The Benefits of Early Intervention

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St. John Fisher College
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The research for this action research paper was conducted for six months in the spring of 2008. The research focused on the benefits of early intervention for students with disabilities and was conducted to uncover if there are multiple benefits associated with beginning formal education before age three. This paper discusses multiple strategies and approaches for both teachers and parents to assist in teaching students with disabilities. This paper also includes insight into the availability of early intervention resources within the Rochester area. Through the use of a survey, parents and teachers were asked to describe their experiences with early intervention services and programs in the area. The purpose for writing this paper was to analyze data that supports the improvement, necessity and availability of early intervention services for students with special needs. The research in this paper overwhelmingly showed that early intervention is an important component in special education. The research supported the idea that there are in fact multiple benefits associated with early intervention education that is vital for the success of students with special needs.
Table of Contents

Abstract ........................................................................................................... 2
Introduction .................................................................................................... 4
Literature Review .......................................................................................... 5
Methodology .................................................................................................. 23
Findings & Discussion .................................................................................... 26
Conclusion ...................................................................................................... 28
References ..................................................................................................... 30
Introduction

This paper was written in response to the growing concern that there is a lack of interest in studying the benefits of early intervention for young students, specifically those with special needs. The identification of many disabilities is beginning at earlier and earlier stages in life. This early identification provides us with the knowledge of how and when we can begin providing unique help for these young people. Although research on the topic of early intervention is just beginning to gain educational support, the little research that has been conducted has shown that growth in social, behavioral, and educational development could be a result of early intervention help.

Currently early education is one of the many aspects of education that is lacking in certified teachers, parental support, monetary support, resources and governmental help. By law, in 2008, a child does not have to be enrolled in formal schooling until age six. Therefore, there are children with a plethora of needs who are not attending school or receiving any formal help with their education. There is also a lack of professionals who are certified to provide these highly specialized types of education for students with a variety of extremely complicated needs.

This paper aims to discuss why early education and early intervention is both necessary and important for young students. The paper examines what can be done to improve early intervention programs, how children can benefit from the availability of such programs and services, and how parents can become more active and influential in the process.

This paper also looks at various strategies and ideas for the implementation of early education and intervention. There are various ideas for both parents and teachers to improve
their role in education. This paper touches on a multicultural approach to teaching: one that addresses the variety of students who are included in today’s special education system. It looks at how we can help to eliminate those who should not be placed in special education services.

More importantly, this paper hopes to provide insight on the significance of beginning learning as soon as possible in life with the hope that growth and development can be facilitated to the point where all children can partake in the general education classroom. As important as special education is, ultimately all children benefit from an education amongst their peers and as educators, we should try to provide the most beneficial and least restrictive environment to provide this education.

Literature Review

The Early Intervention Controversy

Early intervention: Setting the stage for today.

Research in the area of education and special education would lead us to believe that all children not only can be taught, but can be taught in the regular education classroom. The average person had never seen or known a person with developmental disabilities. Those who did know someone, or had a family member with a disability, were often unaware of any available services. The educational community viewed students with disabilities much differently then those who did not have a disability. One author summarizes his thoughts on education and available opportunities for students with disabilities some years ago.

The view…25 years ago: The services available to handicapped children today are in short supply and low in quality or, worse, dehumanizing, as are most of our
institutions. Since parents encounter a gulf of non-assistance as they look for services in their communities, it is inevitable that they will feel the message: Society does not view their children as worthy of investment; in fact, it disdains those with certain handicaps. (Guralnick, 2000, pg. 68)

What is it that has changed in those twenty years? Some special educators believe that the increased success of special education students is a direct result of the increased population of special needs learners as well as an increased need for special education research. Carpenter (2005) notes that “what has been established beyond doubt is that children and adults with profound and multiple learning difficulties are indeed learners. The medical emphasis that once dominated childhood disability has faded as educational and social needs have received recognition and attention” (p. 75).

Medical technology has made it possible for at-risk births to be less risky and potentially fatal medical conditions are now not so fatal. We are seeing “increasing survival rates of premature babies. Forty percent of all 1-2 lb babies are now surviving. These very premature babies are spending long periods of time in incubators, often enduring long periods of sensory deprivation; of these, half will require special education, and one in five will have profound and multiple learning difficulties (Carpenter, 2005, pg. 75).

