



Supporting Children With Disabilities: Resources for Engaging & Meeting Families Where They Are



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Presenter



Kristen Paul
Director of Early Childhood Programs



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Our Mission

Our mission is to empower families as advocates and partners in improving education and health outcomes for ALL children with disabilities and special healthcare needs.



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Who is PPMD?

- Maryland's Special Education and Health Information Center
- Established in 1990
- Governed by parents
- Our team is fully made up of parents and family members of children with disabilities and special healthcare needs



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Our Services

- One-on-one assistance to families
- Resource sharing
- Topical trainings
- Leadership trainings
- Military outreach



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We help families...

- Better understand their children's disabilities, education, and healthcare needs
- Communicate more effectively with school and health teams
- Understand their rights and responsibilities under special education law
- Understand their rights and benefits in healthcare systems
- Obtain services for their children
- Resolve disagreements with the school or other agencies
- Connect with other community resources

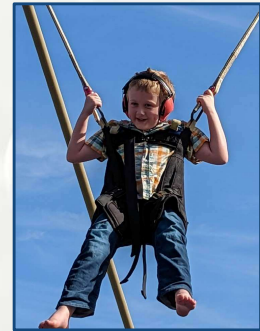


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Our Motivation



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Finding Your State's PTI(s)

- Visit <https://www.parentcenterhub.org/find-your-center>



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Objectives

- Increase knowledge of ASD
- Increase understanding of sensory processing challenges and how to support a child experiencing them
- Learn about resources to support children, families, and practitioners

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Autism Spectrum Disorder (ASD)

- In the US, about 1 in 31 children (3.2%) are estimated to have ASD*
 - Range: 9.7 per 1,000 TX, 53.1 per 1,000 CA
- 3.4x more common in boys
- Can be diagnosed by age 2
- Average age of diagnosis: 5 (5.6 for girls)



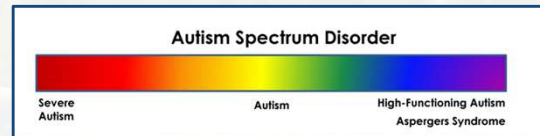
*ADDM Surveillance Year: 2022

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Traditional ASD Model



- Level 1: Requires support
 - Difficulty with social cues & nonverbal communication
 - May struggle with transitions & lack of routine
 - May focus intensely on specific interests & activities
- Level 2: Requires substantial support
 - Limited verbal skills, difficulty reading social cues
 - Strong preference for routine
 - May exhibit repetitive patterns of behavior that can disrupt routines & social interactions
- Level 3: Requires very substantial support
 - Nonverbal or limited communication
 - Extreme difficulty with transitions
 - Struggle with daily activities

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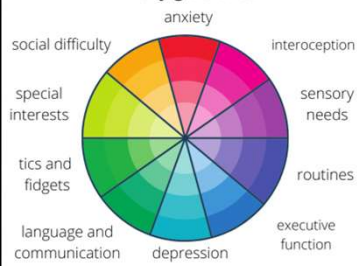
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What Is The Autism Spectrum?

Instead of thinking of autism as a line:



Think of autism as a color wheel with many gradients:



- No two people experience autism the same way
- On any given day, a person's "wheel" may look different

"If you've met a person with autism, you've met a person with autism"

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Potential Signs of ASD

- Challenges in social communication and interaction
- Restricted or repetitive behaviors or interests
- Other characteristics



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Examples of Social Communication Challenges

- Avoids or does not maintain eye contact
- Does not respond to name (9 mo)
- Does not show facial expressions like happy, sad, angry, and surprised (9 mo)
- Does not play simple interactive games like pat-a-cake (12 mo)
- Uses few or no gestures (12 mo)
- Does not share interests with others (15 mo)
- Does not point to show you something interesting (18 mo)

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Examples of Restricted or Repetitive Behaviors

- Lines up toys or other objects and gets upset when order is changed
- Repeats words or phrases over and over (echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (for example, wheels)
- Gets upset by minor changes
- Has obsessive interests
- Must follow certain routines
- Flaps hands, rocks body, or spins self in circles
- Has unusual reactions to the way things sound, smell, taste, look, or feel

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Other Possible Characteristics

- Delayed language, movement, cognitive, and/or learning skills
- Hyperactive, impulsive, and/or inattentive behavior
- Epilepsy or seizure disorder
- Unusual eating and sleeping habits
- Gastrointestinal issues (for example, constipation)
- Unusual mood or emotional reactions
- Anxiety, stress, or excessive worry
- Lack of fear or more fear than expected

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ASD and Sensory Processing Challenges

- Between 69 and 95 percent of children with autism also experience sensory processing difficulties.
- Occurs frequently enough for it to be included as part of the diagnostic criteria in the DSM-5

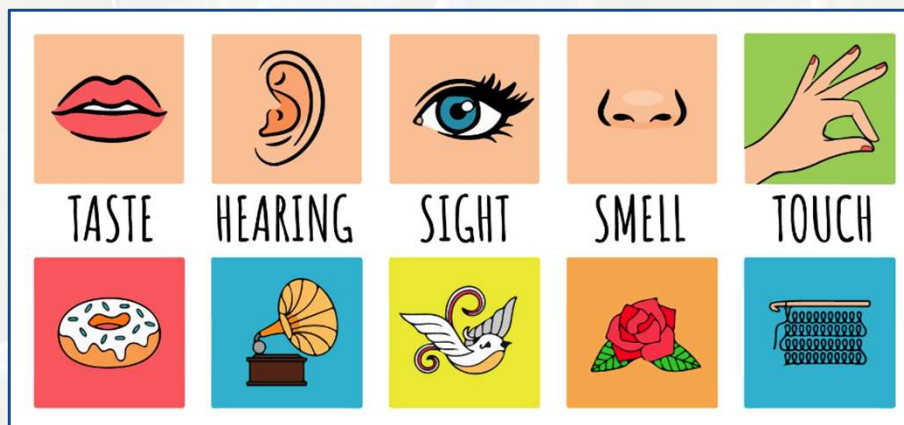


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The Senses (What We're Typically Taught)



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But what about these senses?

