a. Introduction to Early Intervention Course 2010-2011
(video 1, 2, or family interview)
 - b. First and last name
 - c. Agency
 - If needed, include a note with instructions about viewing tape (e.g., please start viewing tape at 2 minutes)

FORMS/MATERIALS NEEDED FOR ASSIGNMENTS

You may photocopy these forms. Or you can also obtain these forms on our website:

<http://jeffline.tju.edu/cfsrp/>

Release Form
Audiotape, Photographs, Videotape or Film

Name of Person Enrolled in Training: _____

Child's Name: _____

Parent's Name: _____

Family Address (Street, City, State, Zip): _____

Family Telephone #: _____

Description of Audiotape, Photography, Videotape or Film

A videotape example of the child and family carrying out a typical family routine or family activity, at home or in a community setting OR an example of an IFSP meeting.

I hereby agree and consent to be audiotaped, photographed, videotaped or filmed in my home or a location of my choosing in the community (e.g., someone else's house, park, playground, library, child care setting) as part of an assignment that _____ is completing in order to meet Pennsylvania Department of Welfare requirements for working within early intervention.

I have been told that these recorded materials will be used for educational, monitoring, or regulatory purposes and that I will be provided with a copy of the tape to keep. A second copy of the tape will be viewed and retained by the Philadelphia Teaching and Learning Collaborative (TLC) and may be shared with program analysts at MRS. I permit TLC to use this tape in future training activities in the education of early intervention professionals. TLC will do their best not to associate the name of provider/parent/child with these materials. The videotape already may identify participants by name. However, TLC will not provide any identifying information about participants that is not already in existence on the videotape.

I waive all claims for any compensation for this agreement herein. I have been told that I will receive a copy of this release form.

Parents:

If you do not give permission for TLC to use the tape for future training opportunities, please check here:

Printed name of Child

Signature of Parent/Next of Kin/Child's Surrogate

Date

Persons Enrolled in Training:

If you do not give permission for TLC to use the tape for future training opportunities, please check here:

Signature of Person Enrolled in Training

Date

FAMILY AND CHILD DEMOGRAPHICS

Caregivers may seal their responses in an envelope for confidentiality purposes or may choose to remain anonymous. Please make sure the provider's name is on this form.

Child's Name:	Date of Birth:
Parent/Guardian Name:	
Provider's Name:	
1. Gender of person completing this form: <input type="checkbox"/> Female <input type="checkbox"/> Male	
2. Relationship to child of person completing this form:	
3. What is your marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
4. How many children are in your family?	
5. What is your household structure? <input type="checkbox"/> One parent <input type="checkbox"/> Two parent <input type="checkbox"/> Other (please explain: _____)	
6. Is this child your: <input type="checkbox"/> Firstborn <input type="checkbox"/> Non firstborn	
7a. Child's Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian, non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial/Other Specify: _____	
7b. Your race/ethnicity (if different from child's): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian, non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial/Other Specify: _____	
7. Annual Family Income (from all sources): <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000-30,999 <input type="checkbox"/> 31,000 - 50,999 <input type="checkbox"/> 51,000 - 75,999 <input type="checkbox"/> 76,000 - 100,000 <input type="checkbox"/> More than 100,000 <input type="checkbox"/> Do not wish to provide	
8. Highest Education Level of the Child's Mother/Primary Female Caregiver: <input type="checkbox"/> Less than High school <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. <input type="checkbox"/> Do not wish to provide	
9. Highest Education Level of the Child's Father/Primary Male Caregiver: <input type="checkbox"/> Less than High school <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. <input type="checkbox"/> Do not wish to provide	

10. Does your child receive additional intervention therapy or educational services beyond that she/he is provided with through your early intervention services?

yes no

11. If yes to number 10, please list what other services your child may receive as well as the frequency of those services:

12. In your opinion, how would you characterize the severity of your child's disability?

Mild Moderate Severe

13. Does your child have a formal diagnosis? yes no

14. If yes to number 13, what is your child's diagnosis?

15. How would you describe your child's disability?

16. Is there anything else you would like to tell us that might be helpful to our understanding of your child?

The Philadelphia Teaching and Learning Collaborative (TLC) is interested in learning whether providers' participation in the Natural Environments course impacts the way in which they provide services to your family. Your participation includes providing information about your family and participating in a videotaped service session.