That elevated survival rate was not medically possible in previous decades and therefore leaves a larger population of students with identified disabilities in the world of education and special education.
What is early intervention?

The early years of life are undoubtedly some of the most important years in a human being’s life. Guralnick’s research suggests that when “early intervention programs are in place, the decline in intellectual development observed for children with developmental delays during the first few years of life is either prevented entirely or substantially reduced” (2000, pg. 71). The possibility that with substantial work, a child can grow intellectually is a thought provoking idea.

If this potential growth is possible, and many believe that it is possible, the authors Mahoney and Wiggers (2007) believe that intervention should begin early. They describe early intervention as:

A set of services for children six years of age or younger who are at-risk of, or who currently have, developmental delays and social-emotional problems. The underlying premise for early intervention is that children’s developmental and social-emotional problems can either be prevented or remediated through specialized services and activities designed to maximize their developmental learning. Early intervention is grounded in the conviction that the first five years of life are a time during which there is a unique opportunity to prevent or reverse children’s developmental problems. The rapid brain growth that occurs at this time of children’s lives is believed to be associated with critical periods during which children are uniquely prepared to benefit from developmental stimulation that is tailored to their individualized needs and abilities. (pg. 7)

The possibilities of changing the intellectual growth pattern in young children could eventually reduce or eliminate the need for special education services. The rate that children
learn and acquire new skills can be used to their advantage, benefiting them educationally, if they are appropriately introduced and individualized.

Tailoring early intervention services can often times be difficult because the needs of every individual can be varied in degree and type of disability. Early intervention services are often services that work on self-help skills, speech, fine and large motor skills, language, social/emotional and the many other necessary skills for academic and social success. Most early intervention services focus on having children work with specialized professionals on an individual need. A Speech and Language Pathologist may meet with a student multiple times a week to help eliminate or overcome his/her dysfunction. An occupational therapist may provide activities that help to strengthen a child’s large motor skills. These various specialists have been trained to address the specific needs of special education students.

Mahoney and Wiggers (2007) discuss these specialized early intervention services:

... the child development component of early intervention often entails professionals working directly with children. This work includes therapeutic services provided by specialists such as speech pathologists or physical therapists in clinical settings; classroom-based early intervention programs provided by early childhood special education teachers; childcare and play groups; or home visits during which intervention specialists work directly with children. (2007, p. 8)

Early intervention services can and should be differentiated for the individual student in question. There is no definite criterion for an effective early intervention program, but designing a program that fits the individual and addresses the needs of the student is most important.
Why is the ‘early’ aspect of intervention so important?

Early intervention programs are believed to be important for many reasons. Many parents believe it gives them the tools and knowledge they need to interact with their son or daughter as well as informing them how they can assist him/her at home. Some feel it is important to begin working with children before they have developed difficult habits in need of breaking or to be there to assist in the acquisition of new skills. Some research shows that early intervention is effective because it occurs when the brain is somewhat of a clean slate, still awaiting programming. Guralnick (2000) comments on the topic of early intervention saying that the “effectiveness can be maximized through interventions that have high levels of comprehensiveness and intensity. Long-term benefits are particularly more likely to result if early intervention services and support continue across transition periods in the child’s life” (pg. 74). Well some research focuses on the overall quality of an early intervention program and the types of services being received: it seems that most research states that intensity is the key factor. A 1995 study shares Guralnick’s view stating that “timing and intensity” are the two important principles (Blair, Hardin & Ramey, 1995, pg. 542). These authors also believe that “summative results concerning these principles are clear: high quality, intensive educational efforts beginning early in life lead to greater cognitive gains among early intervention participants than do programs that are either less intensive or that begin later in life” (Blair, et al., pg. 542). Being able to provide an intensive intervention program with a child means the child not only needs services during his/her school hours, but at home, during the summer months and with specialists who can address his/her needs vigorously.
Although specialists may be able to deliver effective practices for students with disabilities, for many, this does not outweigh the benefits of in-class time spent with his/her peers. Time spent in class helps to develop social, age appropriate skills that cannot be taught in a secluded setting. In previous years, "when early intervention services were available, they were inevitably provided in segregated settings, further contributing to the growing sense of isolation from the larger community" (Guralnick, 2000, pg. 68). Assisting students both in and outside the classroom is of equal importance and necessity. The intensity of a program is a collaborative effort where the adults and professionals, in school and at home, are working for the same goal of improving the quality of a child's life.

