

Early Childhood Module

Participant Handouts

DEVELOPMENTAL THEORISTS

Theory	Theorists	Theory Application
<p><u>Maturationist Theory</u> holds that human traits are determined primarily by genetics.</p>	<p style="text-align: center;">Gesell (genetics) Gesell identified the Developmental Milestones</p>	<ul style="list-style-type: none"> • I will adapt classrooms to meet the unique inborn traits of children rather than expect children to adapt to classrooms. • I must appreciate and accept diverse physical and mental abilities that are part of children’s biological heritage.
<p><u>Behaviorist Theory</u> holds that children are born with “blank slates” and adults can shape their learning through positive reinforcement.</p>	<p style="text-align: center;">Skinner (environment)</p>	<ul style="list-style-type: none"> • I can use positive and specific feedback to influence children’s behavior. • I will model positive behavior and behave as I wish my children to behave.
<p><u>Psychosocial Theory</u> holds that a positive emotional state is critical to each stage of emotional development.</p>	<p style="text-align: center;">Erikson (social/emotional) Erikson developed the Eight Stages of Emotional Development.</p>	<ul style="list-style-type: none"> • I will be nurturing and responsive to the needs of infants and toddlers so they will develop <u>trust</u>. • I will encourage independence. • I will allow exploration and self-expression and avoid punitive actions and words. • I will encourage children to take risks, make creative attempts, and to assert themselves.

<p><u>Cognitive Theory</u> holds that mental growth and knowledge is constructed through the action of the learner.</p>	<p>Piaget (cognitive) Piaget developed the Stages of Cognitive Development</p>	<ul style="list-style-type: none"> • I will provide interesting experiences, ask questions and pose challenges that lead children to solve problems and construct their own understanding of their world.
<p><u>Sociocultural Theory</u> is similar to Cognitive Theory. The Sociocultural Theory holds that that “scaffolding” children’s learning through social interactions and verbalizations with other children and adults.</p>	<p>Vygotsky (cognitive/social/language) “scaffolding”</p>	<ul style="list-style-type: none"> • I will scaffold children’s learning by asking questions, prompting, or giving hints when a child is within the zone of proximal development – or when the solution to a problem is just beyond the child’s level of ability.
<p><u>Ecological Systems Theory</u> holds that a child’s development is influenced by the personal, social, and political systems within which children live.</p>	<p>Bronfenbrenner (ecology)</p>	<ul style="list-style-type: none"> • I realize that family, community, and social factors must also be optimal for children to learn and be social. • I will assist families in accessing community resources. • I will be an advocate for children and families.

Basic Principles of Human Development

Development in all people is similar.

Development is an orderly process with stages/patterns that can be predicated.

Development proceeds from the general to the specific.

Development proceeds from the upper portions of the body toward the lower portions – from head to toe.

Development proceeds from the center of the body to the outer body parts.

Development proceeds at different rates.

Development can proceed at different rates within an individual person.

Physical, cognitive, social and emotional development are interrelated and affected by the interaction of heredity and environment.

Terms Used in the Study of Human Development

Cognitive development – The process of acquiring knowledge and information as a person interacts with the environment and culture. Cognitive development depends on growth inside the person, such as the development of curiosity and the desire to learn, as well as the impact of the outside environment.

Communication – Is the transmission of messages from one person to another. It may be accomplished in myriad ways including eye contact, posture, facial expressions, gestures, writing, and speech.

Development – The growth of the person in predictable patterns.

Developmental Delay – A term used to describe an observed difference in a person's actual growth and behavior and the typical growth and behavior expected of people of the same age.

Emotional Development – The process in which the person acquires feelings about him/herself and other people.

Physical Growth – A term used to refer to an increase in size, height, weight, knowledge and skills.

Human Development – A term used to refer to the study of a series of patterned and predictable changes that occur as a person grows and learns how to interact with the environment.

Language – Is the organized system of symbols people in various societies use to communicate with one another. These symbols may be spoken, written or gestured.

Learning – The acquisition of knowledge and skills as children and youth interact with their environments, caregivers and teachers. Learning is both receptive and expressive. Receptive learning is under the control of the learners who “take in” or assimilate information about their environments and experiences. Expressive language is strongly tied to reinforcement provided by the learner's environment. For example, a person may know the concept, but not use the word unless his/her environment encourages the use.

