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# The Path to Inclusion:

A Resource Guide for Developing Inclusive Child Care  
for Children with Disabilities and Other Special Needs  
in Santa Cruz County

2<sup>nd</sup> Edition Revised June 2010

Developed for the Child Development Resource Center; written by Linda Kishlansky,  
Inclusion Specialist, with funding from Special Parents Information Network and the Santa  
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# Introduction

As child care providers, we are committed to providing the highest quality programs for the children and families in our care. We strive to create communities of diverse learners and foster curious minds. We nurture the very best in all children. We celebrate as they move on to kindergarten knowing that we have participated in giving them a high quality, loving early start.

Since the *Path to Inclusion* resource guide was first published in November 2002, it had been used by hundreds of child care providers and community partners throughout the State of California. In this, our second revision, we strive to provide you with a dynamic document that incorporates many of your comments and suggestions. Our goal remains unchanged.

*The goal of The Path to Inclusion Resource Guide is to assist providers in developing high quality programs that are welcoming of all children, including those with disabilities or other special needs.*

A summary of the California Department of Education Prekindergarten Learning and Development Guidelines (CDE 2000) lists the following five points in their Including Children with Disabilities or Other Special Needs section:

- Teachers accept and actively support the concept of inclusion by creating a classroom environment in which all children and families feel they are welcome.
- Teachers are a part of the education team that develops and implements Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) for the children eligible to receive special education services.
- Teachers work collaboratively with other specialists to determine appropriate modifications in the curriculum, instructional methods or classroom environment.
- Programs provide sufficient release time, training, information and support for teachers to plan and consult regarding children with disabilities or other special needs.
- Teachers work closely with families in an educational partnership and provide them with appropriate information and support.

We hope that the information contained in this binder is helpful to you as you begin to broaden the spectrum of practices and curriculum in your child care program. This information is only the beginning of what we hope is a long and lasting commitment to "Inclusive Child Care for ALL Children."

--Linda Kishlansky, Inclusion Specialist, Santa Cruz County Office of Education

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# Section One: First Steps

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# Who are Children with Disabilities or Other Special Needs?

Children can have special needs in any of these areas of development:

- **Gross Motor** - includes movement, balance, walking and running
- **Fine Motor** - includes hand and finger use
- **Language and Communication** - includes understanding and verbal use of language
- **Cognitive** - includes thinking, reasoning, problem-solving and play
- **Attention** - includes focusing on people and information in the environment
- **Social/Emotional** - includes interactions with peers and adults, sense of self
- **Adaptive** - includes skills of daily living: feeding, dressing, toileting
- **Sensory** - includes use and integration of vision, hearing, touch, smell, taste
- **Medical** - includes congenital medical conditions and other health-related challenges

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# Who is Eligible for Mandated Services?

Under the federal law known as Individuals with Disabilities Act (IDEA), states are responsible for meeting the needs of eligible children with disabilities. To find out if a child is eligible, he or she must first receive a free, full and individual initial evaluation. The following information is provided by NICHCY (National Dissemination Center for Children with Disabilities).

- **Infants and Toddlers, Under Three Years of Age** - Under the IDEA, "infants and toddlers with disabilities" are defined as individuals under three years of age who need early intervention services because they:
  - are experiencing developmental delays in one or more of the following areas:
    - cognitive development
    - physical development
    - communication development
    - social or emotional development
    - adaptive development
  - have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay

- 
- **Children and Youth Aged 3-21** - The IDEA lists 13 different categories under which 3 through 21 year olds may be eligible for services. The disability categories are:
    - autism
    - deaf-blindness
    - deafness
    - emotional disturbance
    - hearing impairment
    - mental retardation
    - multiple disabilities
    - orthopedic impairment
    - other health impairment
    - specific learning disability
    - speech or language impairment
    - traumatic brain injury
    - visual impairment
  
  - Under the IDEA, states and local educational agencies (LEA's) can use the term developmental delay with children aged 3 through 9 if they experience developmental delays in one or more of the following areas:
    - cognitive development
    - physical development
    - communication development
    - social or emotional development
    - adaptive development

These children, because of the developmental delays, may qualify for special education and related services.

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# Signs of Stress in Young Children

Signs of stress may indicate that a child is at risk for possible social, emotional, learning or other developmental problems. These children are sometimes referred to as "high risk" or "at risk" for having a disability. However, they may not qualify for Special Education Services.

"At risk" signs of stress in young children may include:

- doesn't respond to friendly caregiver overtures
- daydreams frequently
- has a grave, solemn face; rarely smiles or laughs
- has frequent, prolonged temper tantrums
- cries a great deal for months after entry into group care
- acts sullen and defiant
- punishes self through slapping, head banging or calling self bad names
- is overly sensitive to mild criticism
- flinches if a teacher or visiting adult approaches with a caressing or reassuring gesture of outstretched arms
- reports proudly to teacher that she or she has hurt another child
- is highly vigilant about others' misdeed; tattles or jeers
- is highly demanding of adults, although usually fairly self-sufficient
- bullies or scapegoats and may get other children to join
- carries out repetitive, stereotyped play that may have destructive aspects

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# Developmental Characteristics

The following characteristics illustrate the average age range in which children acquire developmental skills. It is important to remember that within each range individual children will acquire skills at different times and that children of the same age will differ in their rates of development. The ranges presented are approximate time ranges rather than exact ages at which these skills are acquired. Only a portion of the many skills children acquire is included to give an overview of the developmental process.

## INFANTS

### Birth To 3 Months

#### INTELLECTUAL DEVELOPMENT

- Look at patterns, such as shapes or faces.
- Stare or swat at a moving object.
- Connect people with events, such as mother with bottle.

#### LANGUAGE DEVELOPMENT

- Babble and coo.
- Cry when something is wrong.
- Respond to sounds with gestures or by making sounds.

#### PHYSICAL DEVELOPMENT

- Explore by looking, swatting, grasping, mouthing.
- Suck.
- Follow objects with eyes.
- Bring fists together.
- Begin to roll over.
- Raise head while lying on back.

#### SOCIAL-EMOTIONAL DEVELOPMENT

- Smile at faces or voices.
- Smile or babble when held, rocked, played with.
- Show discomfort by crying or tensing the body.

### 3 to 6 Months

#### INTELLECTUAL DEVELOPMENT

- Tell the difference between family and others.
- Recognize bottle.
- Repeat actions which cause toys to move or make a noise.
- Look for and uncover a partially hidden toy.

#### LANGUAGE DEVELOPMENT

- Try to imitate some sounds.
- Make sounds to get your attention.
- Make more varied sounds (e.g., grunts, toy).

#### PHYSICAL DEVELOPMENT

- Balance head.
- Reach with both hands.
- Pull to a sitting position and sit alone for a short while.
- Put fingers and objects in their mouths to explore.
- Hold onto bottle while being fed.

#### SOCIAL-EMOTIONAL DEVELOPMENT

- Smile at reflection in the mirror.
- Laugh and make noises to show pleasure.
- Cry in different ways to express different needs (e.g., food or dry diaper).
- Smile and hug to show affection.

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## 6 to 9 Months

### INTELLECTUAL DEVELOPMENT

- Repeat action to perfect it.
- Uncover a hidden toy.
- Shake or move an object to make noise.

### LANGUAGE DEVELOPMENT

- Say "Da-Da," "Ma-Ma."
- Babble to themselves and familiar persons.
- Copy mouth and lip movements.
- Imitate sounds and gestures more accurately.

### PHYSICAL DEVELOPMENT

- Sit without support.
- Crawl and pull to a stand by holding onto furniture.
- Feed themselves finger food and hold their bottles.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Reach out toward and pat reflection in a mirror.
- Push away something not wanted.
- Participate in games, such as "peek-a-boo."
- Begin to imitate play with adults.

## 9 to 12 Months

### INTELLECTUAL DEVELOPMENT

- Explore nearby areas more thoroughly.
- Try to name familiar people.
- Dump objects out of a box or can.
- Look at pictures in a picture book.
- Remember games played before.

### LANGUAGE DEVELOPMENT

- Combine words and gestures (e.g., "bye-bye").
- Imitate sounds things make (e.g., "Choo-choo").
- Stop doing something when told, "NO."

### PHYSICAL DEVELOPMENT

- Crawl.
- Stand alone and walk holding onto furniture or an adult.

- Eat messily with a spoon and feed themselves small pieces of food.
- Open drawers and cupboards.
- Pick up small objects with thumb and first finger.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Play "pat-a-cake."
- Respond to their own name.
- Cling to a familiar person if a stranger is present.
- Show hurt feelings when scolded.

## 12 to 18 Months

### INTELLECTUAL DEVELOPMENT

- Understand simple directions.
- Connect the order of events, such as food-wash-nap.
- Correctly use the names of familiar people and objects.
- Look for something in more than one place.
- Find new ways to get things done.

### LANGUAGE DEVELOPMENT

- Use "Mama" and "Dada" correctly.
- Put simple words together.
- Use one word to indicate needs, such as "Milk" for "May I have some milk?"
- Imitate words.

### PHYSICAL DEVELOPMENT

- Throw a ball.
- Walk up and down stairs with help.
- Pull clothes off.
- Use a spoon with less mess and drink from a cup with help.
- Build a tower of 2 blocks.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Watch children play and play beside other children.
- Try to spend more time with others.
- Show a sense of humor.
- Show a preference for a toy.
- Demonstrate anger by crying or fighting.

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# TODDLERS

## 18 to 24 Months

### INTELLECTUAL DEVELOPMENT

- Name familiar objects.
- Recognize themselves in a mirror.
- Recognize body parts on a doll.
- Fill a box or can with objects.

### LANGUAGE DEVELOPMENT

- Use 2-word sentences.
- Follow simple directions.
- Ask simple questions.
- Follow simple commands.

### PHYSICAL DEVELOPMENT

- Walk and run without falling.
- Climb and sit in a chair.
- Walk up stairs without help.
- Carry, push or pull a large toy.
- Build a tower of 3 blocks.
- Scribble with a crayon.
- Turn pages in book.
- Chew solid foods.
- Use a spoon and drink from a small cup.
- Tell when they are wet or soiled and sometimes use the toilet when placed on it.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Show affection.
- Enjoy house play activities.
- Play beside other children but may not share easily.
- Show more independence in activities, decision-making, self-care.
- May slap, bite or hit and refuse to do what they are asked.