Case Study: Why early intervention is effective.

In one study conducted by the Infant Health and Development Program, researchers wanted to prove that there was a direct correlation "between participation in early intervention and intelligence over the first three years of life" (Blair, et al., 1995, pg. 543). The researchers in this study wanted to examine if "timing and intensity..." did in fact improve the "mental development...at 12, 24, and 36 months of age" (pg. 543). At the end of the three-year study, the researchers found an association between the amount of intervention received and IQ. They found that "it appears that higher IQ at 24 and 36 months is associated with higher levels of participation during all three years of the study in most, but not all, intervention modalities" (Blair, et al., 1995, pg. 549). This study was able to find clear and measurable differences in the IQ of young children based on testing done with the Bayley Scales of Infant Development and the Stanford-Binet Intelligence Scale. There are very few other studies on the effects of early intervention and even less that research the concrete long-term benefits of receiving early intervention services. If research on this topic continues,
we may see a growth in early education funding and an increased participation in early intervention programs.

_Early Intervention can begin at home._

During the very early months and years of life the parents can be an influential component in development. Many in the special education field feel that parents are not educated enough about their important role and necessity in early intervention. Authors Mahoney and Wiggers (2007) believe that parents are an important aspect of early intervention for three reasons:

1. Parents are the most important influence in the early years because at this stage, children learn through routine and exposure to daily activities
2. Parents spend the largest amount of time with their children and therefore have the majority of opportunities to make an impact
3. Research over the last decade has shown that parents have made the biggest impact in early intervention even more so than teachers and specialists. (pg. 9-10)

The idea that family can play an important role in early intervention has generated many “family-centered programs” within the field of early intervention. Interventionalists want “to place families at the center of the early intervention system. In essence, programs must be carefully designed to meet families’ overall needs and integrate intervention activities into the natural flow of family life” (Guralnick, 2000, pg. 75).

This assumption can be very frustrating for early intervention advocates because working with the parents is difficult when many have long work hours, multiple children, no transportation and many other problems they are dealing with. Getting education to the
The benefits of early intervention can often be difficult and time consuming and therefore sometimes neglected.

Overall, there is developing research regarding the short-term and long-term benefits of early intervention for students with disabilities. The research that is currently available shows that early intervention has the potential to make a positive impact on the lives of the students who receive them. “Evidence indicates that important short-term benefits do occur” (Guralnick, 2000, pg. 77) and there may also be a potential for long-term benefits.

Guralnick (2000) also writes, “the future development of the early intervention system...require new information or program development...with special emphasis on social development, inclusion in community life, specificity, and long-term effectiveness” (pg. 77). “Second, problems implementing existing information and practices...focusing on the areas of family centeredness, inclusion of preschool-age children, and individualizing interventions for children and families” (Guralnick, 2000, pg. 77).

With time, early intervention can be maximized and effective for students with disabilities. As long as research on the benefits of early intervention continues, the programs and services available will improve. Besides the involvement of parents in the process, how else can families, educational professionals and teachers contribute to the process? How can early intervention be administered effectively?

How early can and should intervention begin?

Even with the growing number of students in need of special education services, some citizens in society feel that early intervention programs are both unimportant and unnecessary. Supporters of the longtime nature vs. nurture debate are certain there is no possibility that nurture can counteract nature. Those who support the nature aspect of the
The Benefits of Early Intervention