Proprioception: Your body's ability to sense movement, action, and location

Interoception: Your body's ability to sense, interpret, integrate, and regulate its internal state

Vestibular: Your body's perception of position and motion

In other words: Proprioception is sensing **where** your body is in space, interoception is sensing **how** your body **feels**, and vestibular is the ability of your body to **sense and maintain** posture and balance



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Auditory and Gustatory

Examples of Auditory Sensory Triggers

- Loud sounds
- Sirens or alarms
- Traffic sounds
- Flushing toilets
- Fireworks
- Music
- Singing or whistling
- Barking
- Clapping or cheering
- Food related noises like chewing or slurping
- Too many sounds at once
- Hum of fluorescent lights or electronics



Examples of Gustatory Sensory Triggers

- Specific flavors
- Temperature of food
- Specific textures



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Auditory Tools: Rain Sticks

Focusing on the movement and sound of the jar can boost concentration. Can also be used to learn about cause and effect; when moved in different ways, it sounds like rain.

Rain Stick



\$240.00

Rain Stick



Approx. \$15

DIY Rain Stick



Paper towel tube, duct tape, tin foil, small items that make noise like popcorn kernels or rice

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Auditory Tools: Noise Meters

Helps children (and adults) use an appropriate volume when speaking

Voice Meter Pro (App)



App is \$4.99; requires having a smart device such as an iPad or iPhone.

Pool Noodle Phone



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Auditory Tools: Piano Mats

Stimulates three different senses in the child's sensory system: visual, auditory, and tactile.

Piano Mat



\$109.00

Piano Mat



\$21.99

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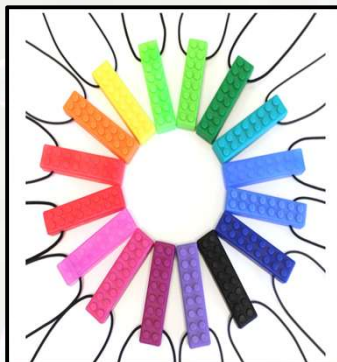


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Gustatory Tools: "Chewelry"

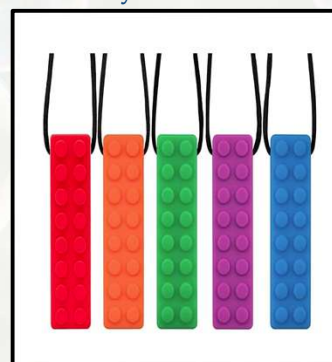
Provide oral sensory input

Brick Stick Chew Necklace



\$16.99 each

Sensory Chew Necklace



\$9.98 for pack of 5

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Gustatory Tools: Vibratory Tools

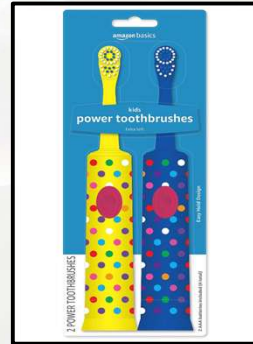
Vibratory oral motor tools can help build oral tone and improve a variety of speech, feeding, and sensory skills.

Z-Vibe Travel Kit



\$62.99

Vibrating Toothbrush



\$8.67

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Gustatory Tools: Honey Bear Straw Cup

Strengthen tongue, cheek, and lip muscles that aid in eating and drinking skills

Honey Bear Straw Cup



\$15.99

DIY Honey Bear Straw Cup



Honey bottle,
flexible tubing

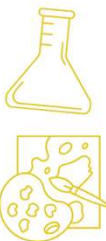
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Olfactory and Tactile

Example Olfactory Sensory Triggers in the Classroom



- Food smells from child's lunch, another child's lunch, or the teacher's cup of coffee
- Personal hygiene scents
- Perfumes or colognes
- Scents of soap or shampoo
- Smells of chemicals used in science labs
- Smells from craft supplies
- Smells from disinfectants & cleaning supplies

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Example Tactile Sensory Triggers in the Classroom

- Feel of the school uniform
- Clothing tags or seams
- Messy or dirty hands
- Touching something sticky
- Wet or dirty clothes
- Unexpected touches
- Light touch
- Feel of the chair
- Feel or texture of the carpet or floor
- Feel of craft materials
- Students bumping each other in the hallway
- Juice getting on hands when inserting straw into juice boxes

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Olfactory Tools: Aromatherapy

Aromatherapy may help calm a child who is anxious or under stress, reduce nausea, discomfort and pain, and promote healthy sleep.

Sensory Room Aromatherapy Kit



\$260.00

Smelling Bottles



Small containers with cotton balls scented with inexpensive oils, household scents

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Other Olfactory Tools

Scratch-n-Sniff stickers engage multiple senses: Use your nose to smell, eyes to observe the design, ears to hear the rubbing sound, and your finger to feel the rough texture of the sticker.



Scented bubbles also engage multiple senses – sight, smell and touch – while encouraging the development of oral motor skills.



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Tactile Tools: Sensory Bins/Table

Container filled with materials chosen to stimulate the senses, allowing the child to explore and interact with the items as they choose. Sensory play is a great way to expose your child to a variety of textures, facilitate communication, and actively engage with your child.

See Through Sensory Table



\$587.00

Sensory Table



\$25.00

DIY Sensory Bins



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Tactile Tools: Sensory Bags

Help children develop their sense of touch and fine motor skills as they manipulate the small objects around the bags.

