

## COMPONENT VI: EARLY IDENTIFICATION AND INTERVENTION

### ***DEFINITION:***

All children receive age-appropriate developmental screening in the following designated domains:

- Social and emotional
- Language and literacy
- Cognition
- Physical: gross and fine motor development

As appropriate, children with identified needs receive intervention services. Children with disabilities, and those aged birth to three, are fully included and have access to all programs and services.

### ***BACKGROUND:***

**EIIP:** It is critical to identify children who may be at risk for learning problems while they are still young. When appropriate interventions are made early, it is possible to prevent learning disabilities and repeated failures. It is better to prevent learning problems than to attempt remediation after the learning problems have already developed. In recognition of these facts, the Maryland State Board of Education is required to “develop and implement a program to be administered by the county boards in which each student who enters his first year in any primary grade in a public school is evaluated to identify any learning disability regardless of cause.” (Annotated Code of Maryland, Section 7-201 (a), 1983). This program, the Early Identification and Intervention Program (EIIP), is charged with identifying children who are at risk of school failure due to assessed learning problems and with providing an appropriate program of effective instructional interventions as early as possible. Each local school system is required to implement a comprehensive EIIP plan.

### **Preschool Special Education:**

Starting with the local school system Child Find office, young children ages three through five can receive screening services to identify concerns in any area of development for further

assessment by a multidisciplinary team. Following completion of assessments, the Individualized Education Plan (IEP) Team, of which parents are essential members, meets to review and discuss findings in order to make a determination of eligibility under one of the established disability categories.

Once a child is determined to have a disability, the IEP Team works together to develop the IEP, which is a written document identifying the special education and related services necessary to support the child's development and educational program. The IEP allows everyone with a role in teaching nurturing the child to understand what the child will need to grow and be a successful learner, and the particular role they can play as a supportive member of the child's team.

After the IEP is developed and agreed upon by the IEP Team, the next important step in the process is to identify the setting, or Least Restrictive Environment (LRE) in which the services on the child's IEP can be implemented. Appropriate LRE settings for preschool children include a continuum of community-based public and private early childhood settings, such as a general education class located in or close to the child's neighborhood school, local Head Start Program, approved private preschool, child care center, or other early childhood settings available within their community.

Note: For more information on Preschool Special Education Services, please refer to

*Component VII: Preschool Special Education.*

### **Maryland Infants and Toddlers Program:**

In 1986, Congress created a nationwide incentive for states to implement coordinated systems of early intervention services for infants and toddlers with disabilities and their families by adding Part C to the Individuals with Disabilities Education Act (IDEA). Part C defines early intervention as services designed to meet the developmental needs of infants and toddlers with disabilities from birth through two years of age. Part C policies are based on the principles of

family-centered and community-based service delivery and require that services to infants and toddlers with disabilities and to their families should be provided through a coordinated, inter-agency system rather than through a single agency.

The Maryland State Department of Education serves as the State lead agency for the administration of the statewide early intervention system. As the State lead agency, MSDE has entered into interagency agreements with the Department of Health and Mental Hygiene, and the Department of Human Resources to define the roles and responsibilities of each agency in the statewide system of early intervention services. The State lead agency identifies and coordinates all available resources within the State, including funds from Federal, State, local and other sources (e.g., Medical Assistance; Early and Periodic Screening, Diagnosis and Treatment [EPSDT]; Office of Children's Health, Part B of the IDEA, State General Funds; and local education funds).

Local Infants and Toddlers Programs, composed of contributions from local departments of education, health, and social services and from other public and private providers identified by each jurisdiction, constitute the service delivery component of the statewide early intervention system. Local lead agencies receive Part B and Part C funds through Consolidated Local Implementation Grants (CLIG) awarded annually by the State lead agency to support the coordination and provision of early intervention services in each jurisdiction. The State is required to ensure an equitable distribution of Part C funds to all geographic areas within the State.

Early intervention services are provided through an Individualized Family Service Plan (ISFP) that is developed within 45 days of referral to the Single Point of Entry.