debate feel that “intelligence is fixed and early intervention programs are a waste of tax dollars” (Peebles-Wilkins, 2007, p. 45). It is this type of thinking that has severely damaged improvements in early intervention programs and services such as Head Start and Early Head Start. The other side of the debate promotes early intervention programs, saying that they “believe that academic achievement can be maximized with early intervention programs and that these efforts improve the life chance.” (Peebles-Wilkins, 2007, p. 45). Often times we get lost in the notion that young children are merely ‘babies,’ but the fact of the matter is that we can begin to detect signs of disabilities at younger and younger ages. Some researchers think they may be able to detect Autism as young as twelve months old, although the argument is still very controversial. On a recent episode of the CBS Evening news, psychologist Sally Ozonoff, the vice-chairman of research at the M.I.N.D Institute made a shocking statement. She stated that “she was hoping to drastically lower the age of diagnosis” for young children with Autism. “She says she is aiming for a diagnosis age of 12 months” (Sughrue, 2007, CBSNews.com). Ozonoff “uses high tech methods, like eye tracking. A normal baby looks right into mom’s eyes when she talks to him. But children who are autistic avoid eye contact, looking more at the mouth. Ozonoff believes children are born with the disorder. She went into her study convinced she would spot symptoms as early as six months” (Sughrue, 2007, CBSNews.com). If we can in fact detect disabilities at as young as six months, then shouldn’t we also begin providing help for these children after diagnosis?

How the law has influenced early intervention.

Many educational professionals would debate whether the world’s changing view of people with disabilities is responsible for the growth in special education. Others would say it
is legislature such as the Individuals with Disabilities Education Act, and America’s push
towards inclusion and equality of education that is responsible for the growth. Public Law
99-457 that was new legislature passed in 1986, pushed for a “significant expansion of early
intervention services for all young children with disabilities. This law also emphasizes the
importance of family-based support and intervention” (Taylor, 1999, pg. 2). A heightened
need to educate students with special needs arose and so did the need for a specialist who
could help these students. This specialist is what we now refer to as a special education
teacher.

With the variety of educational services that are available to students with disabilities,
how do you know when a child should begin receiving educational interventions? Although
the ‘right’ time to begin educational services depends on the individual child, the thought of
many is that “Early intervention is based on the assumption that earlier is better in terms of
providing services and supports” (Bailey & Wolery, 2002, pg. 90). When referring to
“services,” I am referring to specialized activities such as Occupational Therapy, Physical
Therapy, Speech Therapy, one-on-one subject specialization, medical intervention, or an
individualized education plan. For early intervention to occur a child has to be identified as
having a need for a specialized service and the recognition of this issue needs to be identified
as soon as possible so the child will not fall too far behind socially, developmentally or
academically. It is often difficult to keep young students at their peer level when they have
yet to experience schooling. However, at the age of 3, a child is eligible by law, according to
NYS and IDEA, to obtain his/her education in public schools. The law states that “a free
appropriate public education is available to all children with disabilities residing in the State
between the ages of 3 and 21, inclusive, including children with disabilities who have been
suspended or expelled, in accordance with 20 U.S.C. 1412(a)(1); 34 CFR §§300.101-300.108” (NYS Educational Department, www.vesid.nysed.gov). Although children as young as three are guaranteed the right to an equal education, many young children are not enrolled in school. In fact, “Preschool education is arguably the most neglected area in education. Children 0 to 8 years of age are among the most underserved children, even though early intervention has a significant effect on their continued development” (Buchanan, Chamberlin, & Vercimek, 2007, pg. 373). Many children are not being identified as having special needs until much later in life due to the fact that they are not beginning school until as late as 6 years old. That leaves 3 valuable years passed without a jump-start on an education all children are entitled to. Delaying early identification can also lead to an unnecessary placement in a special education classroom, especially for minority students.

The lack of early intervention services and programs has left many education programs with an over-representation of African American and Hispanic students in special education. “African American students are almost three times as likely as White students to be labeled mentally retarded, two times as likely to be labeled emotionally disturbed, and 1.3 times as likely to be labeled as having a learning disability. According to the National Institute for Urban School Improvement, African Americans are significantly over-represented in the two special education categories of high-incidence disabilities and emotional/behavioral disorders” (Green, 2005, pg. 33). Although the law states that services are available for young students, we are not seeing this population being given the maximum education they could and should be receiving. The make-up of many special education programs looks like the following:

...the number of children served peaks between 9 and 11 years of age.
with more than 500,000 children in each age cohort. In contrast, relatively few children are served during early childhood years. Part C (the program serving infants and toddlers up to 36 months of age) serves about 1.63% of the population of children. The preschool program (serving children ages 3-5 years) serves 4.88% of the population. In contrast, by third grade more than 11% of the school-aged population is receiving special education or related services. Thus, approximately 15% of the children who are eligible for school-aged special education services are provided infant and toddler services, and about 44% provided pre-school services. (Bailey & Wolery, 2002, pg. 90)

If we want to see the number of students enrolled in special education services decrease, or special education programs flourish to their maximum potential, we need programs that are intensive, proficient, and comprehensive being administered to students throughout their educational career with a fluidity of services from year-to-year.