## 24 to 36 Months

### INTELLECTUAL DEVELOPMENT

- Take simple objects apart and put them back together.
- Develop longer memory span.
- Match colors, sizes, shapes or textures.
- Make simple choices.
- Know what some objects and body parts are used for.
- Begin to understand numbers.

### LANGUAGE DEVELOPMENT

- Use 3-word sentences.
- Use words to show feelings and thoughts.
- Use language in more expressive ways.
- Listen to and memorize simple nursery rhymes.
- Use "me," "I," and "you."

### PHYSICAL DEVELOPMENT

- Jump.
- Walk up and down stairs alternating feet.
- Kick a large ball.
- Make simple lines with a crayon.
- Build a 7 to 10 block tower.
- Pull on and take off simple clothes.
- Unzip clothes.
- Wash and dry hands; comb and brush hair.
- Stay dry all night.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Become frustrated easily.
- Protect their own belongings and show greater care for them.
- Imitate adult activities.
- Express pride in achievement.
- Show a sense of humor and enjoy surprises.

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# PRESCHOOLERS

## 3 Years

### INTELLECTUAL DEVELOPMENT

- Put together 5 to 10 piece puzzles.
- Draw a figure with a head and body.
- Count to 5; count 3 objects.
- Show a greater awareness of time.
- Point out likenesses and differences.

### LANGUAGE DEVELOPMENT

- Speak in longer sentences.
- Use language to describe objects and events and then explain reasons for behaviors and events.
- Ask and answer questions beginning with "What," "Why," and "Who."
- Use language in imaginative play and make believe.
- Listen to longer stories.

### PHYSICAL DEVELOPMENT

- Build a tower of 9 blocks.
- Walk downstairs without help.
- Jump from a bottom step.
- Do a forward somersault.
- Hammer nails and pegs.
- Draw simple forms and figures.
- Paint with a large brush.
- Unbutton, zip, lace shoes; dress and undress with some help.
- Brush teeth with help; wash face and hands.
- Express the need to use the toilet.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Take turns and share.
- Play with a group of children.
- Show affection for younger children and choose a special friend.
- Express anger verbally.
- Select activities independently.

## 4 Years

### INTELLECTUAL DEVELOPMENT

- Draw a person with detailed features.
- Put together a 10 piece puzzle.
- Match letters to the letters in their name.
- Name colors, shapes and textures.
- Brush teeth; use toilet.

### LANGUAGE DEVELOPMENT

- Act out and tell a story.
- Show pleasure in playing with word sounds and meanings.
- Give longer answers to simple questions.
- Use the past tense.

### PHYSICAL DEVELOPMENT

- Bounce a ball.
- Walk backwards.
- Jump over a low rope.
- Show greater eye-hand coordination (e.g., use sewing cards; string small beads).
- Button, lace, dress and undress.

### SOCIAL-EMOTIONAL DEVELOPMENT

- Make demands for attention (e.g., show off; expect praise).
- Is easily encouraged or discouraged.
- Enjoy leadership roles, but may criticize or appear bossy.
- Experiment and solve problems independently.
- Apologize easily.

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## KINDERGARTNERS

### 5 Years

#### INTELLECTUAL DEVELOPMENT

- Show a definite purpose in using objects.
- Count from 1 to 20.
- Print numbers 1 to 5.
- Compare objects by size and weight.
- Name shapes and days of the week.

#### LANGUAGE DEVELOPMENT

- Repeat nursery rhymes, poems or songs.
- Recall events in order.
- Follow 3 step directions.
- Say their full names and addresses.
- Use the future tense.
- Pronounce words clearly and use sentences.
- Use more words to express their needs, fears, feelings and ideas.

#### PHYSICAL DEVELOPMENT

- Skip, climb, march, gallop, hop.
- Bounce and catch a ball.
- Ride a tricycle.
- Balance on one foot.
- Enjoy finger plays.
- Work a 10 to 20 piece puzzle.
- Draw shapes from a model.
- Use a knife for cutting; try to tie and buckle shoes.
- Use the toilet independently.

#### SOCIAL-EMOTIONAL DEVELOPMENT

- Enjoy playing with other children, but may prefer to be alone.
- Like to run errands.
- Take responsibility for their actions.
- Rarely quarrel.
- Respect another's belongings.
- Follow a leader and enjoy being a leader.

## SCHOOL-AGE CHILDREN

### 6 Years to Puberty

#### INTELLECTUAL DEVELOPMENT

- Are more capable of organized learning and understand more fully concepts of time, distance, money, past and future.
- Begin to shift and sort information into categories.
- Develop an interest in historical events, foreign lands and different cultures.
- Refine readiness skills in reading, numbers and writing.
- Understand charts, graphs, and diagrams.
- Organize collections.
- Improve their reasoning and problem-solving abilities.
- Develop an interest in learning special skills (music, sports, art or school work).

#### LANGUAGE DEVELOPMENT

- Use more and more words to talk about people, things or their own feelings.
- Criticize and complain in very clear terms.
- Make puns and comical sayings with words and phrases.
- Can be verbally aggressive when interacting with others.
- Are fascinated by rhymes, anagrams, codes and foreign words.

#### PHYSICAL DEVELOPMENT

- Lose baby roundness, are long-legged and gain weight.
- Write more clearly and try more detailed work.
- Develop a coordinated sense of balance.
- Practice self-care (e.g., brush teeth, comb hair, dress independently).

- 
- Perform simple household tasks (e.g., empty baskets, sweep, and wipe dishes).
  - Develop a sense of rhythm.

#### SOCIAL-EMOTIONAL DEVELOPMENT

- Spend increasing amounts of time with others of their own age and sex.
- Form clubs around friendships and neighborhood alliances.
- Share secrets, handshakes and rituals with friends and club members.
- Develop competitive feelings and the need to belong.
- Strive to succeed in schoolwork and develop an active imagination and interest in creative, dramatic play.
- Develop a strong sense of fair play.
- Enjoy occasional independent activities, such as reading, watching television, and organizing collections.
- Generally prefer their own activities and pleasures to anything else.
- Learn to control their emotions and may try to hide their needs and fears from adults.

--Reprinted with permission from *Family Day Care Classroom Training Guide*, Fairfax County (VA) Office for Children.

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# Taking the First Step

You might have noticed that a child in your care seems to be having difficulties in one or more of the areas listed on the previous pages. What can you do to take those first steps in providing support and resources for that child and family?

## 1. It's All About Relationships

- Develop genuine, ongoing relationship with families.
- Remember that a child is always a child FIRST.
- Communicate about child's strengths as well as concerns.
- Be ready to support family on many levels with knowledge of community resources.
- See *Talking with Families*, pages 19-21.

## 2. Collect Information

- Observation is the key. Jot down notes on each child's behavior.
- Is the child's development typical for his or her age?
- What are the family's cultural norms?
- Are there any health or other medical concerns?
- Use developmental checklist or screening tool such as the *Ages and Stages Questionnaires* or *Desired Results Developmental Profile*.

## 3. Make a Referral- Be prepared to assist parent or guardian with making a referral for Mandated Services. Please see following pages on "The Coping Process", pgs. 22 -23, and Supporting Families pg. 24 for more information before meeting with a family to talk about making a referral for services.

**For Children birth to 3 years: Point of entry in Santa Cruz County is San Andreas Regional Center (SARC) 831-728-1781 FAX 728-5514**

- SARC is a private, nonprofit corporation funded by the State of California, Department of Developmental Services to provide opportunities for independence at home and in the community for children and adults with developmental disabilities through advocacy and purchased services.

- 
- Early Start is an early intervention program for children from birth to 36 months of age who have disabilities or are at risk of having disabilities and meet eligibility criteria. Services are family centered, multidisciplinary, governed by federal and state regulations and administrated by SARC.

**For Children 3-22 years of age: Point of entry in Santa Cruz County is Local School District of Residence** (where family resides) for all preschool and school age referrals.

- For more information see Referral Sections and Contact Phone Numbers for Local School Districts.

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# Talking with Families

## When You're Concerned That Their Child Needs Special Services

When concerns arise from the early childhood educator regarding some aspect of a child's development, the following are best practices for successful parent-teacher conferences.

### Anecdotal notes

- Consistent notes should be taken on the child's behavior while he/she is engaged with other peers. Dated anecdotal notes should represent samples of behavior over a period of several weeks and reflect both the child's strengths and concerns.
- Developmental Screening Questionnaire - Many programs are now using developmental screening questionnaires like the Ages and Stages (ASQ-3), ESI or Desired Results. If you have a developmental questionnaire that you can review with the family, have it available at the meeting.

### Support

- Obtain support from coworkers, aides, administrators, directors and principals.
- Be supportive of parents and child. Parents may not be ready for what you are about to tell them. Their reaction may not be what you expect. They may panic or show signs of anxiety, grief or depression. (See *The Coping Process* for more information.)

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# Meeting and Communicating with Families

## When You're Concerned That Their Child Needs Special Services

- Develop a committed relationship with the family. What unique perspectives do they bring to the discussion about their child?
- Listen to Family concerns. Do families feel they are part of the team and have a voice in the decision making?
- Be mindful and sensitive of distressful news. Be prepared for a variety of responses from family members. Not everyone will react the same. Parents are unique individuals as are their children.
- Create a private, safe, trusting and relaxing atmosphere. (An informal seating arrangement is more conducive to conversation than being seated on the opposite side of a desk.)
- Try to use personal means of communication when setting up meeting with parents (i.e., in person or on the phone).
- Have samples of the child's recent work or behavior. Fill out a developmental questionnaire if appropriate for your program.
- Explain your concerns for their child objectively, in simple language that the family can understand. If possible have a written summary for them to take home and review.

- 
- After looking at your daily program, determine whether modifications can be made to alleviate any individual problems. Have a list of modifications you have made, if any, to assist in the learning process of the child.
  - DO NOT label or attempt to diagnose the problem or use the words "test", "pass" or "fail".
  - Have the names of your support or other professionals who assisted you in coming to your decision.
  - Understand the situation may be stressful for the parents and for some families; do not attempt to discuss "special" or "exceptional education" in this setting.
  - For some families, it might be appropriate to tell parents that you feel their child should be referred for a developmental assessment.
  - Be clear in emphasizing that you do not know what the results of the assessment will be. Rather, using your expertise, indicate that you think there may be a problem. Be confident that it is in the best interest of the child and the parents to determine whether a true problem exists and to address it as early as possible.
  - Help families plan for the next steps with knowledge of Mandated Services, Community Programs and Resources. Have a list of resources for parents (names, addresses and phone numbers of local agency referrals).
  - Respect a family's confidentiality.
  - Assure the family that you value having their child in your program and will remain part of their TEAM!