***Challenges/Strategies/Solutions:***

<b>Challenges</b>	<b>Strategies/Solutions</b>
It is difficult to evaluate young children because they change rapidly. Month-by-month changes in the child (i.e. maturation) may result in deficits or delays at a young age no longer be present at a later age.	<ul style="list-style-type: none"> <li>• It is important to collect information over time to get a good picture of a child’s growth. It is equally important to monitor interventions to determine if they are still necessary.</li> </ul>
Behavior is not stable in young children. Assessments conducted too early in the school year are likely to reflect behavioral problems that may not be present a few months later.	<ul style="list-style-type: none"> <li>• Allow an initial time period for the child to adjust to the school and to build a positive relationship with his or her teacher.</li> </ul>
Due to differing expectations for entering abilities and different definitions of success, there is great difficulty in reaching agreement whether a child is truly at risk for later learning problems.	<ul style="list-style-type: none"> <li>• When research is used to define indicators of learning problems, local concerns are no longer issues.</li> </ul>
Screening tools do not assess the quality of instruction as measured by the skill of the teacher, instructional methods, frequency of school changes, attendance, and differences in attitudes towards learning.	<ul style="list-style-type: none"> <li>• Work with the local school system’s special education office, the local infants and toddlers program, or consult national organizations such as Zero to Three or Council for Exceptional Children.</li> </ul>

***STRATEGIES/MODELS:***

**EIIP:**

**1. Screening<sup>1</sup> to identify students who may have the characteristics of at-risk learners.**

A brief assessment procedure, called a *screening*, is designed to identify children who should receive more intensive evaluation. Screening is designed to identify children who are at risk for health problems, developmental problems, or disabling conditions, and who may need to receive helpful intervention services as early as possible.

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<sup>1</sup> Screening tools should be standardized on a reference group, representative of the population to be tested, from which age norms that allow a child to be compared to a same-age reference group on a particular construct are derived.

The screening process serves as a mechanism for teachers to request assistance from other professionals within the school after a student has been initially identified as being at-risk (i.e. through a referral). A multi-disciplinary team should review the results of the screening, along with information from parents and teachers and observations of the child to determine appropriate interventions. Intervention can involve the implementation of instructional modifications along with the use of any identified needed supports available both within and outside the regular classroom. “Modifications and supports both within and outside the classroom are designed to promote student success. These services are tailored to meet children’s individual needs.” (See Appendix, EIIP Fact Sheet)

**2. An evaluation may be necessary** to confirm the need for specific interventions and to assist the teacher and other school staff if the child continues to have difficulty with age-appropriate tasks. “Documented issues of concern about a student’s developmental level and/or ability to meet the expectations of the school’s instructional program are carefully considered and decisions about the need for intervention, further referral, or further evaluation are made. A plan of action is developed for students with confirmed needs. These decisions are made by a school-based team which includes professionals and family members. (See Appendix, EIIP Fact Sheet). Diagnostic tests are used to confirm a developmental problem, describe the level of functioning in one or more developmental domains, and identify the type of problem. Typically norm-referenced diagnostic assessments can be repeated to monitor progress. Prescriptive assessments (criterion referenced) are done for the purpose of obtaining information that will facilitate the development of appropriate intervention strategies by identifying the child’s place on the continuum of development. Both areas of strength and those requiring support and intervention are identified. Types of assessment appropriate for evaluations include:

- **Developmental assessment:** An ongoing process of observing and thinking about a child’s current competencies (including knowledge, skills, and personality), and the best ways to help the child develop further.
- **Family assessment:** A systematic process of learning from family members their ideas about a child’s development.
- **Multidisciplinary assessment:** A form of developmental assessment in which a group of professionals with different kinds of training and experience work with a child and family, directly or indirectly. This type of assessment can be helpful because

professionals with different kinds of training are skilled in observing and interpreting different aspects of a child's development and behavior.

- Play-based assessment: A form of developmental assessment that involves observation of how a child plays alone, with peers, or with parents or with other familiar caregivers, in free play or in special games. This type of assessment can be helpful because play is a natural way for younger children to show what they can do, how they feel, how they learn new things, and how they behave with familiar people.

**3. Assessment to determine the skill levels of students in order to plan for instruction** takes place over a longer period of time. The Maryland Model for School Readiness states, “the individual needs and strengths of every young child will be continually assessed to facilitate frequent adjustments and supplements to instruction.” (MMSR, p.1) This type of assessment:

- Incorporates the knowledge and understanding of the young child including the child's history, personality, learning style, culture, and particular strengths and needs.
- Promotes learning, rather than just measuring it, by capitalizing on the ability of young children to work through activities, solve problems independently, and reflect on their own thinking. Children are active, spontaneous, creative, curious, and capable of self-direction; assessment and instruction must capitalize on these qualities.
- Uses a variety of methods, sources, in a natural setting, over time, and incorporating a variety of modes
  - ◆ Methods include the performance-based assessment (defined as a systematic and ongoing observation), and portfolio (a collection of the child's work over time), as well as additional multiple sources of information.
  - ◆ Sources of information also include parents, caregivers, teachers, and the children themselves.
  - ◆ The setting for assessment should be natural and comfortable to the child.
  - ◆ Information is collected over a defined period of time with established evaluation periods during the year.
  - ◆ Children have the opportunity to respond in a variety of modes
  - ◆ Provides information about the child's location on the continuum, both strengths and needs, so that teachers and families can plan to support the child's growth<sup>2</sup>

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<sup>2</sup> Criterion referenced screening tools provide information about how a child performs on a particular task without reference or comparison to some normative group, reflecting a developmental sub-stage regardless of age or how the child compares to other children of similar age.