How will this paper address early intervention?

This paper will examine the benefits of early intervention for students with disabilities. It will present some strategies and approaches for administering early intervention services effectively. It will examine the benefits of play for both students with and without special needs as well as how parents can actively participate in the education of their young children.

Early intervention can be an effective tool for today’s teachers and parents. This paper will explore the dire importance of early intervention for students with special needs to be successful in the classroom. It will address why early intervention is believed to be so
important to the success of special needs learners as well as various ways early intervention can be effectively integrated into the classroom.

Identification and Labeling

Researchers are beginning to find trends in special education that are problematic for both educational and moral reasons. Current data reports that the representation of students in special education is far too high. “The National Institute for Urban School Improvement argued that disproportionality is not just a problem of numbers; rather, it is more about the fact that students are being misdiagnosed as disabled and being placed in special education programs they do not need” (Green, 2005, pg. 34). Even more concerning is that both African American and Hispanic students are represented in special education at an alarming rate. According to the U.S. Department of Education, “2.2 million students of color are receiving special education services in schools across the United States.” (Green, 2005, p. 33). This should not be happening in special education and many believe it can be avoided with more regulated guidelines and testing for special education. Many also believe that better early intervention strategies can prevent students of color as well as white students from being improperly labeled.

Strategies for Effective Early Intervention

Can play be an effective tool for teaching?

The importance of having a role model in a child’s life is equally as important for students with special needs as it is with general education students. Either a parent or a trusted teacher could be influential in the early years of life. These adults provide a comforting opportunity for social growth, social interactions and behavior modeling. One
strategy for teaching children with disabilities is through play. This strategy can be implemented at home as well as at school, and can begin being used during the earliest months of life. Play is a proven learning tool for young children and yields a variety of benefits. Both Piaget and Vygotsky, two of the most influential educational researchers, find “that play is an activity to be taken very seriously” (Brodin, 2004, pg. 635).

“Piaget states that the manipulation of objects is a condition for cognitive development and stresses the play activity per se as the child’s way of exploring the world. The child’s manipulation of objects during the sensory-motor period Piaget calls practice and Vygotsky calls perception. According to Vygotsky play is knowledge intermediary, learning oriented and its aim is to fulfill unsatisfied desires” (Brodin, 2004, pg 635).

Play is an integral aspect of any child’s life. There are enormous similarities between the emotional, social, physical and intellectual development of children both disabled and non-disabled. However, there is “one major exception to the parallelisms. One major exception is the frequency of repetitive behavior characteristic of young children with retardation. Although repetitive activity is recognized as integral to all early learning and development, children with mental retardation appear to be considerably more repetitive than non-delayed children of similar developmental levels” (Goodman, Lender, & Linn, 1998, pg. 308). Despite the increased occurrences of repetitive play, all children prove to benefit from this non-structured learning time. Play not only promotes social interaction and teaches negotiation skills, but it also improves imagination and critical thinking skills in young children. “...children with disabilities have the same needs, wishes, and interests as all children if they just get an opportunity to be included” (Brodin, 2004, pg. 636).
In a recent play study it was “concluded that children with Down syndrome were more perseverative and repeated the same schemas more often than did the control children who did not have delays” (Lender, et al., 1998, pg. 308). However, the study also revealed that “during play both children with Down syndrome and controls who were normally developing engaged in the bathing and feeding of a doll” (pg. 308).

Jane Brodin who investigated a similar research topic, conducted by the National Association for Children with Mental Handicap, set out to prove that while children with disabilities play differently than non-disabled children, the play is both beneficial and meaningful. The study’s purpose was “to highlight play in children with profound multiple disabilities and to focus on play as a tool for learning, early stimulation and on training different skills, as these aspects seem to be more and more obvious in research today” (Brodin, 2004, pg.636).

