

## APPENDIX A

### EARLY CHILDHOOD SPECIAL EDUCATION TERMS

#### **How to use this section:**

It has been said that jargon used in the field of special education is similar to alphabet soup. There is an acronym for almost every term associated with special education. This section defines not only the most common acronyms used, but also additional terms that may be important to recognize when working with children in your care. Some of the terms are commonly used jargon among various professionals in the early childhood special education field.

#### **Terms defined in this section:**

- Adaptive Behavior
- Adaptive Equipment
- Americans with Disabilities Act (ADA)
- Apnea Monitor
- Aerosol Treatment
- Assessment
- Assistive Technology Device
- Developmentally Appropriate Practice (DAP)
- Disability
- Early Childhood Special Education
- Exceptionality Appropriate Practice (EAP)

- Expressive Language
- Family-Centered Practice
- Fine Motor
- Gross Motor
- Inclusion
- Individuals with Disabilities Education Act (IDEA)
- Individualized Education Plan (IEP)
- Individualized Family Service Plan (IFSP)
- Least Restrictive Environment (LRE)
- Local Education Agency (LEA)
- Natural Environment/Natural Setting
- Oral Motor
- Person-First Language
- Prone
- Receptive Language
- Section 504
- Special Education
- Special Need
- Supine
- Tracheostomy
- Tracheostomy Button
- Tracheostomy Tube
- Tube Feeding

## **EARLY CHILDHOOD SPECIAL EDUCATION TERMS**

**Adaptive Behavior** – Skills that are necessary for appropriate social interactions and for performing self-help tasks (i.e. toileting, dressing, feeding).

**Adaptive Equipment** – Similar to an assistive technology device, adaptive equipment is an item, piece of equipment, or change made to an already existing product that allows a child to participate to the maximum extent possible in everyday routines and activities. Adaptive equipment examples are wheelchairs, crutches, picture schedules, pencil grips, communication devices, a straw in a cup, a grip pad under a bowl to prevent slipping, etc.

**Aerosol Treatment or Aerosol Therapy** – Most commonly used with children with asthma, aerosol treatment or therapy is giving the child medication or humidity through aerosol to relieve asthmatic symptoms. An aerosol machine administers the medication or humidity to the child. The therapy is given on a regular basis at scheduled times, not only when problems arise with breathing due to the asthma.

**Americans with Disabilities Act (ADA)** – see page 23

**Apnea Monitor** – A piece of equipment used to detect when an infant or child has stopped breathing. Apnea is when a child stops breathing for short amounts of time, and an apnea monitor checks the breathing of the child to detect when the breathing has stopped.

**Assessment** – Assessment is observing and testing a child in a given area of development, and then evaluating the child based upon the results. The final evaluation and the overall assessment outcome may qualify the child to receive services such as special education, physical therapy, speech therapy, etc.

**Assistive Technology Device** – According to the federal law IDEA, an assistive technology device is any type of tool used to increase participation and independence in children with special needs. Assistive technology devices can range from low tech to high tech. Low tech devices are very simple. Examples of low tech devices are a piece of foam wrapped around a paintbrush for better grip or a picture of a backpack hanging by the entrance to let the child know what to do first when he/she arrives at the child care (hang up backpack). High tech devices are more complex. Examples of high tech devices are a computerized communication device for children who are nonverbal or voice activated keyboard/computer for children who have difficulty using their fingers and hands to work a computer.

**Developmentally Appropriate Practice (DAP)** – Developmentally appropriate practice is written under the National Association for the Education of Young Children (NAEYC). Practices and programs in early childhood that are developmentally appropriate ensure that all experiences in schools, child care settings, and community settings are: planned for the age level being served, respectful of each child's individual strengths and needs, and sensitive to the various cultural and social backgrounds of every family and child.

**Disability** – Disability refers to an *identified* physical or mental delay, underdeveloped behavior or social skills, or difficulty in learning and doing tasks that results in not performing in school or social situations at the same pace as peers of the same age.

**Early Childhood Special Education (ECSE)** – ECSE refers to special education and related (therapies, etc.) services provided to children age three to eight who have a special need and a written IEP.

**Exceptionality Appropriate Practice (EAP)** – Development proceeds in a sequence that builds on top of skills already acquired. The rate of development varies for every child based on their individual strengths and needs. EAP bases practices and programs in early childhood on the varying rate of development of each child, and on the individual strengths and needs of each child. EAP allows for modifications and adaptations to be made within lessons, activities, room set-up, etc. as often and as extensive as required to meet the child's needs.