Sensory Bags



\$25.00

DIY Sensory Bags



Hair gel or dish soap, glitter, plastic bag, duct tape, small objects (beads, sequins, google eyes, etc.)

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DIY Tactile Tool

Exposure to bubble/foam texture stimulates the senses as the child explores and interacts with it.

Rainbow Soap Foam Bubbles



Dish soap, water, whisk, food coloring

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Visual

Example Visual Sensory Triggers in the Classroom

- Clutter
- Bright or flickering lights
- Decorative displays & busy decor
- Glare from lighting or computer screens
- Busy carpet patterns or designs
- Too much natural light from windows
- Dark or poorly lit rooms
- Able to see things outside the classroom window



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Visual Tools: Sensory Mediums

Sensory tubes/bottles are filled with objects and liquids to create an engaging visual, auditory and tactile sensory experience.

Bubble Tube



Approx. \$1,200

Lava Lamp



Approx. \$35

Sensory Bottle



Fill an empty bottle with water, coloring, beads, glitter (etc.)

You could also add cooking oil or other liquids

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Visual Tools: Visual Projections

Provide visual stimulation and can improve a child's focus and attention to detail while in a fun, relaxing, and safe space.

Sensory Projector



Approx. \$1,400

Star Lamp Projector



Approx. \$35

DIY Light Box



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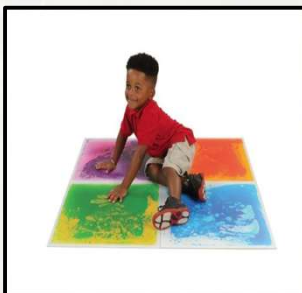


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Visual Tools: Sensory Floor Tiles

Often used in sensory rooms because they are visually stimulating, touchable, and encourage movement by providing a colorful display as a reward.

Liquid Floor Tiles



\$48 each

(\$192 for set of 4)

Liquid Floor Tile Set



Approx. \$180

DIY Sensory Floor Tiles
(Foam Tiles, lamination pouches,
baby oil, duct tape, food dye)



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Interoception

Example Interoception Sensory Triggers in the Classroom



- **Temperature changes**
- **Internal sensations like stomach rumbling**

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INTEROCEPTION

THE EIGHTH SENSE: KNOWING WHAT IS GOING ON INSIDE YOUR BODY

Evidence suggests poor interoception awareness can lead to difficulties with emotional regulation

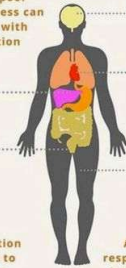
Overeating or forgetting to eat, not feeling thirsty or feeling thirst too frequently

Not feeling the urge to urinate or feeling an intense urge to urinate frequently

Disrupted interoception awareness can lead to autistic meltdowns



NEUROPOSITIVE LIVING



Inability to recognize signs of getting tired or fatigue

Not noticing increased heart or breathing rate or noticing it to the point it becomes distracting or overwhelming

Unusually high tolerance or sensitivity to pain, may not notice if cold or overheated

A person can be over-responsive to one particular internal signal and under-responsive to another

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Interoceptive Tools: Weighted Stuffed Animals

Provide deep pressure and sensory input to the body, creating a calming effect for children with sensory processing disorders.

Calmee the Caterpillar



\$39.99

Grafix Comfort Cuddlies Weighted Plush



\$10.00

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Interoceptive Tools: Heavy Work

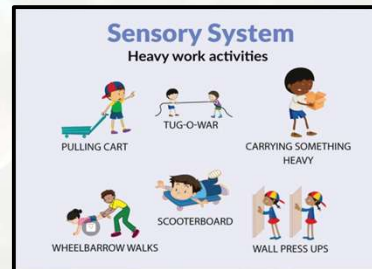
Provides sensory input to the body and improve overall body awareness, as well as increase strength, coordination, and endurance

Membership to Jungle Gym



\$240.00 annually

Heavy Work Around the House

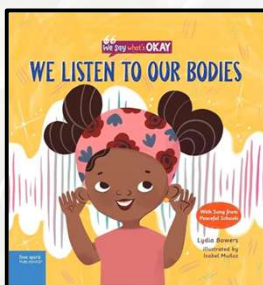


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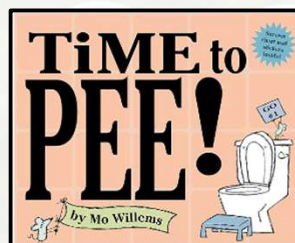


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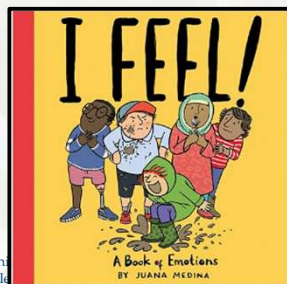
Interoceptive Tools: Books



\$12.60



\$6.67



\$8.99

Attention Building: Sensory books can captivate a child's attention.

Multi-Sense Stimulation: With the visual, tactile, auditory and kinesthetic inputs, a child gets to work various skills at a time.

Sitting Tolerance: With enhanced attention, a child using a sensory book is more liable to sit for longer durations

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Proprioception and Vestibular

Example Vestibular & Proprioception Sensory Triggers in the Classroom



- Spinning
- Swinging
- Jumping
- Sitting on the floor
- Sitting still
- Sitting at a desk
- Climbing
- Crowded or tight spaces like during assemblies, while lining up, or while walking in the hallways

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Proprioceptive Tool: Compression vest/shirt

Provides deep pressure; may reduce heart and/or breathing rate, blood pressure, and anxiety



SPIO Vest (approx. \$220)



A different type of deep pressure vest (approx. \$40)



Swimsuit top/rash guard 1-2 sizes smaller than your child's current size

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Proprioceptive Tool: Ball pit

Provide visual and tactile feedback and the “buoyancy” of water without the mess. They offer the opportunity to jump, roll, crawl, balance, and burrow. When two children are working on an activity in the ball pit together, they can also encourage cooperative play and social skills.