For students with disabilities, play serves many of the same functions as it does for non-disabled children. The study “stresses the importance of play for establishing and maintaining social relations” (Brodin, 2004, pg. 635). The idea of play has been somewhat controversial amongst special education teachers because often times when observing children with severe disabilities play, you see repetitive, below level, passive play. “Parents are frustrated when repetition occurs in the spontaneous play of their child with mental retardation because they tend to believe it reflects a failure of imagination” (Goodman, et al., 1998, pg. 309). It appears the child is in fact not gaining anything from the activity of play. But, play means different things to different people. The average adult would choose a different leisure activity from the person standing next to him or her, but does that make the activity any less fulfilling? These two studies determined that repetitive play is common
amongst children with disabilities because these “behaviors may actually serve an adaptive function by affording the child with mental retardation the extra opportunity needed for cognitive processing. It has been documented that children with Down syndrome require more time to encode a novel visual stimuli than do children without retardation” (Goodman, et al., 1998, pg. 310). The differences and similarities in play have more to do with how the brain processes information and stimuli than a child’s cognitive ability to do so.

Students with disabilities often choose toys that would be considered atypical. The parents’ of these children “experienced difficulties in activating their children, as they expressed it, in a meaningful way, that the children quickly lost interest in objects and events, that they were passive and that they were worried and restless” (Brodin, 2004, pg. 643). The concern from many parents was a result of the fact that his/her “children who are autistic and intellectually disabled show...preferences to hard objects to play with, while children without disabilities often chose soft objects. The favorite objects of children with multiple disabilities varied between household objects, balls, mirrors, objects made of hard plastic, empty matchboxes, and so on” (Brodin, 2004, pg 638). A possible reason for these children’s choices was that there was an internal need for stimuli. “One interpretation of this is that these objects have a constancy of form and make auditory feedback if the child bangs them on the floor. Consequently, they give the child more unambiguous and valuable information” (Brodin, 2004, pg. 638).

This study revealed that disabled children do play differently than most children, but the play is meaningful although the play shows characteristics of passivity and individual play. These students tend to partake in repetitive activities and motions. However, the author found that “children with disabilities play in similar ways as non-disabled children, despite
the fact that they do not play with traditional toys and seem to be passive” (Brodin, 2004, pg. 644). Overall, play serves the same purpose for all children. “...the children with mental retardation...had equal motivation and initiative to vary their exploration thereby increasing and combining their play schemas” (Goodman, et al., 1998, pg. 319). Play is often the most simplistic and non-traditional form of education, but still serves as “a tool for learning” (Brodin, 2004, pg 644).

Early childhood special educators are also looking at play in terms of its usefulness in the assessment of diverse learners. Play is one of the best tools for assessment because it is considered non-invasive and informal. When assessing the growth and development of students, it is best to gain information through both formal and informal assessment, in various environments, and in multiple forms.

Assessing academic growth in students with special needs

Within the field of special education, teachers are beginning to popularize two forms of informal assessment, routines-based assessment and play-based assessment. They are both “relatively recent practices in early childhood special education that have proven to be especially effective as comprehensive, family-centered and developmentally appropriate means for individualized education and intervention planning” (Buchanan, M., Chamberlin, S. & Vercimek, D., 2007, pg. 379-380). Both practices are effective and authentic for different reasons, but both seemingly useful for special educators. These two methods of assessment “yield information about the child’s functioning in everyday home, preschool, and community routines” (pg. 380).

Routines-based assessment believes that routine is what learning should be grounded in. For many learners, routine is extremely important and the consistency received at home
and at school is a great stress reliever for special needs students. "Routines include dressing, mealtimes, transitions, whole-and small-group activities in the classroom, play at home and school, and a variety of family interactions and community activities" (Buchanan, et al., 2007, pg 381).

During daily routine activities, when learning is taking place, a teacher can observe "specific information about engagement, independence and social competence guides goal setting and planning intervention" (Buchanan, et al., 2007, pg. 381). Routines-based assessment is also a great way to improve parent-teacher relations, mentioned earlier as detrimental to early intervention success.