Maturation – The growth of a person from within, the process of acquiring cognitive, social, emotional and language skills that increase with age.

Terms Used in the Study of Human Development

Normal/Typical – Averages or standards against which the behavior or development of a person is compared.

Physical/Motor Development – The sequence or rate at which a person acquires motor skills and learns to control his or her body. It is characterized by changes seen in the external body and by unseen internal changes in the organs, muscles, blood, bones and nervous system.

Social Development – The general process by which a person acquires the beliefs, skills, values, behavior patterns and other characteristics considered necessary for interacting with other humans in a particular society/culture.

Speech – Speech is the organized production of sounds to form words or word groups.

Theory – A theory is a belief about something.

Developmental Checklist for Young Children Birth to 5 years

Usual Activities During

<p>1 Month Able to raise head from surface when lying on tummy Pays attention to someone's face in his or her direct line of vision Moves arms and legs Responds to noises such as a bell</p>	<p>2 Months Smiles and coos Says ooo and aah sounds Holds head up when lying on tummy</p>
<p>3 Months Able to hold head still when held in sitting position Babbles, laughs, squeals Brings hands together</p>	<p>4 Months Grasps a rattle No head lag when pulled to sitting position Follows moving object Bears weight on legs</p>
<p>5 Months Holds objects Stretches out arms to be picked up Looks at small objects Turns to a rattling sound Rolls over back to stomach</p>	<p>6 Months Turns toward sounds or a voice Reaches for objects out of his or her reach Imitates speech sounds Feeds self finger food (cracker, cookies)</p>
<p>7 Months Can transfer object from one hand to the other Can sit for a few minutes without support Imitates speech sounds Looks for objects</p>	<p>8 Months Combines syllables Takes tow small objects Stands holding onto support Says mama, dada</p>
<p>9 Months Waves bye-bye Can get to sitting position Jabbers Can pull self up to standing</p>	<p>10 Months Bangs two cubes held in hands Picks things up with thumb and finger</p>
<p>11 Months Plays pat-a-cake Stands independently for two seconds Indicates wants</p>	<p>12 Months Plays ball with partner</p>

Developmental Checklist for Young Children Birth to 5 years

Usual Activities During

<p>15 Months Walks by self Scribbles on paper Puts blocks in a cup Stands alone Uses one to two words Imitates activities</p>	<p>18 Months Can build a tower with two blocks Can say three words Drinks from cup held in both hands Likes to help a parent Walks backwards Runs</p>
<p>2 Years Points to six body parts Removes clothes Combines words Throws ball overhead Names one picture Walks up and down stairs</p>	<p>3 Years Washes and dries hands Names a friend Puts on clothing with assistance Knows the meaning of words like: hot, run, talk, hungry, sleepy Brushes teeth with help Speech is understandable half of the time</p>
<p>4 Years Can copy a circle Hops in place Tells use of three objects Names one color Understand words like: in, on, under</p>	<p>5 Years Counts five blocks Prepares own cereal Plays board/card games Names four colors Defines simple words: ball, house, banana Draws person with three body parts</p>

*From Denver Developmental Screening Test II

Causes of Disabilities

Genetic Factors

Downs Syndrome

Hemophilia

PKU

Rhetts Syndrome

Sickle Cell

Environmental Factors

Prenatal

Natal

Postnatal

Observation or Judgment

Read each scenario and select the words that demonstrate observation, judgments, or labels. Share with group.

James September 15 AM Center Time

James stands just outside block area. Shyly watches two children building. Peer to James, “Come help build this airport.” James just watches because he doesn’t know how to play with others.

Jessica August 28 PM Center Time

Jessica and I working floor puzzle. When peer joins us, Jessica becomes angry, stomps her foot and yells to me, “I hate you.”

Carl October 14 Outdoors

Carl asks peer for turn on trike. Peer, who shares well, says “OK” and give trike to Carl.

Sarah October 12 Arrival

Sarah, a happy and well-adjusted child, skips into the room. Tells mother “Bye. See you later.” Joins peer in library.

Types of Data Collection

Checklists

Behavioral Checklists

Anecdotal Records

Interviewing

Frequency/Duration Notes

Other Data Collection

Data Collection Activity

Directions: Read the list of words below. If a word or phrase describes something you can see, hear, or count, write “yes” on the line in front of it. If it does not describe a behavior that can be seen, heard, or counted, write “no” in front of it.