The information that we collect will be summarized and reported in the final report that TLC is required to submit for the County (MRS office) and the State (OMR). Information will be summarized in such a way that you are ensured confidentiality and anonymity.

I understand that my information will be reported with full confidentiality and anonymity without identifying my family by name or in any other manner that might lead to my identification. I understand that information will be used in reporting for the county/state and may be used in a future formal publication.

Signature

Date



Assessment of Family Activities & Routines

Date: _____ Child's name: _____ Completed As Guided Interview with _____ by Provider Name: _____

DIRECTIONS FOR THE FAMILY ASSESSMENT AS AN INTERVIEW/CONVERSATION:

1. Ask the caregiver open ended questions about each activity/routine. For example, start by saying "tell me about bathtime and how your child participates during bathtime." Follow-up by asking additional questions so that you gain an understanding, a picture, of what the routine or activity looks like. Then ask the caregiver to rate the child's participation in terms of the caregiver's expectations (e.g., exceeds, meets, occasionally meets, does not meet). If you wish, you may ask the caregiver about how satisfied they are with how the activity/routine is going. For some families, this helps them to decide the routine on which they may want to focus.
2. Ask the caregiver to rate their child's use of functional skills (e.g., socializing, communicating) within activities and routines and their satisfaction with the child's abilities. You are not trying to find out about the child's deficit (e.g., speech) but rather the extent to which problems with speech interfere with a child's participation.
3. Identify any routines which may not be going well (so that you can help families make them go better); Identify routines that are positive for families/children as these will provide a context in which to show families how to teach their children identified skills.

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
BATHTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING ROUTINE (getting up, getting dressed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEDTIME (getting ready for bed, going to bed, sleeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEALTIMES (appetite, level of assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
PLAYTIME (Indoor Play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORY TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDOOR PLAY (riding a bike, playing outside, playing on playground equipment, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AT HOME CHORES (cleaning, preparing meals, watching TV, caring for pets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAVING THE HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL TIME (riding in a car, bus; walking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUNNING ERRANDS (grocery store, mall/store shopping, banking, wash/cleaners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTINGS (visit a friend/relative, eat at a restaurant/fast food, go to museums, amusement parks, zoo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USE OF FUNCTIONAL SKILLS IN ROUTINES/ACTIVITIES										
SOCIALIZING (e.g., interacting with peers and adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATING with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND (mobility at home/community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USING HANDS & ARMS for functional tasks (e.g., reaching, obtaining/holding objects, manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use blanks to add activities or routines not included in categories										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your answers above, list the routines/activities that do not meet your expectations.

ROUTINE/ACTIVITY	What would you like to <u>see</u> happening: What would the child be doing? What would you or other family members be doing? What strategies have you tried?
1.	
2.	
3.	

Based on your answers above, list the routines/activities that are enjoyable for your family and child.

ROUTINE/ACTIVITY	
1.	
2.	
3.	

Name: _____

Group: _____

Introduction to Early Intervention
2010-2011
Assignment 3 Planning & Reflection Form

Planning

I. Strengthening of Practice: Goal Setting

Reflecting on your practice and what you learned during the first 2 Introduction to Early Intervention classes, answer the following two questions.

What component of practice do I need to strengthen to improve my delivery of participation-based services?

My plan to strengthen this component is....

II. Focus of Videotaped Session

Based on the Assessment of Activities and Routines: what activity or routine did the caregiver and you decide to focus upon?		
What caregiver would like to see happen during this activity/routine:		
What is currently happening during this activity/routine:		
Goal (circle one):	Improve activity or routine (activity or routine is identified as not going well)	Promote child's participation or learning within activity or routine (activity or routine is identified as going well)
What specific intervention strategies will we use to reach the goal. Be sure to consider adaptations and Assistive Technology.		
How I will teach the caregiver:		
What is the child expected to do:		
Additional Notes/Considerations:		

Reflection

1. On a scale of 0-4, how typical was this videotaped session (0= not typical and 4 = very typical)? _____

Explain this rating:

2. On a scale of 0-4, how would you rate your support of the caregiver in their promotion of child's learning or participation (0= not at all confident that my input supported caregiver and 4 = fully confident that my input supported caregiver)? _____

Explain this rating:

3. On a scale of 0-4, how would you rate the success of strategies used to promote the child's learning or participation (0= strategies did not promote learning or participation and 4 = strategies were very successful in promoting learning or participation)? _____

Explain this rating:

4. Is there any information that you feel is important for the viewers to know before watching your tape?
