



# It's All About the Routines: What Early Intervention and Preschool Service Delivery Have In Common

# Financial Disclosure

**Mrs. Woodcock is employed by West Virginia Birth to Three.**

**Ms. Brammer is employed by the West Virginia Department of Education.**

**There are no other financial relationships to disclose.**



# Learner Outcomes

**Participants will be able to:**

- 1. Describe Routines-Based Intervention**
- 2. Explain the similarities in Part C and Part B systems**
- 3. Address transition issues**

# The Importance of the Early Years

**Brain development in the first three years of life is rapid and extensive**

**Brain development depends on the mutual influences of genetics, environmental and experience**

**The influence of early environment can have severe and long lasting effects on later brain capabilities**

*(The Timing and Quality of Early Experiences Combine to Shape Brain Architecture, Working Paper #5), National Scientific Council on the Developing Child, 2007*  
[www.developingchild.net](http://www.developingchild.net)

# Relationships Matter To Me



# Activities and Routines is Where I Learn



# What is WV Birth to Three?



WV Birth to Three is a system of services and supports designed to meet the unique developmental needs of infants and toddlers from birth through age two with special needs and their families.

# WV Birth to Three

- Is provided in accordance with federal special education law, the Individuals with Disabilities Education Improvement Act (IDEA) – Part C Early Intervention
- Child must meet one of three eligibility categories according to the state definition
- **Eligibility Categories include:**
  - Developmental delay
  - Diagnosed physical or mental condition that may result in developmental delay
  - Multiple risk factors for developmental delay
- **Not all children referred are eligible for WV Birth to Three**
- **WVBTT does not have an income eligibility requirement and is voluntary on the part of the family**



# Developmental Delay Definition

- 40 % delay in one or more developmental areas  
(Communication= receptive or expressive)
  
- 25 % delay in two or more developmental areas  
(Communication = receptive or expressive but not individually)
  
- Substantially Atypical in two areas or one area delay and one area substantial atypical

# WV Birth to Three Evaluation and Assessment Process

**The WVBTT Multi-disciplinary Evaluation Team will collect information about:**

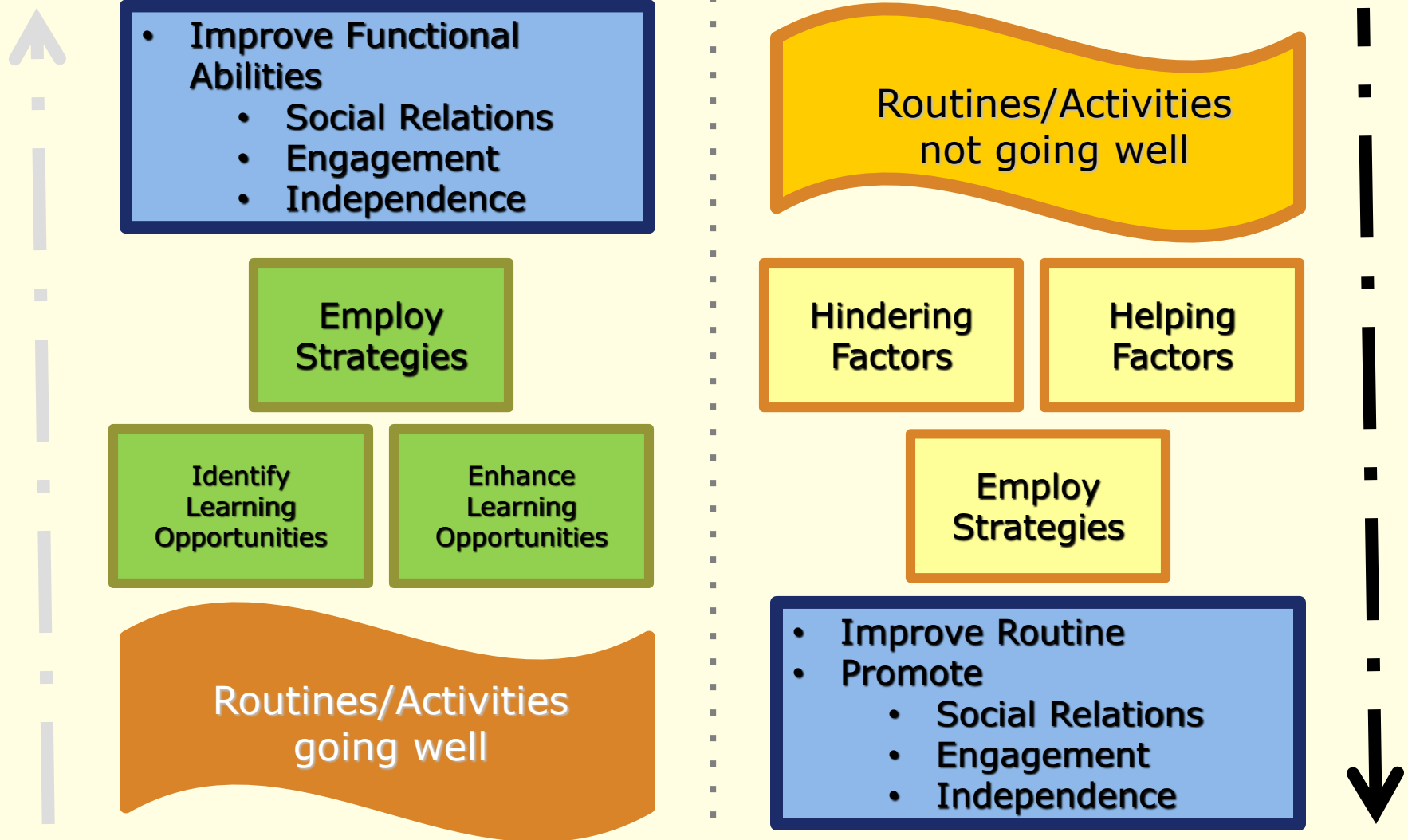
Who is important to the child- seeing the child in the context of the family