**Expressive Language** – Expressive language is the output given to others. It is telling another person something. When a child has difficulty with expressive language, she/he may not be able to convey the whole meaning and intent of what she/he is trying to say to the other person. Speech therapists or communication specialists are professionals who work with children who have difficulty with expressive language.

**Family-Centered Practice** – Educational and related (therapies, etc.) services, goals, and interventions are the priorities of the parents, family, and child. Teachers, therapists, and other professionals include and support the family in all decision-making situations.

**Fine Motor** – Fine motor deals with small muscle movements in the hands and fingers. Difficulties with holding scissors correctly or with picking up small items or using an improper writing grasp are examples of fine motor problems. Occupational therapists are professionals who work with children with fine motor difficulties.

**Gross Motor** –Gross motor deals with large muscle movements in bigger muscles in the body such as the arms and legs. Gross motor difficulties can include not being able to walk up a flight of stairs or not being able to roll over onto the stomach. Physical therapists are professionals who work with children with gross motor difficulties.

**Inclusion** – Every person has the right to be included and given the same opportunities as everyone else. Inclusion upholds this right and involves all children learning and playing together regardless of special need. Inclusion works best when all persons working with the child with special needs collaborate and support one another across all settings.

**Individuals with Disabilities Education Act (IDEA)** – IDEA is a federal law that advocates for all children with special needs. It ensures that all children receive a free and appropriate education, ensures that all children with special needs are supported through special education and services that meet their individual needs, and assists

various agencies in providing education and services to all children with special needs. IDEA originated in 1975 and was amended in 1997 to become IDEA '97. IDEA may also be referred to by its law number, P.L. 105-17.

IDEA is a federal law, and each state may have additional laws and regulations.

While the goals for the child, and the accommodations to be made for each child, as written in the IEP are geared more for the school setting, it may be helpful to the child care provider and the child to make the same accommodations in the child care setting.

**Individualized Education Plan (IEP)** – see page 29

**Individual Family Service Plan (IFSP)** – see page 27

**Least Restrictive Environment (LRE)** – According to IDEA, children identified with a special need must be served in the least restrictive environment (LRE). The federal definition of LRE states that children with disabilities are to be educated with children who are non-disabled. The individual needs and goals of the child are taken into consideration when placing him/her in a LRE. Inclusive programs are legally mandatory according to the LRE and as written in the IEP.

**Local Education Agency (LEA)** – LEA refers to the public agency that is responsible for providing special education and related (therapies, etc.) services to the child with special needs on an IEP. The LEA most often is the local school district, but may vary from region to region.

**Natural Environments** – According to IDEA, early intervention services to infants and toddlers age birth to three and their families must occur in their natural environment. Natural environments are places, resources, or routines that are found in the home or community regardless of whether a person has a special need. It is referred to in IDEA as settings that are normal for the child’s age peers who have no disabilities. In some instances, the term “natural settings” may be used in place of the term “natural environments.”

**Oral Motor** – Oral motor refers to the mouth, tongue, and throat area. Problems with oral motor function can include swallowing, producing sounds for speech, mouth closure, tongue thrusting, or a sensitivity to certain textures that touch the mouth area. Speech/language pathologists, communication specialists, and occupational therapists are professionals who work with children with oral motor difficulties.

**Person-First Language** – A person is first a person, and is not defined by his/her disability or special need. The person comes first and the disability or special need follows second. Examples of appropriate and inappropriate language:

<u>Appropriate</u>	<u>Inappropriate</u>
Sarah has Down syndrome	Sarah, the Down syndrome kid
Child with a special need	Special need child
Persons with disabilities	Disabled people
Tom who uses a wheelchair	Wheelchair-bound Tom
Girl who is blind	Blind Girl

For more information on person-first language and other information regarding disability awareness, contact : Axis  
Center for Public Awareness of People with Disabilities  
4550 Indianola Ave.  
Columbus, OH 43214

**Prone** – Prone is a type of position referring to the child being placed on his/her stomach.

**Receptive Language** – Receptive language is the input received from others. It is understanding and comprehending what someone is saying. If there is a difficulty with receptive language, the child may not fully understand what someone is telling them. Speech therapists or communication specialists are professionals who work with children with receptive language difficulties.

**Section 504** – Section 504 is a civil rights act that protects the rights of people with disabilities against discrimination because of their disability from public preschool, elementary, and secondary school services. It differs from IDEA in that there are no specific categories of disabilities that the child must be eligible for (although they must have record of or be regarded as having a special need) and it does not require a written IEP. A Section 504 plan is written for individuals to allow for accommodations and modifications in the school setting to be made for them. It may be helpful for child care providers and the child if the same accommodations are also implemented and carried out within the child care setting.