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# The Coping Process:

## Common Expressions of Grief When Experiencing Loss

- There are no rules to grieving - no patterns of how and when.
- Each individual is unique in his or her expression of grief.
- Reacting is healthy and normal. To experience a range of emotions is typical.
- The "Stages of Grief" people may go through are:
  - shock and denial
  - time of suffering
  - bargaining
  - anger
  - guilt
  - depression
  - acceptance/understanding
- Emotional reactions are useful. They serve important functions.
- Grieving provides space and time to gather inner strength and seek support and resources.
- The grieving process is not neat and orderly; there is frequently a sense of loss of control.
- The grieving process can be re-triggered by child's birthday, special event or events that you may be unaware of.
- Coping is a continuing life process of growth and reevaluation.

--Project EXCEPTIONAL—*A Guide for Training and Recruiting Child Care Providers to Serve Young Children with Disabilities*, California Department of Education, 1996/SPIN 2005

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# Not all Parents are the Same

Reactions to information about the child will  
differ from parent to parent

- We are already looking into it.
- We thought there was a problem.
- What should I do?
- We will look into it.
- We don't have this problem at home.
- My child is fine; he/she is just active.
- You are not giving my child enough attention.
- My child has a special need that you are not addressing.
- I will talk to my special education team about support for you.

--SPIN February 2005

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# The Next Steps

## Supporting Families

### What might families expect after a referral for Mandated Services is made?

You've assisted in helping the family of a child in your care to connect with an appropriate agency in the community. What are the next steps for the child and family?

- **Development Screening** - Using developmentally and culturally appropriate screening tools, the agency will determine if the child is in need of further assessment.
- **Development Assessment** - Using developmentally and culturally appropriate assessment tools, the agency team will collect information in the various development areas.
- **Assessment Results** - Assessment results will help identify the child's strengths and needs while determining his or her eligibility for special services.
- **IFSP/IEP Meeting** - The agency team will schedule an Individual Family Service Plan (IFSP) for children under 3 years of age or an Individual Education Program (IEP) meeting for children over 3 years of age. Please note that Agencies providing mandated services must follow legal timelines for screens, assessments and meetings once the initial referral is made.
  - Parents and professionals are all equally important components of these meeting.
  - The meeting helps to answer a family's questions, establish eligibility criteria and develop an individualized plan for providing mandated services for the child and family.

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# What is an IFSP / IEP?

## Early Intervention Services

California provides services to children from birth to 3 years of age who have, or are at risk for, developmental disabilities. Eligibility for services is based on the results of an evaluation and includes one or more of the following conditions:

- significant delays in one or more of the following developmental areas: cognitive, physical and motor (including vision and hearing), communication, social or emotional, and adaptive (self-help)
- "established risk conditions," which mean having a high probability of leading to a developmental delay, for example, Down syndrome
- high risk of having a developmental disability due to a combination of biomedical risk factors (e.g., low birth weight, prematurity or medical complications)

## Individualized Family Service Plan (IFSP)

"The IFSP defines early intervention services that are family centered and determined by a multidisciplinary team" (*SPIN Resource Guide*) for eligible infants and toddlers birth-3 years of age. Plans may include the following:

- the child's present level of development from diagnostic and evaluation information
- assessment of the resources, priorities and concerns of the family
- major outcomes desired for the child and family
- specific early intervention and other appropriate services necessary
- dates for initiation and duration of services
- name of Service Coordinator responsible for implementation and coordination with other agencies and persons
- planning for the child's transition at age 3 to a preschool program or other community service
- informed written consent of the parent or guardian

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## Mandated Special Education Services

Children from the ages of 3 to 21 years may qualify for special education services:

- if the child has a significant delay in one of the following skill areas:
  - gross or fine motor development
  - receptive or expressive language
  - social or emotional development
  - cognitive development
- if the child has a moderate delay in any two areas above
- if the child has a disabling condition or established medical disability that can include:
  - autism
  - deaf-blindness
  - deafness
  - emotional disturbance
  - hearing impairment
  - mental retardation
  - multiple disabilities
  - orthopedic impairment
  - other health impairment
  - specific learning disability
  - speech or language impairment
  - traumatic brain injury
  - visual impairment (including blindness)

## Individualized Education Plan (IEP)

"The IEP defines the need, services, supports and placements to assist the child with special needs in accessing the general education curriculum as required by law (Individuals with Disabilities Act, IDEA)" (*SPIN Resource Guide*). Components of the IEP may include:

- the child's present levels of educational performance from diagnostic and assessment information
- a summary of the child's strengths and needs
- parents' educational concerns for their child
- measurable annual educational goals and short term educational objectives based on the child's needs as defined in the assessments that include:
  - who will be involved
  - what they will do
  - when or in what setting
  - how well or at what level
  - how progress will be measured

- 
- appropriate special education relates services, supplementary aids and services and program modifications or supports provided for school personnel
  - appropriate educational setting to meet educational goals in the Least Restrictive Environment (LRE) and should include non-disabled peers:
    - full inclusion in general education classroom
    - inclusion with resource specialist supports
    - special day class
    - home based instruction
    - private residential schools
    - combination of options
  - explanation of why a child will not participate in the regular class/program if appropriate
  - projected dates for beginning services, modifications, frequency, location and duration
  - how parents will be regularly informed of progress on benchmarks of the goals and objectives
  - date for annual review

## Regional Center Services

Regional Centers provide services to children who meet the following criteria:

- The disability began before his or her 18<sup>th</sup> birthday.
- The disability is expected to continue indefinitely.
- The disability presents a significant handicap.
- The disability must be due to one of the following conditions:
  - mental retardation - significant deficits in general intellectual functioning (generally an IQ of 70 or below) and significant deficits in adaptive functioning
  - cerebral palsy - a neurological condition occurring from birth or early infancy resulting in an inability to voluntarily control muscular activity, and resulting in significant deficits in motor adaptive functioning and or cognitive abilities
  - epilepsy - a disorder of the central nervous system in which the major symptoms are seizures (Eligibility is based on a seizure disorder that is uncontrolled or poorly controlled despite medical compliance and medical intervention.)
  - autism - a syndrome characterized by impairment in social interaction (withdrawal, failure to engage in interaction with peers or adults), delays in both verbal and nonverbal communication skills, deficits in cognitive skills, and impairment in the ability to engage in make-believe play. Individuals may engage in repetitive activities or a limited repertoire of activities.
  - disabling conditions closely related to mental retardation or requiring similar treatment to that required for individuals with mental retardation
  - Regulations specifically exclude handicapping conditions which are solely psychiatric disorders, solely learning disabilities, or solely physical in nature.

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## Individualized Program Plans (IPPs)

Individualized Program Plans are developed for persons over the age of 3 who qualify for regional center services.

- This plan is based upon the child's current level of functioning and includes service recommendations for immediate and long-term planning.
- The IPP is revised annually to ensure that the child's needs are being met.
- The IPP lists goals for the child and services needed to reach those goals.
- It also includes who will provide the service and who will pay for it.
- There is no cost for most services.
- Parents may be required to participate in the Parental Share of Cost for minors receiving various services from the ages of 3 to 17.

--San Andres Regional Center: [www.sarc.org/intake.html](http://www.sarc.org/intake.html)

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# Where Do I Start?

## Helping Families Make a Referral:

- Talk to the child's parents/family.
- Get the family's permission to seek further help or assist them in contacting the appropriate agency from the list below. (Note: All phone numbers are in the 831 area code.)

- **For Children under 3 years of age:**

Call Early Start/San Andreas Regional Center 728-1781  
Call Special Connections Family Resource Center 464-0669

- **For Children 3 years and older:**

Call the School District of the child's residence-

**South Santa Cruz County (Aptos-Watsonville)**

Pajaro Valley Unified School District 786-2130

**North Santa Cruz County**

Pacific Elementary School 425-7002

Bonny Doon Union School 427-2300

Happy Valley Elementary School 429-1456

Mountain Elementary School 475-6812

Live Oak School District 475-6333

San Lorenzo Valley Unified School District 336-5194

Santa Cruz City Schools 429-3410

Scotts Valley Unified School District 438-2055

Soquel Union Elementary School District 464-5630

- **Additional Resources for ALL children under 6 years of age:**

Call the Santa Cruz County Office of Education 466-5780

Call the Child Development Resource Center 466-5820

Call the CRDC Switchboard 466-5280/724-2997x210

Call SPIN (Special Parents Information Network of 423-7713 or

Santa Cruz County) 722-2800

- See SPIN's Local Resource Guide for additional community agencies, resources and websites. 423-7713 / 722-2800

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# Family Support Community Resources

## How Can I Find Help for Children Who Are High Risk But Do Not Qualify for Special Education Services?

A child may not qualify for Special Education services but still be at risk for future delays. Parents rank information on Community Resources as their #1 need (AAP survey 2005) but finding help and support for these children and their families may present additional challenges. Try to obtain assistance from the agencies \* below. (Note: All phone numbers are in the 831 area code unless stated otherwise.)

**Child Development Resource Center:** SCCOE 400 Encinal St., Santa Cruz, CA, 95060; 831/466-5820 [www.cdrc4info.org/](http://www.cdrc4info.org/) The Child Development Resource Center is the Child Care Resource & Referral (R&R) Program for Santa Cruz County.

- The Child Care Switchboard 831/466-5820 provides free referrals to centers, family child care homes, license-exempt providers, before and after school programs, recreation programs, and family resources.
- CDRC Early Education Resource Library offers a variety of resources in English and Spanish: books, handouts, periodicals, videos.
- CDRC offers workshops/trainings in English and Spanish.

**Child Care Law Center:** 221 Pine Street, 3rd Floor, San Francisco, CA 94104; 415/394-7144 [www.childcarelaw.org](http://www.childcarelaw.org) Child Care Law Center is a national nonprofit legal services organization.

- Information on all the complex legal issues surrounding child care. Some of their publications include: **Inclusion of Children with Disabilities** and California Child Care Policy.

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## Family Resource Centers

**Davenport Resource Center:** 100 Church St., Davenport, CA 95017; 831/425-8115 FAX 831/425-8156 Davenport Resource Center serves as an advocate and resource for the area's culturally diverse population, providing support and education with primary focus in the Davenport area.

