

**MAKING THE DEC RECOMMENDED  
PRACTICES “COME TO LIFE”**

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# **MAKING THE DEC RECOMMENDED PRACTICES “COME TO LIFE”**

**Using Case Method of Instruction in  
Early Childhood Special Education**

*By*

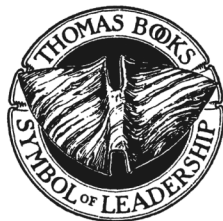
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*This book is dedicated to the next generation of early childhood special education teachers. Our hope is that this text will provide you with foundational knowledge of the DEC Recommended Practices and insight into the lives of the children and families you serve.*



## PREFACE

The focus of this book is to assist new early childhood special education (ECSE) professionals in entering the field. While ECSE candidates receive formal training to advance their knowledge and skills, this book supplements the ECSE candidate's education by providing realistic situations that may be encountered as a new practitioner. The book responds to a critical need for highly qualified personnel who have an understanding of how to navigate professional situations in consideration of the DEC RPs in their work with young children and their families.

Fifty-five case studies are provided, including seventeen solved case studies and thirty-eight unsolved case studies. The case studies are aligned with the current recommended practices (RPs) from the Division for Early Childhood (DEC) of the Council for Exceptional Children (2014). These cases mirror situations practitioners are likely to encounter in their practice. These cases are provided for ECSE candidates to consider, with support from faculty, in the context of their educational preparation. This book can also be used in professional learning communities, to generate conversation among working professionals on how to handle tough situations in consideration of the RPs.

Each of the case studies include questions for further thought and discussion, making these ideal for starting conversations around recommended practices. The unsolved cases allow the reader to consider strategies that could bring the proposed situation to a mutually beneficial resolution. The solved cases invite the reader to critique the resolution of a situation and consider alternative strategies that may have been applied.

Included in the front matter of the book are the DEC RPs and a chart of cases presented in the text, organized by the RPs. The end of the text includes supporting research citations and resources for further understanding on Case Method of Instruction. We hope that the cases provided aid in your understanding of the application of the DEC Recommended Practices in your work with young children and families.

A.R.D.  
C.F.D.





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## OVERVIEW OF DEC RECOMMENDED PRACTICES

The Division for Early Childhood Recommended Practices (RPs) (2014) provide guidance to practitioners and families on practices in delivering services to young children who have or are at-risk for developmental delays or disabilities. These RPs were used as the basis for the cases in this text to help preservice and inservice teachers in the implementation of these practices.

### ASSESSMENT

- **A1.** Practitioners work with the family to identify family preferences for assessment processes.
- **A2.** Practitioners work as a team with the family and other professionals to gather assessment information.
- **A3.** Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- **A4.** Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- **A5.** Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.
- **A6.** Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- **A7.** Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

- **A8.** Practitioners use clinical reasoning in addition to assessment results to identify the child’s current levels of functioning and to determine the child’s eligibility and plan for instruction.
- **A9.** Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child’s progress to revise instruction as needed.
- **A10.** Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.
- **A11.** Practitioners report assessment results so that they are understandable and useful to families.  
(DEC, 2014, p.8)

## **ENVIRONMENT**

- **E1.** Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.
- **E2.** Practitioners consider Universal Design for Learning principles to create accessible environments.
- **E3.** Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child’s access to and participation in learning experiences.
- **E4.** Practitioners work with families and other adults to identify each child’s needs for assistive technology to promote access to and participation in learning experiences.
- **E5.** Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child’s access to and participation in learning experiences.
- **E7.** Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.  
(DEC, 2014, p.9)

## **FAMILY**

- **F1.** Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.

- **F2.** Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.
  - **F3.** Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
  - **F4.** Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
  - **F5.** Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
  - **F6.** Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
  - **F7.** Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
  - **F8.** Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development.
  - **F9.** Practitioners help families know and understand their rights.
  - **F10.** Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.
- (DEC, 2014, p. 10-11)

## INSTRUCTION

- **INS1.** Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.
- **INS2.** Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.
- **INS3.** Practitioners gather and use data to inform decisions about individualized instruction.

- **INS4.** Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
- **INS5.** Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.
- **INS6.** Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- **INS7.** Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.
- **INS8.** Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.
- **INS9.** Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.
- **INS10.** Practitioners implement the frequency, intensity, and duration of instruction needed to address the child’s phase and pace of learning or the level of support needed by the family to achieve the child’s outcomes or goals.
- **INS11.** Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language.
- **INS12.** Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.
- **INS13.** Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

(DEC, 2014, pgs. 12-13)

## **INTERACTION**

- **INT1.** Practitioners promote the child’s social-emotional development by observing, interpreting, and responding contingently to the range of the child’s emotional expressions.
- **INT2.** Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

- **INT3.** Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests.
- **INT4.** Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.
- **INT5.** Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.  
(DEC, 2014, p. 14)

### **TEAMING AND COLLABORATION**

- **TC1.** Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
- **TC2.** Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
- **TC3.** Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.
- **TC4.** Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.
- **TC5.** Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.  
(DEC, 2014, p. 15)

### **TRANSITION**

- **TR1.** Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.