- _____ 1. Cry
- _____ 2. Is Anxious
- _____ 3. Hit
- _____ 4. Push
- _____ 5. Is Lazy
- _____ 6. Loves Ice Cream
- _____ 7. Plays alone
- _____ 8. Colors Inside Lines
- _____ 9. Stacks Blocks
- _____ 10. Takes Two Steps
- _____ 11. Is Ida’s Best Friend
- _____ 12. Is a Loner
- _____ 13. Shares
- _____ 14. Understands Commands
- _____ 15. Rides the Tricycle
- _____ 16. Loves Elephants
- _____ 17. Hits Art Twice
- _____ 18. Kicks Grandma
- _____ 19. Is Naughty

WHAT IS YOUR LEARNING STYLE

I.	II.	III.
I like to keep written records	I prefer to hear instructions	I like to build things
I make a list of things to do	I review for a test by reading notes aloud or by talking with others	I like to take things apart and put them back together to see what makes them work
I typically read billboards while driving	I talk aloud when working a math problem	I can distinguish items by touch when blindfolded
I follow written recipes	I prefer listening to a cassette over reading the same material	I learned the touch system rapidly in typing
I review for a test by writing a summary	I commit a Zip Code to memory by saying it	Gestures are a very important part of my communication style
I can put a bicycle together using only the written directions provided	I call on the telephone to compliment a friend instead of writing a note	I move with music
I commit a Zip Code to memory by writing it	I plan the upcoming week by talking it through with someone	I doodle and draw whenever paper is available
I use visual images to remember names	I like to stop at a service station for oral directions in a strange city	I am an "out-of-doors" person
I am a "bookworm"	I prefer talking-listening games	I like to express myself through dancing
I write a note to compliment a friend	I keep up on the news through the radio	I spend a large amount of time on crafts/handwork
I keep up on the news through the paper	I use "free" time for talking with others	I like to feel the texture of furniture/clothes
I prefer written directions		I prefer active sports to games where one sits
I prefer to get a map and find my own way in a strange city		I like to use my "free" time for physical activities
I prefer reading-writing games like "Scrabble"		
I do crossword puzzles and play "Wheel of Fortune"		

HOW PLAY CHANGES WITH SOCIAL DEVELOPMENT*

UNOCCUPIED – Children watch others at play but do not enter the play. Unoccupied children may just stand around or move about the area.

ONLOOKER – Children watch others play, may talk to them or ask questions, and seem to move closer to a group, rather than watching whatever momentarily catches their attention.

INDEPENDENT PLAY – A child plays alone with objects. Even if the child is within speaking distance of others, the child does not alter her/his play, or interact with the others.

PARALLEL ACTIVITY – A child plays with toys like those used by nearby children. The child does not try to influence the other children's activities. "He plays beside rather than with the other children."

ASSOCIATIVE PLAY – Common activities occur between children. They may exchange toys and/or follow one another. Although all the children in the group are doing similar activities, specific roles are not defined, and there is no organized goal (such as building something or playing a game with rules).

COOPERATIVE PLAY – Children cooperate with others to construct something, hold competitions, produce dramas with coordinated roles, or play games with formal rules. Group membership is defined, usually by one or two powerful leaders.

*Adapted from: Rogers, C.S. & Sawyers, J.K.(1988). "Play in the Lives of Children." Washington, D.C. National Association for the Education of Young Children.

STRATEGIES FOR LANGUAGE DEVELOPMENT

To help children develop language and communication skills, members of the instructional team should:

Let children take the lead. This can be accomplished by watching what children do, listening to what they say and responding to all efforts to communicate.

Provide instruction in brief, natural and fun exchanges. Teach language and/or social skills whenever, and wherever it is functional and enables children to succeed or get what they want.

Create an environment that encourages children to choose from a variety of activities, materials, and equipment, provide time to explore and when children are ready, to encourage them to try more complex/challenging activities.

“Go with the flow” of what children are doing. Respond to their actions or questions. Add new information to a child’s comments. Ask questions to stimulate thinking/the creation of new ideas.

Adapt methods for group instruction to accommodate the developmental levels of individual children by; 1) making sure each child has a chance to respond or participate actively; 2) using prompts and cues that are appropriate to the communication level of a child; 3) keeping materials in plain view – or holding them for a child, and 4) speaking to an individual child about an event or item that is meaningful.