- information and referral to community services and resources
- home visiting/parenting classes
- migrant farm workers' program
- ESL classes/translation
- transportation to Santa Cruz

**Familia Center:** 711 East Cliff Dr., Santa Cruz, CA 95060; 831/423-5747 Familia Center provides bilingual and culturally appropriate support and education programs primarily in the lower Ocean/Beach Flats neighborhoods of Santa Cruz.

- family advocacy
- ESL classes/translation
- health insurance
- parenting and educational workshops
- information and referral to community services and resources

**Live Oak Family Resource Center:** 1438 Capitola Road, Santa Cruz, CA 95062; 831/476-7284 FAX: 831/476-2769 Live Oak Family Resource Center is committed to improving the quality of life and strengthening the individuals and families of Live Oak while promoting a safe and healthy community.

- play groups/Together in the Park
- home visiting
- Parenting Resource Guide
- Las Madres y Los Padres (bilingual)

**La Manzana Community Resource Center:** 831/724-2997

La Manzana Community Resource Center is a bilingual, bicultural community resource center with the primary focus on the residents of Watsonville and Pajaro Valley.

- information and referral to community services and resources
- parent education/support groups
- child development classes/home visiting programs
- car seat safety education
- family advocacy/translation
- Literacy in Spanish Program

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**PAPAS-Supporting Father Involvement (SFI):** [www.papasSFI.org](http://www.papasSFI.org)

18 West Lake Avenue, Suite L, Watsonville, CA 95076; 831/763-3123 Fax:  
831/763-4570

PAPAS offers fun and educational opportunities for parents to learn about the beneficial role of father figures in the family and community and discussion-format workshops for fathers and couples.

**Mountain Community Resource Center:** 6134 Highway 9, Felton, CA 95018;  
831/335-6600

The Mission of Mountain Community Resource Center is to empower the diverse and vital community (San Lorenzo Valley) by identifying changing needs, fostering collaboration, providing education, sharing resources and offering access to health and human services in a safe, caring environment.

- information and referral to community services and resources
- bilingual play groups/Together in the Park/summer park drop-in groups/new parent drop-in groups
- health care outreach
- positive parenting classes
- ESL classes/translation services/case management

## **Other Community Agencies**

**Special Parents Information Network:** 831/722-2800; 831/423-7713

SPIN supports families who have children with special needs.

- information on and referral to local resources for children with special needs
- mentor program for parents who want support and information from another parent who has a child with a similar disability or has experience navigating the system of services
- support groups for both English and Spanish speaking parents
- educational workshops and training on various topics
- IEP clinics - individual assistance with issues regarding children's Individualized Educational Plan (IEP)
- networking opportunities
- resource library of books, periodicals, journals, brochures and videos on various special needs topics

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**Walnut Avenue Women's Center:** 303 Walnut Ave, Santa Cruz, CA 95060;  
831/426-3062 866/269-2559 Crisis Hotline FAX 831/426-3070

Walnut Avenue Women's Center provides a variety of services for the purpose of helping women improve their life situations.

- Domestic Violence Services
  - referrals to community agencies
  - domestic violence and legal advocacy
  - resource and 24 hour hotline/safe homes
  - drop-in groups/parent education and training/Mom and Kids Club
- Family Literacy Services
- Early Childhood Education

\* Please note that these Resources and all other Parent and Professional Resources in this Guide are only a partial listing of those available. Their inclusion on any of the lists in the PTI Guide, does not imply a recommendation or endorsement by any of the Agencies with respect to the research, services, medications, treatments, or products of specific individuals.

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# Child Development Resources\*

**Balance4kids:** (831) 464-8669 [www.balance4kids.org](http://www.balance4kids.org)

- alternatives for children with severe disabilities

**California Children's Services (CCS):** (831) 763-8900

[www.santacruzhealth.org/phealth/cms/3ccs.htm](http://www.santacruzhealth.org/phealth/cms/3ccs.htm)

- a state program that provides or arranges medical care, equipment and occupational and physical therapy services for children with CCS eligible medical conditions

**Central Coast Center for Independent Living (CCCIL):** (831) 462-8720 [www.cccil.com](http://www.cccil.com)

- information, referral and advocacy for individuals with special needs

**CHADD of Santa Cruz:** [www.chadd-santacruz.org](http://www.chadd-santacruz.org)

- serves children and families with ADD and other learning challenges
- Education and support groups are open to everyone.

**Child Health and Disability Prevention Program (CHDP):** (831) 454-4000

- variety of health care programs

**Children's Mental Health:** (831) 454-4900 or 763-8990 [www.santacruzhealth.org](http://www.santacruzhealth.org)

- mental health services for children covered by MediCal or referred by another public agency

**Community Bridges:** (831) 688-8840 or 688-8302 [www.communitybridges.org](http://www.communitybridges.org)

- committed to strengthening our diverse community through innovative community services including WIC, Family Resources Centers and Child Development programs

**Child Development Division** (831) 454-9920

- provides young children and families educational child care programs - 2 in Santa Cruz and 1 Watsonville center

**Deaf Counseling, Advocacy and Referral Agency**

Santa Cruz Support Services: (831) 464-4358 [www.dcara.org](http://www.dcara.org)

- provides counseling, interpreting and advocacy for people who are deaf

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**Doran Resource Center for the Blind and Visually Impaired/Vista Center:**

(831) 458-9766 [www.doranblindcenter.org](http://www.doranblindcenter.org)

- information and referral on resources for blind and visually impaired individuals of all ages

**Easter Seals of Central California:** (831) 684-2166, [www.centralcal.easterseals.com](http://www.centralcal.easterseals.com)

- a non-profit corporation that provides information and services for adults and children with disabilities and their families

**Family Partnership Program:** (831) 454-4961 or 763-8954

- provides support, advocacy and education for families of children in the Children's Mental Health system

**Family Service Agency of the Central Coast:** (831) 423-9444

[www.familyservicecentralcoast.org](http://www.familyservicecentralcoast.org)

- offers counseling services, testing programs and other information for individuals with special needs

**Field Public Health Nursing:** (831) 454-4040 [www.santacruzhealth.org](http://www.santacruzhealth.org)

- serves teen parents; families with premature babies, drug/alcohol exposed babies and at risk children

**First 5 Santa Cruz County:** (831) 465-2217 [www.first5scc.org](http://www.first5scc.org)

- services for children and their families through age 5
- Projects include School Readiness, "Kit for New Parents", Healthy Kids, Parenting on-line resources.

**Head Start/Early Head Start:** (831) 688-3802 [www.sccccc.org/child-and-family-development/.../head-start](http://www.sccccc.org/child-and-family-development/.../head-start)

- preschool programs and home visits for low income and at risk children

**Housing Choices Coalition:** (831) 722-3955 [www.housingchoices.com](http://www.housingchoices.com)

- educating, advocating and creating housing opportunities for people with developmental disabilities

**Jacob's Heart Children's Cancer Association:** (831) 477-0690 [www.jacobsheart.org](http://www.jacobsheart.org)

- provides support services to families and children with cancer

**Lift Line:** (831) 688-9663

- low cost transportation within Santa Cruz County for the disabled

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**Lucile Packard Children's Hospital at Stanford:** (800) 690-2282 [www.lpch.org](http://www.lpch.org)

- parent medical information and referral hotline

**MediCal/MediCal Waiver Program:** (831) 454-4131

- MediCal provides health insurance to low-income families.
- MediCal Waiver is a program that allows the child with special needs to qualify for MediCal regardless of the family's income.

**Parents Center:** (831) 426-7322 or 724-2879

[www.santacruzhealth.org/cmhs/2children.htm](http://www.santacruzhealth.org/cmhs/2children.htm)

- provides support and counseling services to families who have children age 12 and under with emotional difficulties

**Stanford High Risk Development Clinic:** (650) 725-8995

<http://neonatology.stanford.edu/developmental/services.html>

- clinics include High Risk Infant Follow-up, Premie Follow-up, Developmental Consultations and Autism and Social Communication

**Dominican Rehabilitation Services:** (831) 462-7700

[www.dominicanhospital.org/Medical\\_Services/Rehabilitation\\_And\\_Therapy\\_Services/052808](http://www.dominicanhospital.org/Medical_Services/Rehabilitation_And_Therapy_Services/052808)

**Pediatric Therapy Center:** (831) 684-1804 [www.ptc-sc.com](http://www.ptc-sc.com)

- provides physical, occupational and speech therapy services

**Psycho Educational Assessment of Kids (PEAKS):** (831) 423-9444 [www.fsa-cc.org](http://www.fsa-cc.org)

- provides psycho educational testing for learning disabilities, ADD and psychological disorders

**Red Cross:** (831) 462-2881 ext 14 [www.sccredcross.org](http://www.sccredcross.org)

- transportation to Santa Clara County for medical appointments for those with disabilities

**Salud Para La Gente:** (831) 728-0222 [www.splg.org](http://www.splg.org)

- provides an array of health care services for the entire family including well child visits and immunizations in Santa Cruz and Watsonville

**San Andreas Regional Center:** (831) 728-1781 [www.sarc.org](http://www.sarc.org)

- lead agency/referral site for Early Start, children 0-3 yrs. and provide services to children 3 yrs and above through adult with developmental disabilities

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**Santa Cruz Public Library** 831-420-5700 (Central) 10 Branches in No. Santa Cruz Co.  
<http://www.santacruzpl.org/> [www.santacruzpl.org/kids/](http://www.santacruzpl.org/kids/)

- professional and children's books, story time, internet and community resources

**Special Connections:** (831) 464-0669

- serves children age 0 - 36 months old and enrolled in the Early Start program

**Special Education Local Plan Area (SELPA):** No. Santa Cruz County (831) 475-4982

- general information concerning special education in the area

**Special Parents Information Network (SPIN)** of Santa Cruz County: (831) 722-2800/423-7713 [www.spin.org](http://www.spin.org)

- Non Profit organization that supports families with children with special needs through education and parent mentor programs

**Supplemental Security Income Program (SSI):** (831) 426-8111/722-7141

- a federal income supplement program funded by general tax revenues (not Social Security taxes)

**The Epilepsy Network:** (831) 475-9110 [www.epilepsynetwork.org](http://www.epilepsynetwork.org)

- provides information and resources for those whose lives are touched by epilepsy

**Watsonville Public Library** (831) 768-3400 2 branches [www.watsonville.lib.ca.us/](http://www.watsonville.lib.ca.us/)

- professional and children's books, story time, internet and community resources, literacy programs

**WIC --- Women, Infants, & Children:** 831/722-7121 or 426-3911

- provides easy access to a safe, family-friendly, and participant centered program that provides education to promote good nutrition, health and breast-feeding in a respectful and culturally competent manner - Programs include:
  - **VENUS (Vaccinate Every Newborn Under the Sun):** a collaboration between WIC and the State of California Department of Health Services - This project aims to increase the immunization rates of children under two.
  - **Regalo de Amor:** the WIC Lactation Center, offers drop-in breast-feeding support services to all WIC participants Mondays, Wednesdays, and Fridays from 8:00am to 12:00 noon or by phone at 831/722-7121, ext. 116.