Ball Pit
(approx. \$1400)



Kiddie Pool with Cut up Pool Noodles
(Materials: Pool noodles, pool)



This could also be done in an empty bathtub or smaller container

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Proprioceptive Tool: Weighted shoulder/lap pad

Weighted shoulder/lap pads provide pressure that may help with focus and self-regulation



Approx. \$48



Something as simple as socks filled with dry rice can be used!

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Vestibular Tools: Balance Beams

Encourage stability/balance (engaging the muscles involved) and awareness of where their body is in space.

Balance Beam



\$79.99

DIY Balance Beam



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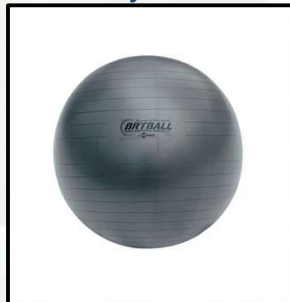


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Vestibular Tools: Bouncy Balls

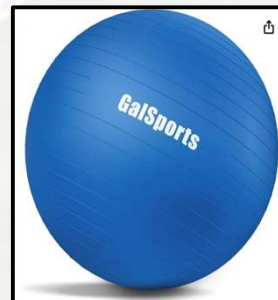
They help develop balancing skills and enhance sensory stimulation and gross motor skills.

Maxafe Gymnastik Ball



\$54.00

Exercise Ball



\$9.99

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Vestibular Tools: Swings

Deliver both predictable and unpredictable movements, rotations, and deep pressure, effectively stimulating the vestibular sensory system.

Sensory Swing



\$99.99

Sensory Swing



\$26.99

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Sensory Overload

**Sensory overload
can often explain
a lot of the
"behavior issues"
we see in kids.**

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WHAT IS SENSORY OVERLOAD?

Sensory overload occurs when one or more of our senses become overstimulated and overwhelms the brain. There's simply too much incoming information for the brain to process properly.

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EFFECTS OF SENSORY OVERLOAD

- Increased stimming
- Masking or social camouflage
- Meltdowns
- Shutdowns
- Autistic burnout

WHAT IS A MELTDOWN?

A meltdown is an intense external reaction to being overwhelmed or overstimulated.

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the parents' place of Maryland

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Seeing an increase in stimming isn't necessarily a bad thing. In fact, it can be a good sign that your child is actively trying to self-regulate and manage the sensory information that they're receiving.

WHAT IS MASKING?

Masking is a social survival strategy where an autistic person tries to hide their stims or autistic behaviors. They perform or engage in more socially accepted behaviors as a way to blend in and to avoid bullying and social stigma.

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WHAT IS A SHUTDOWN?

A shutdown is an internalized reaction to sensory overload where an individual takes a mental break by dissociating from an event or environment.


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WHAT IS AUTISTIC BURNOUT?

Autistic burnout occurs when an individual experiences constant sensory overload or stress and/or masks for long periods of time. They're unable to cope with day to day life and experience more frequent and intense meltdowns and shutdowns as a result.

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Supporting a child with sensory overload before it happens

- Know the child's sensory triggers
- Plan ahead and prepare the child (when possible)
- Work with an OT to discuss the child's needs and create a sensory diet
- Be aware of the signs of sensory overload
- Help the child develop and practice coping strategies when they are regulated
- Create a sensory or calm-down kit
- Identify safe spaces

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Supporting a child with sensory overload while it's happening

- Remain calm
- Try to minimize sensory input
- Take a break/shorten the experience
- Immediately reduce demands and limit communication
- Protect them from danger or injury
- Give them time to regulate and calm down

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Supporting a child with sensory overload after it's happened

- Provide extra downtime
- Talk with the child about it (when possible)
- Praise their efforts

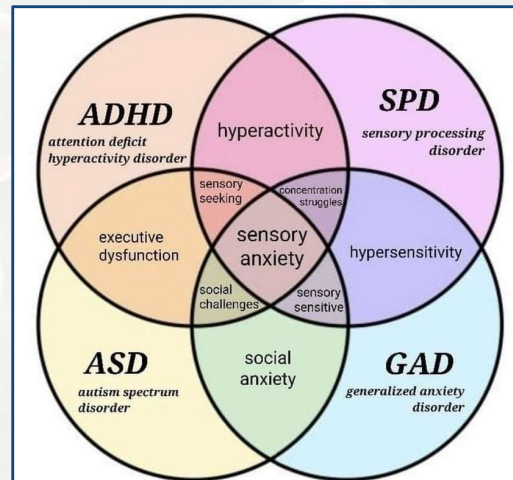
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Co-Occurring Conditions

- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Bipolar Disorder (BPD)
- Depression
- Developmental Delays
- Learning Disabilities



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We Know

- 1 in 4 children aged 0-5 years are at moderate to high risk for developmental, behavioral, or social delay
- Most parents note concerns around 18 months, yet average age of ASD diagnosis is age 5
- More than half of children with delays miss the opportunities provided by early intervention services
- Developmental disabilities are more common among children from low-income households

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We Also Know:

- Parents who have an understanding of child development and developmentally appropriate behaviors:
 - Raise children who are more likely to be successful in adulthood
 - Are more likely to notice behaviors that could result in their children being identified for services

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CDC's *Learn the Signs. Act Early.*

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What is the CDC's *LTSAE* Program?

- CDC initiative that aims to improve early identification of developmental delays and disabilities by facilitating **parent-engaged developmental monitoring** and promoting developmental screening so children and their families can get the early services and support they need.
 - *Learn the signs* (of typical development)
 - *Act early* (on concerns)

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Materials for Different Audiences

From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child's development and act early if you have a concern.