COMMUNICATION

COMMUNICATION – is the transmission of a message from one person to others. It may be either verbal or non-verbal and may be accomplished by eye contact, facial expressions, gesture, and/or language.

CHILDREN COMMUNICATE BECAUSE:

1. They want or need an object or a person.
2. They want help or need assistance to do something.
3. They want or need information.
4. They want or need attention.
5. They want to tell us something.
6. They don't want something.
7. They don't want to do something.

HOW CHILDREN COMMUNICATE:

At first, young children accomplish the purposes described about without talking. Using various facial expressions, gestures, and vocalizations, they manage to get what they want and need and indicate what they don't want. Children begin with such facial expressions as smiles, frowns, and grimaces. Later, facial expressions are integrated with gestures. A typical sequence of development for gestures includes:

1. Looking
2. Reaching
3. Looking and vocalizing
4. Reaching and vocalizing
5. Giving, showing, or pointing to an object
6. Giving, showing, or pointing to an object and vocalizing
7. Gaining adult's attention and then pointing to an object
8. Gaining adult's attention and then pointing to an object and vocalizing

At the same time that children are using gestures and facial expressions to communicate, they develop different sound patterns.

CURRICULUM ACTIVITIES

ROUTINE ACTIVITIES – Only through careful planning of routine activities will young children with disabilities develop functional skills. Children with disabilities should not be passive observers. Classroom activities must include routine and frequent opportunities for them to communicate with both children and adults.

Routine and special activities, (Art, Music, Cognitive Games, Physical Development) provide the variety necessary to motivate children to learn. In many cases, routine activities can be modified slightly and used in different ways to meet the needs of children with disabilities.

MAKING CHOICES – This is the children’s time to decide what they want to do. It’s a great time to “play” with the children and for them to learn from their environment with the paraprofessional as a guide. Children love to have staff join them. As much staff/child interaction should occur during free choice as during a structured lesson, but the key to this interaction is that you must take your lead from the children. Observe what they are doing, and join in on their terms. The children should be able to select from a wide variety of materials – blocks, trucks, puzzles, magic markers and paper, dress-up clothes, dishes and utensils, telephones, sand table, riding toys, books, dolls, etc.

ART – Arts and crafts are sometimes included as busy-work in the curriculum, rather than serving as vehicles for children with disabilities to develop language and cognitive skills. Art time is for listening to and talking with children as well as completing art activities. All children should be included, even if the teacher must hold an individual child’s hand and brush or paste paper. To the child the process is more important than the product. Because the products of art activities are important to parents, art projects should be sent home regularly.

COGNITIVE GAMES – Cognitive and language skills cannot be separated. Cognitive growth provides not only the foundation for what is learned but also when it is learned. The ability to read easily and learn math concepts may depend heavily on basic language skills acquired in pre-school years.

PHYSICAL ACTIVITIES – Movement experience time can be a natural time for the development of language skills. Children can choose the activities they wish to pursue, and they can be required to request assistance in pulling, pushing, and riding in and on toys. Movement time is also a natural opportunity for teaching such concepts as IN, OUT, ON, OFF, DOWN, UNDER, BEHIND, IN FRONT OF.

Movement activities should never mean turning the children loose on the playground. The paraprofessional should participate fully with the children, listening to them and interacting. Include all children in movement activities, even if some are simply pushed or pulled in a wagon or cart. Children without physical disabilities might be involved in the physical therapy group of other children.

MUSIC – Like art, music can be a vehicle for developing language and cognitive skills. Use songs that have meaning for the children. While you may wish to use familiar tunes of well-known songs, alter the lyrics to make them relevant and functional for the children. Replace difficult words with ones the children will understand. Wherever possible, include pictures and/or action cues to add meaning to the songs.

STORY TIME – Story time is an interaction time and a fun time for teaching concepts. Never sit down and just read a book! Use puppets, stuffed animals, and other toys as props. Always include the children as part of the story. They will especially like stories about themselves and their activities. Story time groups should not exceed six children.