\*The majority of this resource listing is courtesy of *SPIN-Special Parents Information Network: Supporting Families who have Children with Special Needs*. (SPIN is a neutral resource for information and does not endorse, recommend, or make representations with respect to the research, services, medications, treatments, or products of specific individuals.)

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# Section Two: Planning for Inclusive Child Care

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# What Do I Need to Serve Children with Special Needs?

- Understanding of your personal philosophy...What guides your work with young children?
- Understanding your communication style
- Flexibility, empathy and respect for all children and their unique point of view
- Knowledge of child development
- A willingness to learn, ask questions and problem solve
- A commitment to inclusion "one child at a time"
- Knowledge of resources and the ability to access resources
- Willingness to take the child's perspective
- Understanding that good intentions are not always experienced as helpful
- A heart for adventure

--Center for Human Services Training and Development, University of California, Davis, *Keys to Serving Children with Special Needs*.

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# Principles of Planning for Inclusion

- Young children are more alike than different.
- The rate and quality of development varies from child to child.
- Each child has a unique temperament.
- Children with disabilities are children first.
- Caregivers play an important role in identifying children who may need additional help.
- An inclusive attitude holds that children teach us what might help them when we are willing to notice their attention and demeanor.
- Caregivers play an important role in helping families find support and resources.

--Center for Human Services Training and Development, University of California, Davis, *Keys to Serving Children with Special Needs*.

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# Inclusion Benefits

## All Children

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### Benefits to children with disabilities

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- role models to learn new skills and practice existing skills
- interaction with other children to learn and practice social and communication skills
- real life experiences to prepare for school and the community
- opportunities to develop friendships
- A SENSE OF BELONGING!

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### Benefits to Children without disabilities

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- opportunities to learn sharing, caring and compassion
- positive attitudes toward those who are different from them
- friendships with a diverse group of children
- opportunities to learn realistic and accurate views about people with disabilities
- A SENSE OF BELONGING!

--Center for Human Services Training and Development, University of California, Davis, *Keys to Serving Children with Special Needs*.

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# How to Build Community:

## Helping Children with Ability Awareness

- Help children accept children with disabilities.
- Develop strategies to deal with teasing.
- Acknowledge and teach about differences.
- Model appropriate behavior.
- State rules for treating others with respect.
- Teach children about differences in abilities.
- Answer children's questions.
- Reassure children.
- Allow children to explore through play.
- Read books to children that discuss differences.
- Involve all children in adapting the setting for a child with a disability.
- Help children with disabilities respond to other people's questions.

--Adapted from Kuscher, A., Cranor, L. and Brekken, L. (editors.) *Project Exceptional: A Guide for Training and Recruiting Child Care Providers to Serve Young Children with Disabilities*, California Department of Education, 1996

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# Collaboration is the Key

Successful inclusion requires:

- appropriate supports and services
- practical, hands-on support
- collaborative efforts
- access to resources and information

Specialists who can help you and who may be involved with the child as designated on the student's IFSP or IEP include:

- **Case Manager/Service Coordinator:** coordinates various aspects of the student's IEP/IFSP, including arranging dates and contacting team members
- **Teacher for Hard of Hearing Children:** provides services promoting skills related to hearing in students with significant hearing impairments
- **Nurse:** provides services related to all health issues for each child
- **Occupational Therapist:** provides services promoting skills related to fine motor (hand use), sensory integration, independent living and play
- **Special Education Teacher:** provides educational services to students, family, community; works with all professionals on this list
- **Behavior Support Specialist:** provides support for children with challenging behaviors who have a Behavior Support Plan as part of their IEP
- **Speech Therapist:** provides services promoting skills related to language, communication and speech; may provide assistance with Augmentative Communication and VOCAs (voice output communication aids)
- **Physical Therapist:** provides services promoting skills related to gross motor, such as walking or sitting; assists with specialized equipment, such as wheelchairs or braces
- **Teacher of Visually Impaired Children:** provides services promoting skills related to vision for students with significant vision impairment
- **Teacher of Orthopedically Impaired Children:** provides services promoting skills in children with significant physical impairment; may provide assistance with adaptive technology, including computers

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# It's All About Relationships

As a child care provider, you play an important role in the life of every child you care for.

- Families under stress may need help to mobilize the support and resources necessary for their child.
- Children *ALWAYS* benefit from adults working together on their behalf.
- Developing positive partnerships takes time, energy and commitment.

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# Evaluating Quality

## In the Inclusive Child Care Program

This checklist (from the University of North Carolina, Chapel Hill) can help you look at your program to see where adaptations or other information is needed to help meet the needs of all children.

### Program Philosophy that Supports Inclusion

- Philosophy states the program's goals, objectives and definition of inclusion.
- Philosophy indicates program's commitment to parents.
- Philosophy is supported by all staff.

### Adequate Space, Equipment and Materials

- Classroom/child care areas are accessible to all children.
- Children with physical disabilities are able to move about classroom with least restrictive form of mobility.
- Room arrangement is flexible so changes and adaptations are easy.
- Room arrangement accommodates close proximity to peers.
- Functional signs and picture schedules facilitate transitions.
- Variety of developmentally appropriate materials are available.
- Equipment and materials adaptations are made as needed.
- Outdoor equipment facilitates opportunities for children with disabilities to engage with their peers in outdoor play.

### Staff/Provider Management and Training

- Staff/provider is knowledgeable of child development and instructional strategies.
- Staff/provider has written job descriptions to define each person's role.
- Staff/provider has ongoing training and support to implement therapy interventions and to use adapted equipment.
- Staff/provider knows where, what and with whom they should be working.
- Staff/provider has regular meeting times and opportunities for staff development.
- Staff/provider feels supported by administration (as appropriate).

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## Individualizing the Curriculum and Instruction

- \_\_\_\_\_ Goals for children with disabilities are functional, and instruction is embedded into ongoing routines and activities.
- \_\_\_\_\_ Communication goals for children with disabilities facilitate child-child interactions and adult-child interactions.
- \_\_\_\_\_ Therapy goals are implemented throughout the day.
- \_\_\_\_\_ Children have multiple times throughout the day to practice and learn individualized goals.
- \_\_\_\_\_ Children with disabilities are taught specific play skills to facilitate engagement with material and peers.
- \_\_\_\_\_ Children with disabilities practice the same activities, routines and transitions as other children in the class/program.
- \_\_\_\_\_ Curriculum and materials are modified as needed so children with disabilities can participate as independently as possible.
- \_\_\_\_\_ Planned cues and prompts for children with challenging behaviors are used consistently.

## Staff Planning and Implementation

- \_\_\_\_\_ Staff plans a daily schedule that includes predictable routines and activities.
- \_\_\_\_\_ Staff facilitates child engagement and play using naturalistic techniques (which means serving children in a more natural, comfortable environment) when possible and systematic prompts when needed.
- \_\_\_\_\_ Staff provides opportunities for children to make choices negotiate conflicts and problem solve.
- \_\_\_\_\_ Staff physically locates themselves so children orient toward other children.
- \_\_\_\_\_ Staff adapts environment to promote participation, engagement and learning.
- \_\_\_\_\_ Staff modifies materials or equipment so children with disabilities can participate as independently as possible.
- \_\_\_\_\_ Staff simplifies complicated tasks by breaking them into smaller parts or reducing number of steps.
- \_\_\_\_\_ Staff utilizes child preference to increase engagement.
- \_\_\_\_\_ Staff engages in play with children to model use of materials and play themes and to facilitate communication and social interaction.

## Staff Monitoring and Evaluation

- \_\_\_\_\_ Ongoing monitoring of child performance on targeted goals is mandated; data is used to evaluate and revise intervention programs.
- \_\_\_\_\_ Child engagement in routines and activities is continually monitored and environmental changes are made when indicated.

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# Section Three: Implementing an Inclusive Child Care Program

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# All Our Children:

## Four Key Principles of Developmentally Appropriate Inclusive Care for All Young Children

### 1. Developmentally appropriate inclusive care for all children...

*IS...*

- age appropriate
- individually appropriate
- culturally appropriate

*IMPLIES...*

- knowledge of the individual child and family
- knowledge of individual learning styles
- a focus on the whole child - not on the disabilities
- benefits for everyone

### 2. Participation in life has little to do with ability or disability. It is about equal access.

- There is but one world for each of us to be a part of.

### 3. During the first few years of life, children construct their view of themselves and their world.

- Foundations are laid for the way in which a child will get along in her or his environment, make friends, cope and deal with life's successes and challenges.

### 4. A young child's sense of reality is formulated through experiences of both belonging and acceptance.

- Children are more alike than different.
- All children deserve opportunities to participate in typical childhood experiences to feel accepted and develop a sense of belonging.

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# Talking with Family Members

- When child care providers enroll a child in their programs, it is important that they take time to discuss with family members both
  - the program's policies and procedures and
  - the individual needs of the child.
- Programs should have these policies in writing and included in Parent Handbook.
- Initial questions that providers will ask about a child with disabilities or other special needs are not very different from the questions that providers should ask all parents.
- Providers should be aware that families may not want to share all information about their child.
- Providers need to be sensitive to this process and keep all information gathered confidential.
- Following are some questionnaires and sample letters you may want to share with family members when enrolling a child.

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# Family Intake Questionnaire

## (Sample)

- What type of care is your family looking for?
- What makes your child unique?
- What special considerations and accommodations do you feel your child may require in the child care setting?
- Does your child have any special physical or positional needs? Are there any special equipment needs?
- How would you describe your child's personality and temperament?
- What are your child's favorite toys, games and so forth?
- What does your child dislike?
- How does he or she spend the day at home?
- How does your child play? Does he or she need adults to help facilitate play?
- How does your child interact with others - peers, siblings, adults, and strangers?
- How does your child cope when you are unavailable - for example, when you are in the bathroom?