Milestones

Milestones for children 2 months – 5 years of age

If You're Concerned

What to do if concerned about your child's development

Families

Track your child's developmental milestones

Healthcare Providers

Free tools to support developmental surveillance

Early Childhood Educators

Free tools to track milestones and engage families

Free Materials

Print or order free materials

WIC Program Staff

Free tools to help WIC staff support child development

Home Visitors

Free tools to track child development

Watch Me! Training

Training for early care and education providers

About the Program

Overview of the program, research, and evaluation

Milestones In Action Photo and Video Library



View and download free photos and videos of children showing different milestones from 2 months to 5 years of age!

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Developmental Monitoring

Developmental Screening

Done by parents, teachers, health professionals

Ongoing process - begins at birth

Sample tool: "Learn the Signs. Act Early." Milestone Checklists

Look for developmental milestones

Important for tracking signs of development and identifying concerns

Formal process

Recommended by the AAP at 9, 18, and 24 or 30 months

Done by health professionals and may be done by teachers with special training

Uses validated screening tools

Sample tool: ASQ

Developmental monitoring + screening = more kids in early intervention compared with DS or DM alone! (Barger et al., 2018)

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The *LTSAE* Approach

- Friendly and positive
- Celebrating development as important as acting on concerns
- Parent-focused
- Many of the materials are available in multiple languages



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Milestone Checklists

- By the age listed on the milestone checklists, **75% - 90%** of all children at that age should be hitting all of the listed developmental milestones.
 - 2, 4, 6, 15, 18, and 30 months
 - 1, 2, 3, 4, and 5 years
- Checklists address four domains of development
 - Social
 - Language
 - Cognitive
 - Movement

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Your baby at 2 months

Baby's Name: _____ **Baby's Age:** _____ **Baby's Sex:** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well child and about the milestones your baby has reached and what to expect next.

What most babies do by this age:

- Social/Emotional Milestones**
 - Smiles when spoken to or picked up
 - Looks at your face
 - Reacts happily to you when you pick up or lift
 - Smiles when you talk to or smile at her
- Cognitive Milestones**
 - Seems to know when you are near
 - Looks at a toy for several seconds
- Language/Communication Milestones**
 - Reacts when you talk or sing
 - Reacts to loud sounds
- Movement/Physical Development Milestones**
 - Holds head up without support
 - Reaches both arms and both legs
 - Opens hands easily

Other important things to share with the doctor:

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Does your baby not smile back when you smile?
- Does your baby have any special healthcare needs or use formula with prematurity?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, that may tell you as the parent that you have other concerns, and really, that's what you want to know. Share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

- Ask for a referral to a specialist who can evaluate your baby's motor, and
- Get your state or territory's early intervention program to find out if your baby can get services to help, support, and keep her on track to learn, grow, and thrive!

For more on how to help your baby, visit cdc.gov/actearly

Don't wait. Acting early can make a real difference!

Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Let your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (in a crib with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or snacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5-10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children 24 to 36 months can do at each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/actearly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.

PPMD's information, resources, and trainings can be made available in languages other than English, including sign language upon request. Please contact us regarding your translation and interpretation needs.

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"Milestone Moments" Booklet

- Includes all checklists
- Activities to try at home
- Space for recording questions

Milestone Moments

Milestones Matter!
Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow from birth to age 5.

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Other Resources

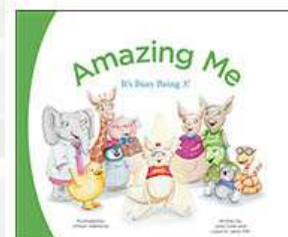


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Books

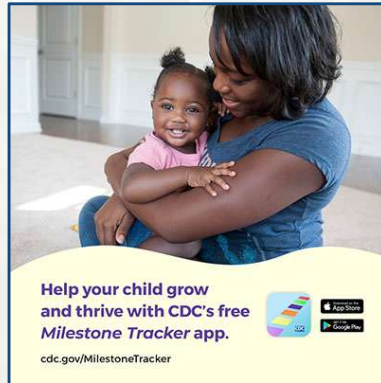


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Milestone Tracker Mobile App



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Milestone Checklists

- Answers are based on parent/caregiver observation
 - Yes
 - Not Yet
 - Not Sure

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Child Summary

Link to early intervention information
 Link to more information if parent is concerned
 Email summary to parent, teacher, etc.
 "Show Doctor" feature

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Tips & Activities

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Milestone Quick View

18 Month Milestone Overview

Here's a quick look at all of the language milestones most children reach by 18 months.

- Says several single words
- Says and shakes head "no"
- Points to show someone what she wants

Next

18 Month Milestone Overview

Here's a quick look at all of the social milestones most children reach by 18 months.

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Next

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Add Appointment

Appointment type / description *

October 26, 2021

12:00 PM

Provider name

Notes

Concerned about her lack of communication with what she wants (is not pointing at objects.)

Cancel

Notifications

- Appointments
- Milestones
- Recommendations

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Talking With Parents About Concerns