The child's current health status and medical background

Where the child spends time - who are they with and what are they doing

How the child learns, plays, moves, communicates and interacts with objects and people within the routines of the day

# How: Gathering Relevant Information...



# Individualized Family Service Plan

**Is based upon comprehensive assessment and guided by the family's concerns, priorities and resources**

**Builds upon the natural supports that families already have**

**Identifies the outcomes that the family would like to see for themselves and their child**

**Strategies and activities to support the child are designed to fit into the family's life/routine**

# The IFSP Process ...

**Is grounded in an understanding of family systems, parent-child interactions and developmental needs**

**Supports the family and other caregivers as the primary teachers of the child, while strengthening the family's capacity to make informed decisions**

# WV Birth to Three Services and Supports

## Help the family know how to help their child by:

- Providing information on child development
- Teaching/coaching families how to support their child's development within the daily activities and routines of the child and family
- Coordinating services with other programs the family may be involved with



## Why Should We Coach Family Members and Other Caregivers?

- If you take the number of hours a 2 year old is typically awake per day and multiply that by 7 days you get about 84 hours a week. That is 84 hours when parents and caregivers have opportunities to interact with a child and help a child practice new skills.
- Now think about the number of hours we as home visitors have available each week for those same opportunities? Maybe 1-2 at most.
- The conclusion? When we coach families and other caregivers, we dramatically increase the number of learning opportunities for young children to practice their skills within their daily routines and activities.

# Identifying Naturally Occurring Learning Opportunities

**Recognize that families are the agents of change in the child's development**

**Use consultation, coaching, and teaching as methods to support the family or other primary care givers**

**Individualize frequency of services to meet the unique interests, abilities, skills, needs, resources and priorities of the family**



# Family Stories



# Transition Planning

**At least three months and no longer than nine months prior to the child's third birthday, the IFSP team and family begin to design a transition plan that outlines the steps that the family and other team members will follow in order to support a smooth transition from WV Birth to Three.**



# Transition Plan Will Include:

**Activities to provide the family with information on possible receiving agencies, eligibility and enrollment requirements, and what to look for in a preschool**