- 
- Does your child have any exceptional care giving needs?
  - How does your child communicate? Does he or she use augmented or assisted communication?
  - What is your child's history regarding medication, allergies and other physical or health-related conditions? What are the medical protocols that we need to follow?
  - How does your child eat?
  - What are your child's toileting skills?
  - Is your child receiving any special education or other related services? Does he or she have an IFSP/IEP?
  - Would you sign a Release and Exchange of Information (sample included, see next page) that would allow us to share information with other professionals?
  - Are there other significant caregivers or professionals from whom information should be obtained? (A signed Release of Information might be needed here as well.)

# Release and Exchange of Information Request

## (Sample)

Before giving or receiving any information about a child to another agency, you should have the parent sign a Release and Exchange of Information form, such as this one. This protects both you and the parent from saying or doing anything that might hurt the child, the family, or your program. Remember all information you gather is confidential.

COMPLETE THIS SECTION INDICATING FROM WHOM YOU ARE REQUESTING INFORMATION. OFTEN THIS WILL BE THE LOCAL SCHOOL DISTRICT, THE REGIONAL CENTER, OR THE PEDIATRICIAN.

TO: Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

FILL IN THE CHILD'S FULL NAME AND BIRTH DATE. INDICATE YOUR NAME OR THE NAME OF YOUR CHILD CARE PROGRAM IN THE NEXT SPACE.

My child, \_\_\_\_\_, birth date \_\_\_\_\_ is/will be enrolled in the \_\_\_\_\_ Child Care Program. You have my permission to exchange and release the following information regarding my child to be used in strict confidence.

CHECK TOPICS ON WHICH YOU ARE REQUESTING INFORMATION. IF YOU ARE NOT SURE, ASK THE PARENT. THE PARENT MAY WISH TO RELEASE SOME OR ALL THE CONFIDENTIAL INFORMATION.

- |                                                      |                                                       |                                  |
|------------------------------------------------------|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Speech and language         | <input type="checkbox"/> Health (medical &/or dental) | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Mental health/psychological | <input type="checkbox"/> Educational/developmental    | <input type="checkbox"/> Vision  |
| <input type="checkbox"/> Other:                      |                                                       |                                  |

COMPLETE YOUR NAME, PROGRAM NAME (IF APPLICABLE) AND ADDRESS.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

HAVE THE PARENT SIGN HIS/HER COMPLETE NAME, RELATIONSHIP TO THE CHILD AND THE DATE. RELEASES ARE USUALLY GOOD FOR ONE YEAR FROM THE DATE OF SIGNATURE.

Signature of parent/guardian                      Relationship to child                      Date

Please send reports, individualized plans and any other information that may be helpful in working with this child. Thank you.

---Adapted from UC Davis Sample Release and Exchange of Information Request, *Keys to Serving Children with Special Needs*.

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# Parent Referral Letter (Sample)

For children birth to age 3, the parent sends the referral to the local center. Call 1-800-515-BABY to find the one in your area. For children above the age of 3, the referral is made to the local school district. The parent must make the initial referral. This can be done by telephone, but it is always good to put the referral in writing, identify areas of concern, AND keep a copy for your records. If parents are willing, they can give you a copy as well. Remember all information you gather is confidential.

Date \_\_\_\_\_

To \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address/Zip \_\_\_\_\_

Re: Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Dear \_\_\_\_\_

I would like to refer my child for assessment for Regional Center Early Start or Special Education services. My child is now \_\_\_\_\_ year's \_\_\_\_\_ months.

I understand that I will be contacted within two weeks (for school district referral) to give my permission for testing.

Area(s) I am concerned about:

- speech and language delay
- medical problems or equipment
- behavior or emotional problems
- hearing loss
- developmental delays
- vision impairment
- learning disabilities

- motor delays
- seizures
- other (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services my child currently receives (identify any services, e.g. speech, occupational or physical therapy, counseling, infant development program, etc.)(specify)

My child is currently or will be attending \_\_\_\_\_ Child Care Program. You have permission to contact (name) \_\_\_\_\_ to observe and/or assess my child in the child care setting and give/release information for the purposes of helping my child.

Sincerely,

*Sign and print/type name, address (include city and zip code), and phone number (day/evening)*

---Adapted from UC Davis Sample Parent Referral Letter, *Keys to Serving Children with Special Need*

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# Information the Child Care Provider Needs

Below is a list of some information that can assist the child care provider in planning for quality programming for children with disabilities or other special needs:

- a copy of a child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) which will include:
  - explanation of services being provided
  - where and how often these services will be provided and by whom
  - contact phone numbers of special education support staff
  - other community services and supports for which the child/family may be eligible
  - specific services the child may receive while in child care
  - adaptations needed
  - special equipment
  - techniques for curriculum and facilities modification

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# Modifying Environments

## Type of Disability and Planning Strategies

### Learning

- Arrange space in ways that help a child to focus on learning activities.
- Reduce unnecessary visual distracters (materials).
- Consider the environment's impact on the child's sensory processing abilities.
- Consider a quiet space to work.

### Physical

- Space may be needed to accommodate movement of special equipment, such as a walker or a wheelchair.
- Special chairs or positioning equipment requiring extra space may be needed throughout the day.
- Children may need to be placed away from areas where they might be bothered by loud or sudden noises, such as a telephone.

### Visual

- Children must be familiarized with the room arrangement.
- Clutter should be minimized.
- Look for way in which the child can be as independent as possible by using auditory and tactile cues as guides. (For auditory cues, you could ring a bell or sing a song to signal a new activity or transition. Tactile cues could include the development of a daily schedule that uses items a child can feel to represent different activities.)
- Provide work space that has reduced noise and movement for children who are easily distracted.

### Hearing

- Capitalize on visual and tactile cues to help guide a child in daily routines and activities.
- Seat a child so that he/she has a clear view of the person speaking.
- Good lighting is also important.
- Learn how to use any hearing the child does have in ways that will foster independence and interaction with others. If a child can hear the sound of a particular bell, use it to signal transitions.

### Emotional or Behavioral

- Children may need very predictable environments and structured routines.
- Rooms may need reduced stimulation and choices may need to be limited.
- Some children are helped by having very concrete cues for transitions, such as a ringing bell or pictures of the next activity.
- Some children are helped by having a special area where they can go when they feel the need to be away from others.
- For others, having an adult nearby may help maintain a focus and sense of control.

### Developmental

- Children may need more multisensory experiences and space that invites open-ended exploration and play.
- Familiarize the child with space, and provide tactile and visual cues as guides.
- Be aware of safety considerations for a child who is not cognitively aware and who may place objects in his or her mouth or touch objects that might cause injury.

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# Play Strategies for Children with Disabilities

## Learning

- Provide good language models. Use comments such as "show me" to help understand what the child is trying to say.
- Listen attentively, give good eye contact and use words for objects and places.
- Avoid "yes" or "no" responses by asking open-ended questions.
- Use a variety of ways to communicate and allow time for the child to process information.

## Physical

- Provide cause-effect toys (pop-up toys, musical stacking toys, and/or switch adapted toys) and materials children can easily access.
- Position children so that they can interact with others.
- Plan for different levels of participation.
- At times, proximity to others is the goal.
- Observe children for fatigue; allow time to complete tasks; and allow opportunities to rest.
- Outdoor riding toys can be modified, or bucket swings can be used.

## Visual

- Heighten awareness of all sensory input.
- Make sure that the child is able to hear at all times.
- Give auditory and/or tactile cues (see Visual Planning Strategies, for examples) to alert a child to change in activities or to solicit attention.
- Expand play behaviors if a child appears to be limiting exploration to mouthing or smelling.
- A child may need guidance in initiating social interaction with peers.

## Hearing

- Use communication strategies that parents have identified as their child's preference.
- Always be at eye level and in clear view of a child.
- Help the child learn social cues of other children, as well as how to approach and be involved in the play of others.
- If signing is used, most children enjoy learning signs to communicate with friends who have hearing impairments.

## Emotional or Behavioral

- Use a variety of visual supports including photos and icons for assisting children in understanding their daily schedule, making choices, etc., as appropriate.
- Help children develop alternative behaviors for communicating their needs or frustrations.
- Set clear limits and instruct all children how to use their words to communicate what they do not like.
- Be consistent but open to revising strategies as needed...give strategies time to work.
- Some children may need direct adult intervention to learn and practice acceptable play or social skills.
- Limit choices.
- Provide a mixture of quiet and vigorous activities.
- Be alert if a child has a short attention span or has difficulty in organizing play.
- Attend a Behavioral Strategies workshop to obtain new strategies and techniques.
- Work as a team!

--Adapted from Cranor, L. and A. Kushner (editors). Project EXCEPTIONAL/College Instructor's Guide, CA/CDE, 1996, Revised L. Kishlansky 2009

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# Strategies for Challenging Behaviors

Which of these strategies do you use to address challenging behaviors?

*Use an ounce of prevention.*

- The child care setting is safe and developmentally appropriate.
- "Rules" are realistic.
- Positive, nurturing interactions are the norm.
- There are reasonable adult/child ratios.
- There are clear and appropriate expectations for children's behaviors.

*Manage your own behavior.*

- Be a "model" model. Encourage and model "pro-social" behaviors such as sharing, working together, helping others, showing empathy and affection.
- Respect the child's (and family's) feelings, language, culture.
- Be fair, not necessarily equal. Give each child what he/she needs, even if it is different than what another child receives.

*Understand the possible function or message of the child's behavior.*

- Is he/she requesting, rejecting, commenting, expressing emotion?

*Focus on what the child can do. Catch the child behaving "appropriately."*

- Accentuate the positive.
- Positive and encouraging comments should always outweigh those that are critical or correcting.

*Follow through with realistic consequences - "if...then..."*

*Make sure the child understands what you want him/ her to do.*

*Watch, act, adapt!*

*Help children verbalize, act, understand.*

*Understand how the child processes sensory information.*

*Offer manageable choices.*

*Ignore behavior, if you can.*

*Reinforce with specific examples of the action you want to encourage.*

*Prepare children for difficult times (transitions, changes). Help them plan and anticipate.*

*Monitor behavior. Continue to reinforce progress.*

*Give the child a break; give a breather.*

*Remember timing - not time out - is everything.*

***Smile...don't take yourself so seriously!***

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# Section Four: Additional Resources

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# Glossary

## **Americans with Disabilities Act (ADA, Public Law 101-336), 1990**

Federal legislation that gives civil rights protections to individuals with disabilities, including equal opportunity in employment, public accommodations, transportation, government services and telecommunications. The ADA includes child care settings as public accommodations. Programs may not refuse to serve children due to their disability, or deny the opportunity to participate in or benefit from the services offered. Reasonable accommodations include modifying basic policies, practices and procedure; providing auxiliary aids and services; and removing physical barriers.