Tips for Talking with Parents about Developmental Concerns

TIPS	EXAMPLES
Always: Talk about development regularly. Talk with parents regularly about their child's development – not only at times of concern – and provide them with resources so they can track milestones at home.	I am so happy to be Taylor's new teacher! I came a lot about making sure all my children are on track in terms of how they play, learn, speak, act, and move for their age. So I will be looking for and tracking Taylor's developmental milestones over during his program with you regularly. It would be great if you would look at milestones at home, too, and let me know what you're seeing as well. I have some free milestone checklists that can help.
Share resources: Encourage families to use milestone checklists or the Milestones Checklist to monitor their child's development at home. Find these free resources here: www.cdc.gov/actearly	A great way to monitor Taylor's developmental milestones is with these checklists. They can help you understand typical milestones he should be reaching for his age and those to look for as he gets older. You can place them on the refrigerator for quick and easy reference throughout the day.
Use good listening skills: <ul style="list-style-type: none"> Listen closely, make eye contact, nod when appropriate, and be alert when the parent is speaking. Repeat the parent's main points when you respond so he or she will know you heard and understood. Consider how the parent feels about what he or she is saying. Watch and listen closely for clues to those feelings and acknowledge them when you respond. Probe for more information when necessary. 	It sounds like you are pretty worried and I hear you saying that you do not hear Taylor speak clearly at home. Is that correct? Let's talk about what you have noticed at home. Can you describe specific situations? Is there anything else about Taylor's development you'd like to talk about?
When you have concerns to share: Highlight the child's strengths: <ul style="list-style-type: none"> Let the parent know how the child does well and the milestones he or she is meeting. Keep the conversation positive. Make sure you are well prepared: <ul style="list-style-type: none"> Invest time in building meaningful relationships with the parents and discuss developmental progress regularly. Complete a milestone checklist for the child's age to help the parent know that you are basing your comments on facts and not just feelings. Encourage the parent to share any concerns with the child's doctor: <ul style="list-style-type: none"> Remember it's not your role to make or even suggest a diagnosis. Remind parents of the importance of acting early on concerns. 	We love having Taylor in class. He follows the classroom rules and really loves to sing, dance, and act during our circle time. Since our last meeting, I have noticed a few things about Taylor that I would like to discuss with you. I've been completing a milestone checklist for him, but I'd like for all the children, and I see he is meeting his cognitive milestones very well. However, he is not meeting a few of his language/communication milestones. For you, I have noticed that Taylor doesn't speak clearly enough for most people to understand. As you can see on the checklist, a 3-year-old typically speaks clearly. There might not be anything to be concerned about, but I do think it's important to talk to Taylor's doctor about this at the next meeting to get some feedback. Give the checklist with you when you go, please, and ask the doctor for a developmental screening. This will let me know if Taylor might need a little extra help. Getting help early can make a big difference! Let me know if you need anything from me for that doctor's appointment.

Be a good listener

- Listen closely
- Do not interrupt parent when they are talking
- Watch and listen for clues about how parent may be feeling

Highlight the child's strengths

- Talk about what the child does well
- Try to keep the conversation positive

Be mindful of cultural differences

- Not all cultures place the same emphasis on all milestones
- Disability is not viewed the same way in all cultures

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Concerned about Development?
How to Get Help for Your Child

Talking to the doctor is the first step toward getting help for your child if you are concerned about his or her development (how your child plays, learns, speaks, acts, or moves). **Don't wait.** Acting early can make a real difference!

- 1. Make an appointment with your child's doctor.**
 - When you schedule the appointment, tell the doctor's staff you have concerns about your child's development that you would like to discuss with the doctor.
- 2. Get a free Milestones Checklist.**
 - Before the appointment, complete a milestone checklist by downloading CDC's free *Milestones Tracker* mobile app from the App Store or Google Play or printing a paper checklist from www.cdc.gov/actearly.
 - Write down your questions and concerns, take these with you to the doctor's appointment.
- 3. During the doctor's appointment:**
 - Show the completed milestone checklist to the doctor.
 - If you think your child is having milestones, point them out, and share any other concerns that you have.
 - If your child is **not** meeting milestones but you still have concerns, tell the doctor about them.
 - Ask the doctor for developmental screening for your child.
 - Developmental screening is recommended whenever there is a concern. It gives the doctor more information to figure out how best to help your child.
 - For more information about developmental screening, go to www.cdc.gov/actearly.
 - Ask the doctor if your child needs further developmental evaluation.
 - If your child does, ask for a referral and call right away if you have difficulty getting an appointment, let the doctor know.
- 4. Make sure you understand what the doctor tells you, and what to do next.**
 - Before you leave the appointment, check the notes you have written and make sure all of your questions have been answered.
 - If you do not understand something, ask the doctor to explain it again or in a different way.
 - When you get home, review your notes and follow the steps the doctor has given you. Remember, you can always contact the doctor's office if you have any questions.

You Know Your Child Best.

If your child's doctor has told you to "wait and see," do you feel uneasy about that advice?

Talk with another doctor to get a second opinion.

AND

Call for a free evaluation to find out if your child can get free or low-cost services that can help.

If your child is under age 3:
 Call your state's early intervention program. Find the phone number at www.cdc.gov/actearly.

If your child is age 3 or older:
 Call the local public elementary school.

You do not need a doctor's referral to have your child evaluated for services.

Find more information, including what to say when you make these important calls, visit www.cdc.gov/actearly.

Don't wait. Acting early can make a real difference!

www.cdc.gov/actearly
 1-800-CDC-INFO (1-800-232-4636)
Learn the Signs. Act Early.

Download CDC's Milestones Tracker app

Be respectful and sensitive in phrasing responses and statements

Do not make or suggest a diagnosis

Share resources

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DEC Recommended Practices

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What are the DEC Recommended Practices (RPs)?

The DEC RPs identify those practices known to promote positive outcomes for young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion.

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Who do the RPs support?

- Families
- Childcare providers
- Head Start and Home Visiting staff
- Early Intervention providers (PT, SLP, OT, Special Instruction)
- Early Childhood Special Education providers
- Professional Development staff (In-Service)
- Administrators at State and Local levels

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Tools to Help You Use the RPs

- Performance Checklists
- Practice Guides (Practitioner, Family)
- Resources to support PD providers
- Available in English, Spanish
- Available to download and view on mobile device



[ECTA Center: Practice Improvement Tools: Using the DEC Recommended Practices](#)

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Let's Take a Look: Practice Guides (Practitioners)

TEAMING & COLLABORATION Practitioner Practice Guide 1 of 3
Helping Families Be Full Team Members

Families are full team members when they participate in all aspects of assessment, evaluation, IFSP/IEP planning, and implementation of the plan. This is important because families are the most knowledgeable about child and family life and have much to contribute to child and family interventions. It is important to value and incorporate family input throughout the entire assessment and intervention process. This practice guide includes different things practitioners can do to involve family members meaningfully and actively in assessment, planning, and intervention practice.