**4. All identification and intervention programs** should assure appropriate **follow-up assessment**, which is mandated, to check the validity of initial results or to provide a more comprehensive evaluation of a child's needs. This is typically done to determine the intensity of a child's disability.

**5. Program evaluation** is the final part of a model early identification and intervention program. Outcomes should be monitored to determine if the program is effective. Depending on the purpose of the screening program, outcome questions vary. Examples of outcome questions are:

- Are the children in need of special services being identified early and accurately?
- Does the screening process lead to interventions that are beneficial in addressing identified needs?
- Are the diagnosed learning needs effectively addressed?

***RESOURCES:***

Maryland State Department of Education Division of Special Education/Early Intervention Services Website: <http://www.marylandpublicschools.org/MSDE/programs/specialed>

Maryland State Department of Education. Division of Special Education/Early Intervention Services. Identifying Specific Learning Disabilities: Maryland's Technical Assistance Guide. 2001.

[http://www.msde.state.md.us/SpecialEducation/SLDGuide/menu\\_ld.pdf](http://www.msde.state.md.us/SpecialEducation/SLDGuide/menu_ld.pdf)

Maryland State Department of Education. Infants & Toddlers Program and Preschool Services Branch. [http://cte.jhu.edu/dse\\_eis/about-mitp.html](http://cte.jhu.edu/dse_eis/about-mitp.html)

Maryland State Department of Education. Preschool Services Section (410) 767-0261

[http://www.marylandpublicschools.org/MSDE/programs/specialed/infant\\_toddlers/about/preschool\\_services.htm](http://www.marylandpublicschools.org/MSDE/programs/specialed/infant_toddlers/about/preschool_services.htm)

“New Visions for the Developmental Assessment of Infants and Young Children.: Washington DC: Zero to Three, 1996.

***ADDITIONAL RESOURCES ON ASSESSMENT:***

Bagnato, S.J., J.T. Neisworth, & S.M. Munson. Linking assessment and early intervention: An authentic curriculum-based approach. Baltimore, MD: Paul H. Brookes, 1997.

Choate, J.S. Ed. Successful inclusive teaching: Proven ways to detect and correct special needs. Boston, MA: Allyn & Bacon, 1997

Compton, C. A guide to 100 tests for special education. Upper Saddle River, NJ: Merrill, 1998.

De Stefano, L. Effects of standards and assessments on students in special education. Minneapolis, MN: National Center on Educational Outcomes, 1993.

Hart, D. Authentic assessment: A handbook for educators. Reading, MA: Addison-Wesley, 1994.

Herman, J.L., P.R. Aschbacher, & L. Winters. Practical guide to alternative assessment. Alexandria, VA: Association for Supervision and Curriculum Development, 1992.

Hoy, C., & N. Gregg. Assessment: The special educator's role. Boston, MA: Allyn & Bacon, 1994.

King-Seras, M.E., C.S. Cummings, & S.P.Hullihen. Curriculum-based assessment in special education. San Diego, AC: Singular, 1994.

Salvia, J., & J.E. Ysseldyke. Assessment. Boston, MA: Houghton Mifflin, 1998.

Taylor, R.L. Assessment of exceptional students: Educational and psychological procedures. Boston, MA: Allyn & Bacon, 1996.

United States Office of Indian Education Programs, Bureau of Indian Affairs. Assessment in special education and Section 504: Survival Kit. Washington, DC: n.p., 1993.

Vace, N.A., & S.H. Ritter. Assessment of preschool children. Reston, VA: Council for Exceptional Children, 1995. (ERIC Document Reproduction Service No. ED 389 964)

Wallace, G., Larsen, S.C., & Elksnin, L.K. Educational assessment of learning problems: Testing for teaching. Boston, MA: Allyn & Bacon, 1992.

Wodrich, D.L. Children's psychological testing: A guide for nonpsychologists (3<sup>rd</sup> ed.) Baltimore, MD: Paul H. Brookes, 1997.