Play-based assessment again grounds itself in the idea that play is an important tool for both learning and assessment. "Play is associated with ideational fluency, creativity, problem solving, representational ability and higher order thinking" (pg. 382). A great amount of information can be observed while watching children play. This includes special needs learners who often become uncomfortable when confronted by intense social situations such as free time. "It is estimated that 75% of young children with special needs lack social competence, particularly with peers" (pg. 383). This unstructured learning time exposes a side of a learner the teacher often times does not see. "Play-based assessment provides information about a child’s functioning in other areas, such as language, sensorimotor functioning, self-regulation, social competence, as well as academic skills including literacy and numeracy" (pg. 382). Play in young children and young special needs children serves a variety of purposes and could possibly be the most important tool in developing an early intervention strategy for special needs learners.
Since play is the most common activity among young children, it serves as one of the most obvious tools for learning and assessment. Although there are many other strategies for early intervention and indeed a need for intense intervention for many students, it is important to know that play can be a meaningful and efficient tool for teaching.

Summary

Early intervention research will continue to uncover new strategies for teaching special needs learners. Some ideas that this paper outlined were that early intervention practices might want to include: 1. Making a connection with your students and embracing diversity in your teaching 2. The belief that play says a lot about a students learning style and needs 3. All students learn differently because each student IS different 4. Intense, early and often makes early intervention effective 5. Parental involvement is key.

These seemingly simple principles can help to make early intervention both effective and beneficial. There is not currently enough research proving the long-term benefits of early intervention, but it seems logical that the earlier you attack a problem, like most problems, the heightened the chances are the issue will be alleviated or stifled in its severity. Until the public as a whole and legislators alike can acknowledge the importance of early education and early intervention, we will not see the resources or research flourish. Educators hope that with increased attention to early intervention services and practices, special education students will have ‘life’ beyond their label.

Methodology
To further research the issue of early intervention programs and availability within the Rochester New York area, I decided to speak to teachers who directly work with young children. I wanted to speak to people who had experience with early intervention programs and those adults who would be able to speak candidly about their experiences. I wanted to know if early intervention programs really do work and improve the chances of a child being successful in school. I wanted to hear the truth, or as close to it as I could come by sending out a local survey.

Before writing the survey, I had to decide who exactly I would be sending the survey out to so that I could come up with informative questions. I decided to choose teachers from two different school locations, in two different economic areas. The first location I chose was a preschool in a suburb of Rochester, with close ties to the school district there. The preschool provides services for young children beginning at six weeks of age and continuing up through age five. The school also provides a before and after school program for elementary school students. The center has been serving the community for 25 plus years and is predominantly attended by successful families in the Rochester area.

The second school I chose was in an urban elementary school in the Rochester area. I chose the school randomly, hoping the surveys would be able to reveal another side of early intervention that the suburban school would not be able to shed light on. Unfortunately, I did not receive any surveys back from teachers at the urban school, so I am only able to present information from the teacher's at the suburban preschool.

Although I received 16% of the surveys back from those I sent out, receiving a total of 8 surveys, they provided an informative perspective on the issue. I allowed the surveys to be dropped back to me in a sealed envelope in the main office at both schools allowing 4
weeks for completion from the date they were issued. If those filling out the surveys had any questions, they could contact me via cell phone or e-mail that were both located within the cover letter of the survey. All those who filled out the survey signed the permission slip and asked that I change the names of those mentioned on the survey, which of course was more than understandable when working with the identities of young children.

Originally, I wrote the surveys with the hope that I would be able to use the data to compare whether early intervention services were equally available to children in all communities regardless of socioeconomic status. Not only did I want to know if they were available, but what the quality of the services were and whether or not the students were benefiting from the programs. Since I was only able to collect data from one school, I cannot presume that the two schools would not share the same or similar beliefs. I decided to avoid inserting my own opinions. I decided to instead focus more on whether the services were available, how soon they were beginning, and whether or not these services were helping prepare at-risk students for a successful elementary experience.

I used the surveys returned by the teachers at the suburban school to look at the above listed topics. A number of questions on my survey addressed these topics and the teacher’s thoroughly answered them with incredible insight. To analyze the information that was given on the survey, I took into account ages of the children each teacher was working with and his/her experiences with students and early intervention services. I looked more extensively at the people who wrote about work related experience versus personal experience because personal experience can often be influenced by emotions.

I took into consideration that a majority of the teachers who responded to the survey are working at a private school where parents pay tuition. This influences the availability of
services that come into the school by leaving a majority of the responsibility in the hands of the parents.

Lastly I considered which respondents were still attending school. Those individuals have not had as many opportunities to work in a classroom of their own and could possibly limit their experiences with early intervention services.