[Watch a video of this guide](#)

Supporting Families in Active, Meaningful Participation

- Schedule interactions that involve a particular child/family at times and places convenient to the family. This will help the family be more relaxed and willing to participate fully.
- Clearly communicate and demonstrate that family members' input is a valued and a vital part of all assessment, planning, and intervention processes. This is accomplished by asking for family ideas and soliciting their opinions from the very beginning of the assessment process. This helps families recognize their contributions to child growth and learning.
- Providing family members with clear, understandable, and jargon-free information about the purposes of each and every interaction helps them to prepare for and participate in the assessment and intervention process.
- Provide lots of opportunities for family members to discuss openly information that is important to the family. This will help identify and focus on family and child priorities and preferences for assessment and intervention.
- Be sure to use active and reflective listening skills. Behaviors to listen more than talk during interactions with families. This will encourage families to share information about what would be most helpful for improving child and family functioning.
- The more actively you involve family members in information sharing and informed decision-making, the more likely interactions will include family capacity building opportunities and consequences.

A Quick Peek

To the Mrs. Seem? Hello. My name is Abby Lewis. I'm a teacher with the Early On early intervention program. I understand you called yesterday with some questions and concerns about your son Hal. Is this correct? (Pause). Is this a good time to talk to tell me a little more about those concerns and for us to discuss possible next steps? (Yes.) Great. Can you tell me a little bit more about your concerns? (Yes.) Am I hearing you correctly that you are worried about his talking and minding you? (Yes.) If you would like, let's set up a time that I can come to your home for about an hour to see Hal play with some of the things he enjoys and, possibly, for you to share new pieces of the things that you are concerned about. I can share more information about Early On and what we do. This will also be a time for you to ask questions and for us to talk about Hal and your family that we'll help us better understand what might be going on right now. (Pause) You are welcome to pick a time and place that works best for you and Hal. What is a good time during the day for you and Hal? Please feel free to invite anyone else you would like for us to meet with. I'm going to put in the mail today a little more information about the program and what an evaluation and assessment process is all about. See you next week!

You'll know the practice is working if...

- Families are actively engaged in conversations with providers.
- Families offer suggestions and ideas about activities and strategies to help their child.
- Families report feeling valued and respected by other team members.

This practice guide is based upon the following DEC Recommended Practices: Teaming & Collaboration 1, 2, 3, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Access this practice guide and other products at <http://ectacenter.org/decp>
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All Practice Guides contain:

- Description of the practice
- A video guide
- Key characteristics
- A vignette
- Evaluating impact of the practice



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Let's Take A Look: Practice Guides (Families)

Description of practice

Using the practice (tips)

Illustrative vignette

How you know it's working

TEAMING & COLLABORATION Family Practice Guide 1 of 3
Participating on Your Child's Team

Early childhood staff that work with your family work as a team. You are an important member of this team. You are the most knowledgeable person about your child, your family, and what you want to see happen to help your child learn and grow. As a team member, it is important to share information about your child during your child's evaluation and assessment process. This practice guide includes different things that can help you be involved actively and meaningfully with other team members.

[Watch a video of this guide](#)

Families Becoming Active Team Members

- At first, you might not know the other members of your child's family early intervention team, and it might feel awkward to participate in meetings. It takes time to build trusting relationships, and over time, everyone on the team will become more comfortable with one another.
- Always feel free to ask team members about their roles, professional training, and what they like about working with young children. Besides getting to know them better, you'll learn how team members may be most helpful to you and your child.
- Avoid information overload! You will be getting lots of advice and information. Feel free to ask other team members about words or terms you may not understand. This is a new journey for your family.
- It is important that you understand your child and family's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and other documents and information you receive from the team. If you need more information to understand what other team members are saying, do not hesitate to ask them to explain it to you.
- Whenever possible, suggest times to meet with other team members that work best for you and your child. Ask about the purpose of the meeting or visit so you can be prepared to provide input or ask questions. If you are attending a meeting or visit, share your concerns so others will be prepared as well.
- Your family is the final decision maker on what goals and activities are the focus of your child's intervention. Other team members are available to assist you as you learn new strategies and build confidence in helping your child successfully participate in everyday activities and learn and grow.

A Quick Peek

Karen, an early intervention provider, arrives at a home visit and begins to address the IFSP goal on assisting her to feed Amelia. After several minutes, Karen suggests they ask the team's speech and occupational therapists to come assess Amelia to see if there are any physical reasons for her strong reaction to some foods. And they could also advise Mary how she might help Amelia by new foods. Mary says that is a good idea. Karen thanks Mary for speaking up about these new concerns saying this is why Mary is the most important member of Amelia's team!

You'll know the practice is working when...

- You feel your questions and concerns are answered to your satisfaction.
- You are comfortable making suggestions and providing your input.
- You feel supported in the decisions you make.

This practice guide is based upon the following DEC Recommended Practices: Teaming & Collaboration 1, 2, 3, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

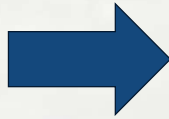
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Professional Development



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Family Capacity-Building Online Module

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Evidence-Based PD Procedures

Practice Improvement Tools:

Evidence-Based Professional Development Procedures

This module describes procedures that you can use with early childhood providers as you help them use any type of early childhood intervention practice. The module is split into 2 parts to give you time to reflect on this process.