Modifications for Children with Special Needs

Keep directions simple
Break the task into progressive steps and demonstrate each task
Use frequent praise and encouragement (verbal and nonverbal)
Repeat directions often
Guide the child through the activity – model
Use one-step directions
Select activities that focus on concrete themes and processes
Alternate quiet activities with active activities
Give physical and verbal prompting as needed
Make sure you have the child's attention/that he or she is looking at you before instructions are given
Provide individual and small group instructions
Establish and maintain routines
Provide visual cues with auditory

Children with developmental delays need a longer time to move through transitions, extra cues and assistance.

For the child with limited language skills, putting on outdoor clothing might signal the time to go home instead of time for outdoor play, or vice versa. Use picture cues to help the child understand the nature of the transition. For instance, a picture of a school bus or a mini-van means time to go home while a picture of the playground or a piece of outdoor playground equipment means it is time to go outside to play.

Here are some tricks for teaching a child how to get a jacket on independently: (1) Place the open jacket on the floor or table with the collar end of the jacket next to the child. Show the child how to slide her arms into the sleeves and then flip the jacket over her head. (2) Leave the jacket zipped up part way so that the child can step into the jacket. (3) Hang the jacket from a clothesline with two clothespins. Have the child back into the jacket and place arms in sleeves. Then as the child walks forward, he/she will pull the jacket off the line. (4) Place the open jacket on a child's chair and have the child sit on the chair. Prompt the child to place one arm into a sleeve, assisting as necessary. Repeat for the other arm.

To help children stay in line when walking from one location to another, have them hold onto a rope that has been marked with strips of colored tape at two-foot (sixty-centimeter) intervals.

Children with Physical Impairments and Motor Delays

The child with orthopedic impairments frequently requires assistance to move from place to place.

Let the child use a coat hook and cubby that are located at one end of the row of cubbies, rather than in the middle. This location gives the child more space without getting in the way of other children who are also at their cubbies.

Some children with mild orthopedic impairments prefer sitting on the floor or on a child-size chair for dressing tasks. Other children benefit from additional support in the form of a beanbag chair, a corner seat, or cushions placed around the back and sides.

Because some children with orthopedic impairments can't move out of play centers independently, they end up staying in only one center, even though they are actually finished playing. Give the child frequent choices so he/she can let you know when he/she is ready to transition to another center, or provide the child with some way of communicating to you that assistance is needed to move to next play area.

Encourage children to verbalize where they are going when transitioning from one center to the next. Talking about the sequence of the activity beforehand sometimes helps the child with motor planning issues to form a mental image of how his/her body needs to move in order to get to the next activity.

Make sure traffic paths are cleared of clutter so that the child doesn't have to negotiate around extraneous obstacles.

Once a child arrives in the next center, encourage the child to verbally describe his/her plan of action: what he/she is going to do and how he/she is going to do it. Verbalizing helps the child organize and plan. Also use this intervention during dressing and undressing activities.

Make sure adaptive materials are available. Use wider pencils for hand grips, squeeze scissors, large containers for paint or paste, slip store-bought foam hair curlers over pencils and brushes, apply Velcro® dots or strips to brush handles, and use shaving brushes, deodorant roll-on applicators or sponges for painting.

Stabilize objects in the workspace by using trays, taping down paper to table or easel, and putting heavy objects in the water cups to prevent tipping.

Pad the edges and backs of shelves and tables to prevent children who bump into them from getting hurt.

Ask before providing assistance and when assistance is required, provide only the amount that is needed.

Design activities with plenty of extra time for slower-performers.

Provide enough space for movement activities for a time when the child has a lot of energy.

Consider any safety precautions before selecting an activity. If the safety of the child is questionable, do not use the activity.

Do not use items that are too small or difficult to pick up. If the activity requires the child to pick up an art material, put the materials in a tube and let the child sprinkle them onto the pasted paper.

Start with larger objects and move to smaller ones.

Encourage children to attempt buttons, zippers and snaps, giving them only as much assistance as needed.

Make sure activities are of interest to the child to capture the child's attention. Include some of the following tasks in your fine motor centers: snipping paper of various thickness, snaps, buttons, zippers, pushing small items through slits made in the plastic lids of containers, dressing and undressing dolls, washing doll clothes and hanging them on a line to dry, woodworking, hammering, sanding, and planting seeds.

Encourage activities that will develop the child's body concept such as large movement games that include rolling, crawling, walking backwards and sideways, jumping, and other movement variations.

Provide a non-slip surface by placing rubbery shelving material or a piece of rug mat on the table.

Stabilize the base of a fine motor activity by taping or clamping it to the table.