Findings & Discussion

After reviewing the data I collected from the surveys, I found that most of those who replied to the survey have had similar experiences with special education, early intervention and early education. Everyone who responded had a close connection to special education either through having an education in the field, a child with a disability, a family member with a disability or working with an unlabeled child in the early education field.

I will begin by stating that virtually all the respondents have had similar and positive experiences with early intervention services and the commonalities of all eight respondents were extremely shocking. Every respondent felt that with the right motivation, some time, and a determination to receive the proper services, it was relatively easy for a parent to find the necessary services to assist a child with special needs. Six of the eight respondents said that in their experience, students do not begin receiving services or are not identified until elementary school, specifically grades 1 through 5. The other two stated that services began during the preschool years, age's two to four. All the respondents felt that inclusion was taking place at their place of employment. Every child is accepted at the school regardless of a developmental or other disability that the child may have. The classrooms are made up of a variety of students, with no criteria other than age to determine placement. Each classroom
The benefits of early intervention has two teachers, with the possibility of push-in services for those students in need. All the respondents felt that they were doing an acceptable job of inclusion and presenting the same information to all the students.

Currently, there are no positions at the suburban school that are specifically labeled as Special Education. Five of the respondents have formal education in the area of Special Education. None of the respondents knew if there was any money being spent on Special Education services at the school currently but knew that if the parents chose to do so, they could pay for specialists, enroll their child in local services/programs through the Strong Children's Center or attend an Early Head Start programs located throughout the community. The suburban school also invites therapists to come to the school and work directly with a child if the parents so choose. Currently, there are a number of students attending the center that work one-on-one with outside specialists at school.

The last, but in my opinion, most important commonality amongst the adults at the center was that in their experience, the availability of early intervention services was not only available but also important. All the respondents were able to state that they have had a direct experience where they saw a student benefit and progress due to receiving services from an Occupational Therapist, a Physical Therapist, a Speech/Language Therapist, a Special Education teacher, or another personalized service. One parent of two sons, both with diagnosed learning disabilities, stated that if not for a label and services, her sons would have 'given up' and never graduated.

Another respondent stated that she worked directly with three students with Autism who were in grade one. The two of the three students had been receiving speech/language therapy. Those students were noticeably further along in their ability to read, write and use an
extensive vocabulary. Another teacher at the school, a pre-k teacher, had an experience where after working closely with a child who had a label of Autism, the child received services and lost the label after reaching Kindergarten and successfully moved through the grade and on to grade one.

Although all of those who responded to the survey have very different daily experiences, they all have seen early intervention and education result in positive growth for students. This outlook on Special Education and early intervention was what I had hoped for, and I was pleasantly surprised that other adults had the same feelings.

Maybe it’s because we have all worked in the field, or maybe because we all hold a special place in our hearts for these students, but it was great to discover that the very field I hope to work in and improve for the rest of my life is looked upon with respect by the community. I want adults, parents, grandparents, aunts and uncles, brothers and sisters and the students to feel like they have the ability to be successful in school, despite what the majority of the world believes to be true about students with disabilities. I am a strong advocate for early intervention. I believe the sooner a child begins services and works to improve his/her ability to learn, the greater the chances are that the student will be successful in school. Like any student, a special needs student needs to strategies and tools for learning in order to overcome obstacles that make learning difficult.

Conclusion

All students, regardless of age, race, religion, ability, disability, or economic status have the capacity to learn and give back to their community. Teaching is about creating an
environment that is conducive to learning and provides a supportive place to explore the things we want to learn.

During the research on the topic I learned that early intervention, nation wide, continues to grow and change rapidly. The educational community is still exploring its importance and validity. As people begin to talk about the issue, learn about the issue and see the results of its work first hand, then we will continue to see more positive growth in early education programs. The general public is becoming, or acknowledging, the need for special education programs. These early stages will progress and further the availability of special education to all the students who need it in the United States.

The process of writing and researching the topic of early intervention has only solidified my beliefs and support for early intervention. I now have more knowledge and confidence that we will see a change for the better in the area of early education. As a future special educator, it is my duty to continue to promote my work and the work of others. I need to help educate families and parents who do not know about the available services at their local schools so that their children and all children can get ahead in life and be successful in school.
References