**For children transitioning to center based settings:**

Activities and strategies to prepare the child to be successful in a new setting, including review of assistive technology needs

Opportunities to visit classrooms

**Strategies to support the family**

**Strategies to share information among agencies**

# Part C to B Transition Procedures

[http://www.wvdhhr.org/birth23/trans\\_proc/](http://www.wvdhhr.org/birth23/trans_proc/)

# It Takes a Village





West Virginia DEPARTMENT OF  
**EDUCATION**

Services for Children Ages Three  
Through Five

# Preschool Services

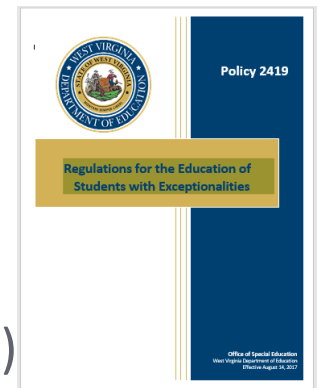
- **Are provided in accordance with federal special education law, the Individuals with Disabilities Education Improvement Act (IDEA) – Part B**
- **Child may qualify for services in the following areas:**
- **Eligibility Categories include:**
  - Developmental delay
  - Diagnosed physical or mental condition that may result in developmental delay
  - Multiple risk factors for developmental delay (Speech-Language Impairment)
- **Not all children referred are eligible for an Individualized Education Plan (IEP)**

# Developmental Delay

Developmental delays occur in students, ages three through five, who are functioning at, or lower than, 75% of the normal rate of development in two or more of the following areas:

- Cognition
- Physical development including gross motor and/or fine motor skills
- Communication
- Social/emotional affective development
- Self-help skills

(Policy 2419)





# Speech-Language Impairment

A speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance as defined by the Individuals with Disabilities Education Act of 2004.

The addition of adverse educational impact means that we no longer identify impairments only. We have to look at the impact of the impairment on the student's access to the educational curriculum.

At the preschool level, that impact is social.

# Three Prongs of Eligibility (WVDE Policy 2419)

1. Meets Eligibility Requirements
2. Experiences Adverse Effect on Educational Performance
3. Needs Specially-Designed Instruction

# Eligibility Criteria

Language – Page 42, M.

For a preschool child to be considered for language intervention, the child's language should be determined to have a negative impact on social-communicative interactions and one or both of the following characteristics must exist:

- i. Norm referenced language tests which yield two subtest or total test scores with the following characteristics: 1.5 or more standard deviations below the mean, a language quotient/standard score of 78 (mean 100), a stanine of two and/or a percentile of 8.
- ii. Non-standardized/informal assessment indicates that the student has difficulty understanding and/or expressing ideas and/or concepts to to such a degree that it interferes with the students social/educational progress.

# Eligibility Criteria

Speech Sound Disorders – page 42, M.

3. For a preschool student to be considered for articulation/phonology therapy, the student's speech should be determined to have a negative impact on social-communicative interactions and one or both of the following characteristics must exist:
  - a. Multiple phonemic errors that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level are observed during direct testing and/or conversational speech.
  - b. Two or more phonological processes that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level are observed during direct testing and/or in conversational speech;
4. Application of developmental norms from diagnostic tests verifies that speech sounds may not develop without intervention. (See Articulation Development Chart in Appendix).

# Special Considerations

Special Considerations – Eligibility - If verbal communication was not an effective means of communication, **an augmentative communication evaluation must be conducted to provide alternative means of communication. (Policy 2419)**

How do you feel about that statement?



# Individualized Education Plan (IEP)

Developed by the IEP Team at the IEP Meeting.

Specially designed instruction to:

- Addresses the unique needs of the student that results from his or her disability; and
- Ensure access to the general education curriculum so that the student with disabilities can meet the education standards that apply to all students.

# Least Restrictive Environment

When determining the educational environment for a preschool student receiving services for a speech-language impairment, each child should be considered on an individual basis.