Allow success that is visual to the child by modifying activities. (For example: superimpose colored marker segments over the line that is to be cut. For instance, the first segment could be purple, then red, blue, and green. The child will now view this activity as a series of attainable short steps, rather than one large, overwhelming project.)

Children with Communication Disorders

Be a good verbal role model by speaking in complete sentences. To increase articulation and language skills, talk while doing simple tasks.

Repeat, with corrections if necessary, what a child has said. However, do so by restating what the child has said rather than correcting him or her.

Reward the child for efforts to communicate.

Reward the child for efforts to use speech.

Attend to what the child is saying rather than how it is said.

Ask the child questions, preferably open-ended ones, to encourage language and expression.

Encourage spontaneous speech.

Use props that stimulate language.

Use short, concise statements.

Simplify tasks by reducing the number of steps.

Simplify the language that you use with the child.

Maintain eye contact with the child when speaking.

Model language using the pronoun "I".

Work one-on-one with children who are having difficulty with communicating.

Encourage children with delayed language to say at least a word or two. Repeat their thoughts in a full sentence with correct pronunciation.

Children with Hearing Impairments

Look directly at the child to whom you are speaking. Speak slowly as the child may wish to lip-read.

Be flexible with your language. If a word is not understood, try another word rather than simply repeating yourself.

Be aware of your interpretations of the child's attempt to communicate (a nod of the head does not necessarily mean "I understand").

Speak in a normal voice, do not shout. Hearing aids make sounds louder, not clearer.

Check with the child's special education specialist to ascertain if it is appropriate to use sign language, miming, or gesturing to augment lip reading abilities.

If you are talking to someone who is a lip-reader, keep the following things in mind: avoid changing subjects suddenly, keep your face in the light so the person can see your lips and never look away or cover your mouth while speaking.

Use simple, basic language. Do not chew gum while instructing or communicating with the child.

Seat child in a location where sound is clear.

Accompany oral direction with gestures, pictures or objects.

Make oral direction short and simple.

Post a pictorial representation of the day's schedule.

Use transition cards or tickets that have a picture of the next activity.

Check child's hearing aid daily to ensure proper functioning (check with child's speech pathologist or hearing specialist for procedures).

Check child's hearing aid periodically throughout the day for proper fit and to ensure that the aid is turned on at appropriate times.

Children with Visual Impairments

Encourage the child to use whatever vision he has.

Mark areas of the room with easily identifiable tactile objects.

Reduce glare. Use shades on windows, but have good, even overhead lighting. Use a dull finish on tabletop surfaces and matte (flat) paint for walls.

Keep noise level in room down and reduce extraneous visual stimuli.

Watch for signs of fatigue: yawning, eye rubbing, blinking, eye rolling, distant gaze.

Work with parents, counselor, psychologist, or vision specialist to set up consistent cues to help reduce inappropriate mannerisms common to blind children (hand waving, flicking fingers in front of eyes, rocking, arm flapping, light gazing, eye poking, eye rubbing).

Use consistent labels for objects. For instance, don't say, "cat" one day and "kitty" the next.

Teach the child consistent routines in the classroom to encourage independence.

Keep the child constructively involved in activities in order to discourage a pattern of repetitive self-stimulatory behaviors.

Encourage gradual exploration of different textures and surfaces.

Tell the child before touching him/her.

Walk in front or next to the child, not behind.

Speak to the child using a normal volume and tone of voice.

Actively assist the child to explore his/her environment. If the child has bumped into or tripped over something, help the child go back and explore the obstacle visually or by touch.

Investigate the source of loud noise or any other stimuli that frighten the child.

Use bright fluorescent colors like red, yellow, pink, and orange in activities or to modify toys to encourage the use of vision.

Do not leave a child with blindness in an open area. Instead lead the child to the side of a room or a landmark from which he can obtain a direction for travel.

Watch positioning to avoid shadows on the visually impaired child.

Enlarge materials as appropriate.

Use big books or large print.

Although some children with visual problems prefer dimmed lighting, most want bright, even lighting. The table surface should have a dull finish on it and be placed in an area of the room where the lighting is optimal to reduce glare and shadows.

Use high-contrast materials, such as dark or bright colors on light paper. Red, yellow, and orange are the easiest colors for a low-vision child to see, especially on a dark blue background.