**Special Education** – Under IDEA, special education is defined as instruction that is specifically designed, at no cost to the parents, to meet the child’s unique needs. Special education is not a place where children with special needs go to when they get to school, rather it is services that are provided to children with special needs to allow them to learn as much as they possibly can.

**Special Need** – Special need refers to an identified disability or developmental delay, or being at risk for developing a delay which will result in not performing in school or social situations at the same pace as peers of the same age.

**Supine** – Supine is a type of position referring to the child being placed on their back.

**Tracheostomy** - A procedure to make an opening into the windpipe that allows a person to breathe if they have a blockage or another cause for not being able to breathe on their own.

**Tracheostomy button** - A plastic tube placed in the opening of the windpipe to keep it open.

**Tracheostomy tube** - A metal or plastic tube that attaches to the tracheostomy button to provide air flow. It may also be referred to as a trach tube.

**Tube Feeding** – When children are not able to take food orally (by mouth), a feeding tube is either placed directly into their stomach (g-tube), or is placed into the nose directing food down to the stomach (n-g tube). Special formulas are given to the children through the external portion of the tube, which for the g-tube is most commonly located on the outside of the abdomen. Formula can be directly put into the feeding tube by hand using a large syringe, through an IV using a pump machine, or through an IV connected to a bag.

**Americans with Disabilities Act (ADA)** – The ADA was passed in 1990 and requires by law that the rights of persons with disabilities are respected in all settings. Title III of the ADA refers to the rights that persons with disabilities have to enjoy public services and attend public places, and to the rights that children with disabilities have to attend child care centers.

Common questions regarding the ADA are:

**1. Do all child care centers and providers have to comply with the ADA?**

Yes. Private centers, small centers, large centers, and home-based providers must follow title III of the ADA.

The only exceptions are centers run by a religious group or organization. They do not have to follow title III of the ADA. However, if a private center is housed on the property of a religious group or organization then they still must comply with title III of the ADA. This is because the religious group or organization does not actually run the center.

**2. Are child care providers allowed to charge more for children with special needs?**

No. Child care providers are not allowed to charge a family more for the costs of complying with the ADA to accept a child with a special need into their setting.

Costs for complying with the ADA (if any) may be spread out among all families that attend the child care setting.

The exception to this is only if the costs are for measures that exceed compliance with the ADA. For example, if removal of a physical barrier would cause a great financial strain on the child care provider, then the family may be charged for the removal.

### **3. What accommodations and modifications are child care providers required to make under the ADA?**

Child care providers are required to make reasonable accommodations and modifications to their program policies, procedures, and practices as long as these changes will not fundamentally alter the setting or cause an undue burden.

Examples of modifications and accommodations that are feasible are:

- Having individualized snacks or meals because a child has a special diet
- Adapting toys and activities to account for all levels of abilities
- Providing information and cues in a variety of ways (visually, verbally, tactilely) during activities to children with hearing impairments, visual impairments, sensory impairments, or multiple disabilities
- Rearranging the set-up of the room to allow easy access for a child in a wheelchair to move around the room
- Administering medications or treatments with proper instruction provided to children with medical concerns
- Providing a sticker reward system to a child with behavioral concerns
- Placing grip bars around a toilet for a child who uses a walker to use the restroom independently

### **4. What are unreasonable accommodations and modifications?**

Providers must make an honest effort to accommodate each child. They need to conduct individualized assessments to decide if the modifications and accommodations necessary to meet the needs of the child are reasonable.

However, if a change is required to meet the needs of a child in order to be enrolled at the child care setting and the change places an undue burden on or fundamentally alters the child care setting, then the child can be refused acceptance into the child care.

An undue burden, according to the ADA, is a significant difficulty or expense.

A fundamental alteration, according to the ADA, is a change in policies, procedures, or practices that alter the nature of the program.

Examples of unreasonable accommodations are:

- A child who could pose a direct threat to the safety of others based on actual capabilities of that child, and there is no reasonable means of eliminating the threat through a change in practices or procedures at the child care setting
- Installing an elevator into an old, pre-existing building with stairs only
- Providing services (sign language interpreter, one-on-one assistant, medical personnel, etc.) or specialized equipment that would result in a financial burden to the child care setting
- Hiring additional staff members if it would result in a financial burden to the child care setting

**5. Do I have to accept a child with special needs who is not toilet-trained and is older than three years?**

YES. Toilet training is often either delayed or impossible for some children with special needs. However, a child with special needs cannot be turned away because of not meeting certain eligibility requirements (i.e. must be toilet trained by age three)

that potentially screen out children with special needs. Most child care centers normally assist young children with toileting, and therefore it is a service that is already provided regardless of the child having a special need. It is a reasonable accommodation to provide assistance with toileting to children with special needs who are not toilet trained.