Seven Steps

The professional development procedures include seven steps to provide training to adult learners including early childhood practitioners. The seven steps are:

1. **Introduce** a practice to Early Childhood practitioners
2. **Illustrate** or demonstrate the use of the practice to the practitioners
3. Engage with practitioners in the **use** of the practice
4. Facilitate practitioners' **self-evaluation** of their experience using the practice
5. Facilitate practitioners' **reflection** on their understanding of the practice
6. Facilitate practitioner **self-assessment of their mastery** using the practice
7. **Provide ongoing supports** and learning opportunities to practitioners to perfect their use of the practice

Evidence-Based Professional Development Procedures

Part 1

Presentation File

Part 1 sets the stage and discusses steps 1-3. (24 min.)

Presentation File

Part 1 sets the stage and discusses steps 1-3. (24 min.)

[Begin Part 1](#)

Part 2

Presentation File

Part 2 discusses steps 4-7. (16 min.)

[Begin Part 2](#)

When you have completed both modules, we would appreciate [your feedback!](#)

Additional Resources from ECPC

- [Metasynthesis of Inservice Professional Development Research: Literature Synthesis 4](#)
- [Metasynthesis of In-Service Professional Development Research: Features Associated with Positive Educator and Student Outcomes](#)

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Why Use Both LTSAE and the DEC RPs?

While *LTSAE* helps families identify areas of concern and how to act on those concerns, there are no resources for after the referral to early intervention/Child Find

The RP Guides for Families include such topics as:

- Partnering with Your Child's Assessment Team Members
- Supporting Your Child's Learning
- Families Obtaining Supports and Resources
- Participating on Your Child's Team
- Your Child's Move from Early Intervention to Preschool Special Education Services
- **and many, many more!**

PPMD's information, resources, and trainings can be made available in languages other than English, including sign language upon request. Please contact us regarding your translation and interpretation needs.



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Pyramid Model

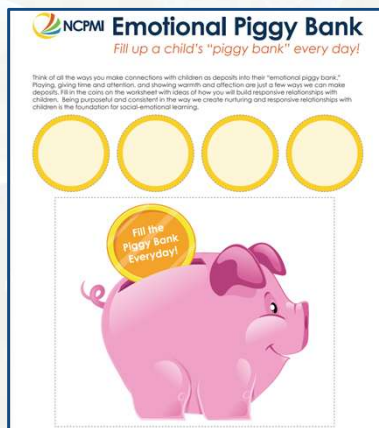
- Framework of evidence-based practices for promoting young children's healthy social and emotional development.
- Provides guidance for:
 - Early Childhood Special Educators
 - Early Intervention Personnel
 - Early Educators
 - Families



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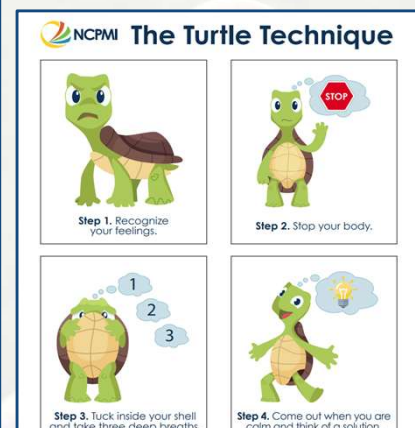
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Visual Supports for Routines, Schedules, and Transitions
(challengingbehavior.org)

Self-Regulation Skills: Breathing Strategies (challengingbehavior.org)

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Infant & Early Childhood Mental Health Consultation (Maryland)

- Pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow (childcare, preschool, home)
- Aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children
- Childcare providers **and parents** can access IECMHC services free of charge. Services include:
 - Observation and assessment of children and the childcare environment using research-based tools
 - Partnering with childcare providers to deliver training, mentoring, and coaching to help create environments that better support the social and emotional needs of young children
 - Increasing childcare staff skills in addressing the social and emotional needs of children to improve readiness for school
 - Supporting childcare providers to help retain and serve children with behavioral and mental health needs

Infant and EC Mental Health (marylandpublicschools.org)

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Resources

- RPs <https://www.dec-sped.org/dec-recommended-practices>
- Practice Improvement Tools <http://ectacenter.org/decrp/>
- Performance Checklists <http://ectacenter.org/decrp/type-checklists.asp>
- Practice Guides for Practitioners <http://ectacenter.org/decrp/type-pgpractitioner.asp>
- Practice Guides for Families (English) <http://ectacenter.org/decrp/type-pgfamily.asp>
- Practice Guides for Families (Spanish) <http://ectacenter.org/decrp/type-pgfamily-sp.asp>

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DEC Resources Available for Download

<https://www.dec-sped.org/dec-recommended-practices>



DEC Recommended Practices

The DEC Recommended Practices (RPs) bridge the gap between research and practice, offering guidance to parents and professionals who work with young children who have or are at risk for developmental delays or disabilities. The Recommended Practices were first developed by DEC in 1991 to provide guidance to the relatively new field of early intervention/early childhood special education. Through recent collaborative work with the Early Childhood Technical Assistance Center (ECTA), the 2014 set of DEC Recommended Practices was completed. The 2014 set of practices consists of eight domains: leadership, assessment, environment, family, instruction, interaction, teaming and collaboration, and transition. The Recommended Practices are helpful for those engaged in both preservice and in-service professional development.

Download

The DEC Recommended Practices (RPs)

- The DEC Recommended Practices
- Prácticas recomendadas de la DEC

Learn About

The aRPy Ambassadors

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More Resources

- Organization for Autism Research (<https://researchautism.org>)
- National Autism Association (<https://nationalautismassociation.org>)
- Find your state's Parent Training Information Center (<https://www.parentcenterhub.org/find-your-center>)



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And Next Comes L (<https://www.andnextcomesl.com>)



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THANK YOU!

For more information, or if you have questions, contact us!

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