Place a piece of mesh or screening under the paper when coloring with a crayon so that the child can feel the raised finished product.

To reduce glare from reflection of light, use pastel paper instead of white paper.

The child with visual impairments might need more time than other children to become accustomed to a new school setting and all its transitions. This child might prefer to spend days or even weeks in one play area rather than joining the larger group for activities and transitions in order to gather auditory information about the flow of the day and the scope of activities.

Assign the child a coat hook and cubby at the beginning or end of the row and place a tactile cue just below it.

Instead of a tactile marker for the cubby area, use an auditory marker such as a small bell. Hang the bell just above the child's coat hook.

Give the child verbal information about the location of items in the room.

Accompany all actions with clear, short descriptive statements. “Jill is handing the pine cone to Robert so that he can feel it.” This lets the child know what is happening within the group.

Modifications in Centers for Children with Special Needs

Block Center

Place a basket of blocks next to each child or pair of children.

Encourage children to use props such as toy animals and people, cars, and road signs.

Let each child use only a small number of blocks.

Use mats, tape, or other suitable material to define children’s spaces.

Let the child lie on a wedge mat while building with blocks on the floor.

Encourage the child to build against a stable surface such as a wall.

Place carpeting in the block center to help reduce noise.

Remind children of block center rules frequently.

Rotate the types of blocks: plastic blocks, unit blocks, large wooden blocks, and cardboard blocks.

Use interlocking blocks such as Bristle Blocks™ or Duplos™.

Encourage block activities that are at the child’s developmental level. Filling up a container or dumping them out are legitimate block center activities.

Model imaginative play and provide opportunities for children to imitate your block structures and play.

Encourage children to build horizontally rather than vertically.

Allow children to build inside a large empty appliance box.

Sand and Water Center

Limit the number of children at the sand and water table to two if the children who are present are easily over-stimulated.

Adjust the height of the water table to the child's needs.

Remove wheels or stabilize table against a wall so that the table is not sliding around.

Break down directions into small steps.

Model language concepts such as big/small or full/empty.

Use sand and water play as an opportunity to get the child out of his/her wheelchair and on to his/her tummy to play on a wedge or in a prone stander. Speak to the child's therapist about positioning.

Make sure that there is adequate lighting over the sand and water table if the child has visual impairments.

Replace sand with heavier materials, such as pebbles, if the sand is too over-stimulating.

Put sand in basins to define the child's play space.

Give clear and concise directions to help the child expand play skills.

Provide enough play toys to lessen conflicts between children.

Use brightly colored toys that contrast with the sand.

Change water in the water table daily.

Supplement verbal directions with pictures or signs.

Introduce novel toys if the child's attention begins to fade.

Encourage sharing and interaction with other children.

If the child is anxious about water play, give the child time to observe other children and gradually have the child approach the water table.

Art Center/Writing & Bookmaking

Build up handles of paintbrushes, crayons, and markers.

Place each child's art project inside a shirt box or on a cookie sheet.

Provide a variety of sizes of coloring implements.

Use large paper surfaces taped to the wall or an easel at eye level.

Add thickeners, textures, and fragrances to paints.

Allow children to stand, kneel on a chair, or straddle a chair while playing at the art table. Have stencils of simple geometric shapes available for children to use.

Try alternatives to white glue, such as tape, sticky paper or a glue stick. Place pieces of pre-cut tape along the edge of a weighted container.

Place only one or two collage materials on the table at one time.

Make a tabletop easel out of a cardboard box.

Use high-contrast materials.

Use pastel paper instead of white.

Place paper on top of mesh screening or sandpaper.

Use study carrels to separate work spaces.

Prepare the child's hands with a warm-up clapping activity.

Experience cutting a variety of materials, not just paper.

Tape one end of the paper to the wall for cutting.

Hold the paper for the child while he/she is learning to cut.

Use a variety of scissors, including small scissors, designed for preschoolers (available through catalogs).

Use glue to outline forms for coloring or cutting.

Dramatic Play Center

Let the child choose play that is of interest to him.

Provide direct instruction of play skills when needed.

Teach peer role models to include the child with special needs in play.

Set up boundaries to keep the children close to each other to encourage interaction.

Position children so that they can move to the best of their abilities.

Establish only those rules that are needed for the children to play safely.

Allow some roughhousing to provide children with an opportunity to learn to read the nonverbal cues of the other children.