Providing services in the classroom for at least part of the therapy time allows the speech-language pathologist to model for the preschool teacher and classroom staff to model the intervention techniques that will assist the student. It will also allow the speech-language pathologist to learn the classroom routines and activities that are important to the student so that they can be adapted to fit the needs of the student.

Indicator 6 – PreK LRE

Percent of children aged 3 through 5 with IEPs attending a:

- 6A: Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program;
- 6B: Separate special education class, separate school or residential facility.

# Speech and Language Skills of a Child Aged 3-5

“A child's speech and language development becomes more advanced beginning around age 3 through age 5. Receptive language skills during this period become more sophisticated; a child learns to make subtle distinctions between objects and relationships. Also, the child can understand multi-step requests. Most children also gradually speak more fluently and use proper grammar more consistently.”





# Speech and Language Milestones Ages 3-5

## Speech and language milestones

	Receptive language	Expressive language
3-year-olds:	<ul style="list-style-type: none"> <li>Follow two-part requests, such as "put your pajamas in the hamper and your slippers in the closet."</li> <li>Learn new words quickly; know most common object names.</li> <li>Understand the concept of "two."</li> <li>Understand gender differences.</li> <li>Know their own full name.</li> </ul>	<ul style="list-style-type: none"> <li>Begin correctly using plurals, pronouns, and prepositions more consistently.</li> <li>Frequently ask "why" and "what."</li> <li>Often use complete sentences of 3 to 4 words.</li> </ul>
4-year-olds:	<ul style="list-style-type: none"> <li>Know the names of colors.</li> <li>Understand the difference between things that are the same and things that are different, such as the difference between children and grown-ups.</li> <li>Can follow three-step instructions, such as "Go to the sink, wash your hands, and dry them on the towel."</li> </ul>	<ul style="list-style-type: none"> <li>Use the past tense of words.</li> <li>Use sentences of 5 to 6 words.</li> <li>Can describe something that has happened to them or tell a short story.</li> <li>Can speak clearly enough to be intelligible to strangers almost all of the time.</li> </ul>
5-year-olds:	<ul style="list-style-type: none"> <li>Understand relationships between objects, such as "the girl who is playing ball" and "the boy who is jumping rope."</li> </ul>	<ul style="list-style-type: none"> <li>Usually can carry on a conversation with another person.</li> <li>Often call people (or objects) by their relationship to others, such as "Bobby's mom" instead of "Mrs. Smith."</li> <li>Can define words such as "spoon" and "cat."</li> </ul>

# Relationships Matter to Me



# Routines Are Important in the Preschool Classroom

Provide opportunities to embed goals

Provide opportunities to embed communication skills

Provide opportunities to model for preschool teacher and staff



# Preschool Routines Video

## Predictable Routines...

Help children understand what is coming next in their day

Help children understand what they will be expected to do during each part of their day

Routines support children's security and independence

Routines help children be more responsible and confident

Routines help children be more relaxed and cooperative



# Knowing the Child's Interests Continues to be Important

Dr. Karyn Purvis of Texas Christian University says, it takes over **400 repetitions** to create a synapse in the brain (true learning) without playful engagement OR about **12 repetitions** to create a synapse when you use play to teach.



# CUMULATIVE INTERVENTION INTENSITY

(Example)

Product of dose x dose frequency x total intervention duration.

20 productions per session

x 1 session per week

x 28 weeks

= 560 productions (or teaching episodes)

# RESEARCH INDICATES

- The typical time to change a speech difference is 15 to 20 hours – Jacoby, et. al., 2002.
- Massed practice is essential to progress – each student should produce approximately 150 correct speech sound productions per session – no more than four in a group - Skelton, 2004.

# It's All About the Routines





# References

- (*The Timing and Quality of Early Experiences Combine to Shape Brain Architecture, : Working Paper #5*), National Scientific Council on the Developing Child, 2007 [www.developingchild.net](http://www.developingchild.net)
- Early Childhood, Arnet and Maynard, Pearson, 2013, Chapter 6.  
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- Video – Preschool Routines, YouTube,  
<https://www.youtube.com/watch?v=IHkkD6SYxqI>

# Thank You for Your Service to Students Ages Birth to Five

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