Compiled from:

Child Care Law Center. (1995). Implications of the Americans with Disabilities Act on child care facilities – Title III. San Francisco: Child Care Law Center.

Child Care Law Center. (1995). Child care and the Americans with Disabilities Act. Child Care Information Exchange. 81-84.

Leuchovius, D. (1994). ADA Q & A: Child care providers [On-line]. Available: [www.pacer.org/pride/chldcare.htm](http://www.pacer.org/pride/chldcare.htm).

United States Department of Justice, Civil Rights Division, Disability Rights Section. (1997). Commonly asked questions about child care centers and the Americans with Disabilities Act. Washington D.C.: U.S. Dept. of Justice.

**Individualized Family Service Plan (IFSP)** – a written plan required under the federal law, the Individuals with Disabilities Education Act (IDEA), for infants and toddlers age birth to three who receive early intervention services and for their families.

The plan includes:

- assessments of the infant/toddler
- present levels of the infant’s development (physical, cognitive, communication, social/emotional, and adaptive)
- family information
- goals and objectives for both the infant/toddler and the family based on the needs of the infant/toddler and the priorities and concerns of the family
- who is responsible for the goals and objectives being met
- the most natural setting where the goals and objectives will be carried out

The goals and objectives are written by the family or written collaboratively by the early intervention professionals or therapists and the family. This plan is updated every 90 days with frequent reviews of progress. The IFSP differs from an IEP in that it is a plan written for both the family and the child, whereas the IEP is focused mainly on the needs of only the child.

***How can the child care provider use the IFSP while a child with an IFSP is in his/her care?***

The IFSP can be used as a guide to help the child care provider learn more about the infant/toddler and the family, learn what the infant/toddler can do already, and learn what he/she is working towards being able to do. It can also be used to contact other early

intervention professionals who are responsible for working with the infant/toddler and the family on certain IFSP goals and objectives. Information can be shared between the therapists, Early Intervention Specialist, and child care provider on how to incorporate goals and objectives into everyday routines and how activities, toys, schedules, etc. can be adapted or modified to meet the individual needs of the infant/toddler. The Early Intervention Specialist can also be a valuable contact for other organizations and resources that could be helpful for finding out more information on special needs, or concerns and interests of the child care provider.

**Individualized Education Plan (IEP)** – a written plan required under the federal law, the Individuals with Disabilities Education Act (IDEA), for school aged children identified with a disability.

The plan includes:

- present levels of development (physical, cognitive, communication, social/emotional, and adaptive)
- goals and objectives for the child based on the needs of the child
- who is responsible for the goals and objectives being met
- where the child will be when working on specific goals (placement of services)
- what services (therapies, etc.) the child will receive to aid in meeting the goals and objectives

The IEP is written collaboratively by the school, therapists, and parents of the child. The IEP goals and objectives are written to be measurable, objective, and attainable within one year. The IEP differs from the IFSP in that it is more child-centered and does not include goals and objectives written specifically for the family.

***How can the child care provider use the IEP while a child with an IEP is in his/her care?***

The IEP can be used as a guide for child care providers to learn what the child can do already and what the child is working towards being able to accomplish by the end of the IEP duration. It can also be used to contact other professionals who are responsible for working with the child on certain IEP goals and objectives. Information can be shared

between the therapists, teacher, and child care provider on how to incorporate goals and objectives into everyday routines and how activities, toys, schedules, etc. can be adapted or modified to meet the individual needs of the child.

## **Early Childhood Special Education Terms References**

Batshaw, M. Children with Disabilities (4<sup>th</sup> ed.). Baltimore: Brookes

Individuals with Disabilities Education Act Amendments of 1997, Pub. L. No. 105-17, (June 4, 1997).

Middendorf, K.L. (1992). Project Lexington: Training child care personnel to serve young children with disabilities in integrated settings (U.S. Dept. of Education, Project Number: H024P9002, CDFA: 84.024). Lexington, KY: Kentucky University, Interdisciplinary Human Development Inst.

<http://www.parentpals.com> sponsored by Ameri-Corp Speech and Hearing (December 2000).