Encourage children to verbalize their plans for play and to review what they did when the play is over.

Help parents to encourage dramatic play at home.

Create storybooks about the children's play and read frequently as a tool to teach play skills.

Dress-ups should be easy to get on and off.

Provide picture icons to help the child learn new play skills.

Teach children to use language to express feelings and resolve conflicts.

Partition off the dramatic play center by hanging sheets from the ceiling.

Assess the child's play skills by observing how he/she plays.

Avoid interrupting the child's play unless the child needs help to expand play.

While children are playing, stay involved by observing or playing with the children; don't use this as a time to talk to other adults.

If the children in your classroom tend to get over-stimulated, play music with a slow, even beat while the children are in the dramatic play center.

Classroom Techniques

- A. Structure rooms and activities in a developmentally appropriate way

- B. Positive reinforcement

- C. Transitions between activities

- D. Help the child feel part of the group

- E. Other ways to avoid problems
 - 1. Analyze situation
 - 2. Provide reasonable choices
 - 3. Respect the child and his/her feelings

- F. Teach self-regulation as part of the Curriculum
 - 1. Child's awareness of their behavior
 - 2. Recognize and acknowledge child's feelings
 - 3. Intervene escalating behaviors
 - 4. Provide location for child to regain control
 - 5. Teach children to respect each other
 - 6. Teach problem solving skills for social situations

Scenario 1 – Amy

Amy is a fussy, 5 month old baby. When awake, she rarely stays quiet for long unless she is held. She settles for a little while if she is fed, but this had led to frequent, small feedings. Her crying is irritating, so frequently staff take turns carrying her around while they attend to chores and other infants.

1. What might you consider when evaluating Amy's behavior?
2. Does Amy always get attention when fussing, but not when quiet?
3. From whom might you get information and with whom would you share your plan?

Scenario 2 – Michael

Michael is a 4 year old with significant developmental delays; including delays in language, cognitive, and motor skills. Michael is having a hard time adjusting to classroom rules. He is active and does not stay with tasks for any length of time. He is aggressive toward other children and sometimes towards adults (hitting and kicking).

1. What might you consider when evaluating Michael's behavior?
2. What adjustments to the classroom environment might be considered?
3. How might the caregiver deal with Michael's hitting?

Scenario 3 – Billy

Bill is a 4 year old who simply will not stay on his blanket and sleep during nap time. He is either talking to the child next to him, banging his feet or on the floor, asking to get a drink, or sneaking off toward the toys. The caregivers must constantly keep an eye on him and tell him to "Lie down and be quite."

1. What might be the initial cause of Billy's unwillingness to nap?
2. How might this be assessed?
3. How much attention does Billy get during nap time?
4. Develop a plan(s) to handle the problem.

Scenario 4 – Joshua

Joshua, 2 years old, is playing on the floor with a puzzle, trying to put it together. He is having some trouble getting the pieces to fit and is pushing on them harder and harder with accompanying grunts and small shrieks. Another child squats down and picks up one of the puzzle pieces. Joshua screams, tries to grab the pieces, hits the other child and pushes him away.

1. What happened here?
2. What are some things the caregiver(s) can do after Joshua hits the other child?
3. When and how could an adult have intervened to avoid the situation?

Positive Words

Change each statement from a negative statement to a positive statement.

Negative

Positive

Clean up your mess!

Don't run!

No pushing!

Stop that, now!

Don't throw the sand!

You know better than that!

Be quiet!

Don't stand on the slide!

Strategies

Observe, Identify and Describe Behavior

Ignore and Extinguish Behavior

Redirection

Setting Limits

Use Natural and logical Consequences

Shaping

Stay in Charge

Avoid Blaming

Stay In Charge Checklist

1. Avoid conflict situations, they usually lead to escalating power struggles.
2. Firmness does not require anger.
3. Lectures and arguments with children rarely accomplish with you intend.
4. Initially when a child exhibits challenging behaviors, you need to take responsibility for your behavior and the behavior of the child.
5. Take leadership in discussions with the child regarding challenging interactions.

Points to Remember

1. Changing a child's behavior is not easy and takes time and patience.
2. If what you are doing is not working, try something different instead of trying the same harder.
3. Expect to make mistakes.
4. Staff should support each other.
5. Sometimes a child will need more than can be accommodated within the typical staffing ratios, uses resources.