## **Due Process**

A hearing for the resolution of conflicts regarding the identification, evaluation, service delivery or placement of a child who has a disability. Due process is often preceded by mediation to resolve conflicts between the family and the school district and/or other agency providing specialized services.

## **Early Intervention**

Services for infants and toddlers (birth through 36 months of age) with disabilities and their families. Early intervention services may include, but are not limited to the following: special instruction for the child, service coordination, family counseling and/or training, social work services, health services, medical services, audiology, speech therapy, Prevention Program. Children are eligible for early intervention service if they exhibit developmental delays or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in cognitive, social/emotional, adaptive, behavior, communication, and physical development. Early intervention services are funded under Part C of the Individuals with Disabilities Education Act (IDEA).

## **Eligibility Criteria**

The specific requirements a child or family meets to qualify for services.

## **Family Resource Center/Networks (FRC/N)**

FRC/Ns are funded by the California Department of Developmental Services to provide parent- to-parent support, education, training and other services to families with children birth to 36 months who have or are at risk for developmental disability.

## **Individuals with Disabilities Education Act (IDEA, Public Law 105-17), 1990 Rev. Dec. 2004**

The primary federal legislation mandating special education for all eligible children. IDEA guarantees children with disabilities a free appropriate public education, an education in the least restrictive environment, related services and fair assessment in the delivery of special education services to children with disabilities ages birth through 21.

## **Inclusion**

The full and active participation of children with disabilities with, and in programs designed for, typically developing children.

## **Individualized Education Program (IEP)**

A written plan for each child receiving special education services. The IEP includes the following: statements of present level of functioning, annual goals, short-term instruction objectives, specific educational services needed, and dates of service, participation in regular education programs, and

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procedures for evaluating the child's progress. The IEP must be signed by the child's parents/legal guardians and the education personnel working with the child, including the regular teacher.

### **Individualized Family Service Plan (IFSP)**

A written plan for each infant and toddler receiving early intervention services describing services, providers, locations, and goals for services and support provided to the child and family. Services are family focused and provided in the natural environment, including home and community settings in which the infant or toddler without disabilities participates.

### **Least Restrictive Environment (LRE)**

Required by IDEA, least restrictive environment applies to children receiving special education services in settings and through activities in which children who are typically developing may be found (e.g., regular class placement, child care setting). IDEA requires that a continuum of special education and related services be available to children with disabilities.

### **Local Education Agency (LEA)**

School district or county office of education that is responsible for providing special education services to students with disabilities.

### **Local Family Resource Centers**

Local community based centers whose mission is to improve the quality of life and strengthen individuals and families while promoting a safe and healthy community. This is accomplished by connecting and providing people with resources and services, supporting opportunities for personal and cultural exchange, and helping residents to thrive by helping themselves and each other (LO Family Resource Center).

### **Multidisciplinary Conference**

Federal law requires that eligibility for special education services be determined in a meeting that includes professionals from two or more disciplines who have assessed the child's development, the parents or guardians, and anyone else who the parents would like to invite.

### **Natural Environments**

Community settings in which an infant or toddler with disabilities might participate, including the home and child care programs. Early intervention services are provided in the natural environment to the maximum extent appropriate.

### **Placement**

The site where a child receives special education services. Schools are required to provide a continuum of placement options for children who receive special education from ages 3 through 21. For a preschooler with special needs, these options may include a community program such as Head Start, a private child care or preschool, or a segregated early childhood special education classroom. Decisions regarding placement are made at IEP meetings.

### **Referral**

A formal request to test a child to determine if he or she is in need of special education services.

**Transition** A change from one environment or service delivery model to another (e.g., leaving early intervention services and entering preschool); moving from one activity to another.

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# Professional Resources:

## Children with Disabilities and Other Special Needs

Santa Cruz County has many resources for professional and children's books, articles, videos, CDs, DVDs and related information. Their contact information is listed elsewhere in this publication. They include:

- Child Development Resource Center Library (CDRC)
- Special Parents Information Network (SPIN)
- Santa Cruz and Watsonville Public Library
- First5 Santa Cruz County
- Special Connections for families served in the Early Start program
- Rosemarie Greiner Peace Library at Cabrillo College  
[www.childpeacebooks.org/cpb/index.php](http://www.childpeacebooks.org/cpb/index.php)
- Highly recommended Internet sites for books, articles and related information include:
  - *Map to Inclusive Child Care* [www.cainclusivechildcare.org/camap/](http://www.cainclusivechildcare.org/camap/)
    - "Our mission is to provide a statewide system of support, information and resources for families and providers that will facilitate barrier-free access to inclusive child care for children birth to 21. This is accomplished by working with key stakeholders to build on California's progress toward inclusive practice for all children with disabilities and other special needs in child care settings."
  - *NAEYC* [www.naeyc.org/](http://www.naeyc.org/)
    - "The National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is committed to becoming an increasingly high performing and inclusive organization."
  - *NICHCY: National Dissemination Center for Children with Disabilities*  
[www.nichcy.org/Pages/Home.aspx](http://www.nichcy.org/Pages/Home.aspx)
    - "NICHCY serves the nation as a central source of information on disabilities in infants, toddlers, children, and youth, IDEA, No Child Left Behind (as it relates to children with disabilities), and research-based information on effective educational practices."

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# Professional Books

- A Place for Me: Including Children with Special Needs in Early Care Settings.* P. Chandler. NAEYC.
- Adapting Early Childhood Curricula for Children with Special Needs.* Ruth Cook, Prentice Hall, 2007
- Anti Bias Curriculum: Tools for Empowering Young Children.* L. Derman-Sparks, et al. NAEYC. 1989
- Babies with Down Syndrome.* Karen Stray-Gunderson. Woodbine House. 1995.  
See also *Bebes con syndrome de Down* (Spanish version)
- Building Blocks for Teaching Preschoolers with Special Needs.* Susan Sandal, et. al. Brookes Pub.
- Children with Autism: A Parent's Guide.* E. Gerlis, Ed. Woodbine House. 1998.  
See also *Niños Autistas* (Spanish Version)
- Children with Disabilities.* Mark L. Batshaw, Brookes Publishing Company. 2007
- Children with Cerebral Palsy: A Parent's Guide.* E. Germalis, Ed. Woodbine House. 1998
- Children With Challenging Behavior: Strategies For Reflective Thinking.* Linda and Tom Brault, CPG Pub., 2005 See also *Ninos con comportamientos desafiantes: Estrategias para el pensamiento reflexivo* (Spanish version)
- Children with Facial Differences: A Parent's Guide.* Hope Charkins. Woodbine House. 1996
- Children with Fragile X: A Parent's Guide.* J. Webber, Ed. Woodbine House. 2000
- Children with Spina Bifida: A Parent's Guide.* M. Lutkenhoff, Ed. Woodbine House. 1992
- Children with Tourette Syndrome: A Parent's Guide.* T. Haerle, Ed. Woodbine House. 2001
- Children with Visual Impairments: A Parent's Guide.* M.C. Holbrook, Ed. Woodbine House. 1996
- From the Heart: On Being a Mother of a Child with Special Needs.* J. Marsh, Ed. Woodbine House. 1995
- Meeting the Challenge: Effective Strategies for Challenging Behaviors in Early Childhood Environments.* B. Kaiser & J.S. Rasminsky. NAEYC
- Natural Environments and Inclusion.* S. Sandall & M. Ostrosky. NAEYC.
- Negotiating the Special Education Maze.* E. Anderson, et al. Woodbine House. 1999  
See also *Guiándose por la intrincada senda de la educación especial* (Spanish Version)
- New Language of Toys: Teaching Communication Skills to Children with Special Needs.* S. Schwartz, et al. Woodbine House. 1996
- The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder, Revised Edition*  
C. Kranowitz, Perigee revise 2007.
- Preschool Inclusion.* Claire Cavallaro & Michele Haney, Brookes Pub. 1999

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*The Inclusive Early Childhood Classroom: Easy Ways to Adapt Learning Centers for All Children.*

Patti Gould & Joyce Sullivan, Gryphon House. 1999

*Uncommon Fathers- Reflections on Raising a Child with a Disability.* D. Meyer, Ed. Woodbine House. 1995

*Views from Our Shoes: Growing Up with a Brother or Sister with Special Needs.* D.Meyer, Ed. Woodbine House. 1997.

## Professional Resources in Spanish about Children with Special Needs

### Libros en español para adultos acerca de niños con necesidades especiales

<u>Title/Título</u>	<u>Publisher/Editor</u>	<u>Year</u>
Como criar niños emocionalmente sanos	NMI Publisher	2008
Bebes con síndrome de down	Woodbine House	1998
Cómo favorecer las habilidades comunicativas de los niños con síndrome de down	Paidos	1997
Vivir con un hijo down	Cooperativa Editorial	n/a
El niño especial: El papel de los hermanos	Norma	1991
El bebé con síndrome de down	Valentine Dimitrio	2000
El síndrome de down	Souvenir Press	1982
¿Me conoces? CAD/HD	The Guilford Press	2000

-Maria Fátima Castro, Central California Migrant Head Start Coordinator 8/2009

\* Please note that these Resources and all other Parent and Professional Resources in this Guide are only a partial listing of those available. Their inclusion on any of the lists in the PTI Guide, does not imply a recommendation or endorsement by any of the Agencies with respect to the research, services, medications, treatments, or products of specific individuals

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# Internet Resources

\* Blind Babies Foundation

[www.blindbabies.org/](http://www.blindbabies.org/)

\* American Speech-Hearing-Language Association

<http://www.asha.org/>

\* Act Early/Learn the Signs: Center for Disease Control

[www.cdc.gov/ncbddd/autism/actearly/](http://www.cdc.gov/ncbddd/autism/actearly/)

\* American Academy of Pediatrics

<http://www.aap.org/>

\* Autism Speaks

<http://www.autismspeaks.org>

\* California Map to Inclusive Childcare

<http://www.cainclusivechildcare.org/camap/>

\* Center on the Social Emotional Foundations for Early Learning (CESEFL)

<http://www.vanderbilt.edu/csefel/index.html>

\* Cerebral Palsy <http://www.ucp.org>

\* Children's Disabilities Information

<http://www.childrensdisabilities.info/index.html>

\* Circles of Inclusion

<http://www.circleofinclusion.org/>

\* Division for Early Childhood (DEC)

<http://www.dec-sped.org>

\* Fetal Alcohol Spectrum Disorders (FASDs)

<http://www.cdc.gov/ncbddd/fasd/index.html>

\* March of Dimes

<http://www.marchofdimes.com/>

\* *Map to Inclusive Child Care*

[www.cainclusivechildcare.org/camap/](http://www.cainclusivechildcare.org/camap/)

\* MIND Institute

<http://www.ucdmc.ucdavis.edu/mindinstitute/>

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\* National Association for the Education of Young Children (NAEYC)

<http://www.naeyc.org/>

\*National Child Care Information and Technical Assistance Center (NCCIC)

<http://nccic.acf.hhs.gov>

\*National Down Syndrome Society

<http://www.ndss.org/>

\*NECTAC: National Early Childhood Technical Assistance Center

<http://www.nectac.org>

\*NICHCY: National Dissemination Center for Children with Disabilities

<http://www.nichcy.org>

\*National Institute on Deafness and other Communication Disorders

<http://www.nidcd.nih.gov/>

\*National Institute of Neurological Disorders

[http://www.ninds.nih.gov/disorders/disorder\\_index.htm](http://www.ninds.nih.gov/disorders/disorder_index.htm)

\*National Organization for Rare Disorders

<http://www.rarediseases.org/>

\*New Visions: Feed Your Mind (Feeding & Oral Motor Disorders)

<http://www.new-vis.com/p-fym.htm>

\*Parents Helping Parents (PHP)

<http://www.php.com/>

\*Program for Infant Toddler Caregivers (PITC)

<http://www.pitc.org>

\*Sensory Processing Disorder Resource Center

<http://www.sensory-processing-disorder.com/>

\*WestEd Center for Prevention and Early Intervention

[www.wested.org/](http://www.wested.org/)

\*Virtual Pediatric Hospital: Seizures and Epilepsy

<http://www.virtualpediatrichospital.org/patients/cqqa/epilepticseizure.shtml>

-Internet Resources adapted from materials created by Dana Cox 6/10 and Map to Inclusive Child Care

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# Children's Books:

## Diversity/ Inclusion/ Ability Awareness

*ABC for You and Me.* Margaret Girnis, et al. Albert Whitman & Co. 2000.

*Andy and His Yellow Frisbee.* Mary Thopmson. Woodbine House. 1996.

*Animal Signs A First Book of Sign Language.* Debby Slier Shine. Checkerboard Press.

see also *Word Signs*

*Alex is My Friend.* Marisabina Russo. Greenwillow Books. 1992.

*Be Quiet Marina.* Kirsten Debear. Star Bright. 2001.

*Beginning Sign Language Series, 7 Titles.* S. Harold Collins. Garlic Press. 1977.

*Ben, King of the River.* David Gifaldi. Albert Whitman & Co. 2001.

*Connecting Kids - Exploring Diversity.* Linda Kill. New Society Pub. 2001.

*Disabled Fables Aesop's Fables.* Retold and Illustrated by Artists with Developmental Disabilities. Members of LA Goal. Star Bright. 2005

*Don't Call Me Special - A First Look at Disabilities.* Pat Thomas Barrons, Ed. Series. 2002.

*Eddie Enough.* Debbie Zimmer. Woodbine House. 2001.

*Extraordinary Friends.* G.P. Putnam's Sons & Puffin Books. 2000.

*Feet Are Not for Kicking.* Elizabeth Verdick. Free Spirit Pub.2004

See also *Teeth Are Not for Biting.* 2003

*Friends at School.* Rochelle Bunnett, Scholastic Inc. 1995.

See also *Friends Together, Friends at the Park, and Amigos en la Escuela* (Spanish Version)

*Good Morning Franny. Goodnight Franny.* Emily Hearn. Women's Educational Press. 1984.

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*Hands Are Not for Hitting / Los manos no son para pegar*. Martine Agassi. Free Spirit. 2009

*The Handmade Alphabet*. Laura Rankin. Dial Books. 1991.

*Handsigns: A Sign Language Alphabet*. Kathleen Fain. Scholastic Inc. 1993.

*I have Cerebral Palsy*. Brenda Pettunuzzo. Frenklin Watts. 1988.

*I have Diabetes*. Althea. Dinosaur Publications. 1986.

*It's OK to be Different*. Todd Parr. Little Brown. 2000

*La llamada de Sosu*. Zendreras Zariquiri. 1997.

*The Leaf Raker*. Raewyn Caisley. SRA (Macmillan/McGraw-Hill). 1994.

*Let's Talk About It: Extraordinary Friends*. Fred Rogers. Puffin. 2002.

*Like Fish in the Water/ Como pez en el agua*. Thule Ediciones. 2007.

*Lucy's Picture*. Nicola Moon. Scholastic Inc. 1994.

*Margaret and Margarita*. Lynn Reiser. Redleaf Press. 1999.

*Mama Zooms*. Jane Cowen-Fetcher. Scholastic Inc. 1993.

*My Brother Matthew*. Mary Thompson. Woodbine House. 1992.

*My Mom is Different*. Deborah Sessions. Sidran. 1994.

*My Sister is Different*. Betty Ren Wright. Raintree Steck-Vaugh Pub. 1992.

*No Fair to Tigers*. Eric Hoffman. Redleaf Press. 1999.

See also *No es Justo Para Tigres* (Spanish Version)

*No Nuts for Me*. Aaron Zevy. Tumbleweed Press. 1995.

*Nosotros sí podemos hacerlo*. Star Bright Books. 1997.

*Our New Baby Needs Special Help, A Coloring Book for Families Whose New Baby Has Problems*. Gail J. Klayman. Centering Corp. 2008

*Rolling Along*. Jamee Reggio Heelan. Peachtree Pub. 2000

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*Russ and the Firehouse.* Janet E. Riekert. Woodbine House. 2000.

See also *Russ and the Almost Perfect Day* and *Russ and the Apple Tree.*

*Say It, Sign It.* Elaine Epstein. Scholastic Inc. 1994.

*Sign Language for Kids.* CDE Press.

*Someone Special, Just Like You.* Tricia Brown. Henry Holt. 1984.

*Special People, Special Ways.* Sheila Maguire. Future Horizons. 2000.

*Susan Laughs.* Jeanne Willis. Illustrated by Tony Ross. 2000

*The Stranger and the Red Rooster/ El forastero y el gallo rojo.* Piñata Books. 2006

*The Way I Feel.* Janan Cain. Parenting Press. 2004

*We Can Do It!* Laura Dwright. Star bright Books. 1992.

See also *Nosotros si, podemos hacerlo!* (Spanish Version)

*We'll Paint the Octopus Red.* Stephanie Stuve-Bodeen. Woodbine House. 1998.

*What's Wrong with Timmy?* Maria Schriver. Littler Brown & Co. 2001.

*When Sophie Gets Angry--Really, Really Angry.* Molly Bang. Blue Sky Press. 1999

*You Can Call Me Wily: A story for children about AIDS.* Joan Verriero. Magination Press. 1995.

*1, 2, 3, For You and Me.* Margaret Girris, et al. Albert Whiteman & Co. 2001

\* Please note that these Resources and all other Parent and Professional Resources in this Guide are only a partial listing of those available. Their inclusion on any of the lists in the PTI Guide, does not imply a recommendation or endorsement by any of the Agencies with respect to the research, services, medications, treatments, or products of specific individuals.

## Libros que apoyan el Desarrollo Socio-Emocional en los Niños Books to Support children's Social-Emotional Development

Título / Title	Autor / Author	Editor / Publisher	Fecha / Date
¿A dónde van las personas cuando mueren? Where Do People Go After Dying?	Mindy Avra Portnoy	Ediciones Lerner	2009
Como pez en el agua - Like Fish in the Water	Daniel Nesquens	Thule Ediciones	2007
Desplumado - Featherless	Juan F. Herrera	Children's Books Press	2004
El camino de Amelia - Amelia's Road	Linda Jacobs Altman	Lee & Low Books Inc.	1993
El forastero y el gallo rojo The Stranger and the Red Rooster	Victor Villaseñor	Piñata Books	2006
Franklin va a al hospital - Franklin Goes To The Hospital	Paulette Bourgeois	Lectorum Publications, Inc.	2002
La pequeña locomotora que sí pudo The Little Engine That Could	Watty Piper	Platt & Munk Publishers	1976
La Tarjeta de Antonio Antonio's Card	Rigoberto González	Children's Book Press	2005
No es justo para los tigres No Fair to Tigers	Eric Hoffman	Redleaf Press	1999

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## Books with Social Emotional Themes

### Mercer Mayer Book Series

Title	Topic
Just for You	Independence/Self control
All by Myself	Independence
The New Baby	Adjusting to new baby
Me Too	Siblings
The New Potty	Toilet training/siblings
Just Go to Bed	Transition to sleep
My Trip to the Hospital	Injury/hospital
Just a Mess	Organization/chores/independence
I Just Forgot	Independence
When I Grow Up	Goals/dreams
I Was So Mad	Anger
Just a Day at the Pond	Persistence/fear
Good for You and Me	Health/nutrition
Just Me & My Mom	Relationships
Just Me & My Dad	Relationships
Just Grandpa & Me	Relationships
Grandma, Grandpa & Me	Relationships
Just My Friend & Me	Friends/alone

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# NICHCY FACT SHEETS

NICHCY publishes a variety of information and Fact Sheets that are available in both English and Spanish. We have included 2 samples in this document. Please go to their website <http://www.nichcy.org> for more information on the topics below.

- AD/HD
- Autism Spectrum Disorders
- Visual Impairments
- Cerebral Palsy
- Deaf-Blindness
- Deafness
- Developmental Delay
- Down Syndrome
- Emotional Challenges
- Epilepsy
- Intellectual Disability
- Learning Disabilities
- Rare Disorders
- Severe/Multiple Disabilities
- Speech and Language Impairments
- Spina Bifida
- Traumatic Brain Injury
- Other Health Impaired