

5-2012

Early Intervention and Special Education

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Abstract

The literature review highlights different aspects of Early Intervention; the history and background of the development of Early Intervention programs and services, who Early Intervention serves, what types of Early Intervention programs and services are available, and the effectiveness of quality Early Intervention programs. As with all programs and services in the education field, Early Intervention mandates and laws are constantly changing, and this literature review reflects information currently available in the Early Intervention field. Research was conducted through the means of a survey given randomly to Special Education teachers in the Rochester area, which was broken down and analyzed. This survey was used to show what information Special Education teachers in the Rochester area knew about Early Intervention.

Document Type

Thesis

Degree Name

MS in Special Education

Department

Education

Subject Categories

Education

Running head: EARLY INTERVENTION

Early Intervention and

Special Education

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Early Intervention and Special Education

There are many misconceptions about Early Intervention services and what they entail. There are many different models of Early Intervention Programs out there designed for young children (before school age) with disabilities. The research found in this paper highlights the Early Intervention services provided to children with disabilities before they enter school. Because of the varying Early Intervention Programs available and the vast number of children with disabilities who receive these services has prompted me to conduct a study to find out what Special Education teachers in the Rochester area know about Early Intervention services for those children with disabilities.

Early Intervention is a much discussed topic in the education field. Federal law mandates those young children with diagnosed disabilities and who are at-risk for developing disabilities due to biological or environmental factors are to be provided Early Intervention services. But what are these services and where are these services provided? P.W. Wright and P.D. Wright define Early Intervention as;

process of providing services, education, and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education. (2008)

It's important to understand the definition of Early Intervention in order to provide the service correctly for those children who are in need of this service. And to do this we must know who we are actually serving Early Intervention services to, what different types of services are out

there, which one fits each particular young child, and how to create an effective Early Intervention program for each child served.

History

Early Intervention has not always been a part of the education for children with disabilities. Up until the mid 1980's there was little to no mandate or law for states to follow concerning Early Intervention for children with disabilities or children at-risk for developing disabilities. Public Law 90-538 (1968) paved the way to the development of policies that helped Early Intervention become what it is today. Public Law 90-538, otherwise known as the Handicapped [*sic*] Children's Early Education Assistance Act, provided funds to create and improve on programs for young children with disabilities and their parents. This policy also initiated the development of exemplary model programs of Early Intervention practices for preschoolers and infants with disabilities and their parents. The Head Start program was one of the first Early Intervention programs developed for those children with disabilities. The main purpose of this act was to experiment with procedures to help identify the most effective Early Intervention procedures to use with young children with disabilities (Peterson, 1987).

Following Public Law 90-538 in the advancement of Early Intervention was the Head Start-Handicapped [*sic*] Mandate (1972). Head Start, a national preschool intervention program for children from low-income homes, was now mandated to extend services to include children with disabilities (from low-income families). The Head Start Mandate required these centers to reserve no less than ten percent of enrollments for children with disabilities (as children with disabilities were excluded prior to this mandate). This mandate helped advance Early Intervention due to the fact that it immediately highlighted the needs of these young children with disabilities, which in turn brought professionals from all disciplines (including parents)

together into the effort to serve the needs of young children with disabilities. As a result, the Head Start program became a front runner in the advocacy of Early Intervention for young children with disabilities during this time (Peterson, 1987).

During the 1960's and 1970's, much emphasis was placed on the training of individuals working with young children with disabilities. Federal funds were allocated to the trainings of these individuals in Early Intervention practices to be used with young children with disabilities. In 1974, the Bureau of Education for the Handicapped [*sic*] placed high emphasis on Early Intervention and Early Childhood Special Education become one of the top funding priorities (for the formal training of individuals working with children with disabilities) (Peterson, 1987).

Public Law 94-142 (Education for All Handicapped [*sic*] Children Act) of 1975 was the beginning of the current Individuals with Disabilities Education Act (IDEA). This act gave formal endorsement to early education programs for children under age five. Incentive (federal) funds were available if states served children from ages three to five in an early education program. This act also established that children ages three to twenty-one are entitled to a free and appropriate education. Amendments made to this act in 1983 provided grants for the development and implement comprehensive plans for Early Childhood Special Education services for children with disabilities from birth to age five, and allowed preschool incentive grants to be used for services for children from birth to age three (Peterson, 1987).

The most current policy regarding Early Intervention falls under IDEA 2004 (formerly Education for All Handicapped [*sic*] Children Act) Part C. Early Intervention (Part C) of IDEA 2004 requires infants and toddlers (birth to age three) with disabilities to receive Early Intervention services. Part C was created to; enhance the development of infants and toddlers with disabilities, reduce educational costs (minimizing the need for Special Education services

through the use of Early Intervention), to minimize the likelihood of institutionalizations and to maximize independent living, and to enhance families abilities to meet their children's needs. In order for children with disabilities to be serviced under Part C of IDEA 2004, children need to be identified using the Child Find system. Child Find requires states to identify, locate, and evaluate all children (birth through age twenty-one) with disabilities who are in need of Early Intervention or Special Education services. In order for states to participate in Part C, states must assure Early Intervention services are available to every eligible child and family (using Child Find). Currently, all United States territories and states are currently participating in this section of IDEA 2004 (Wright, P. & Wright P.D., 2008).

Who it Serves

Early Intervention is mandated under federal law for infants and toddlers (birth to age three) (Wright, P.W. & Wright P.D., 2008). Early Intervention is generally geared for young children with diagnosed disabilities such as Down Syndrome, Autism, Cerebral Palsy, and sensory impairments, and for young children who are at-risk for developing disabilities due to biological (low birth weights, premature babies) and environmental factors. Young children who have high-risk for developing disabilities benefit greatly from Early Intervention services; they tend to stay in school, gain employment, and even attend college compared to those at-risk who did not attend Early Intervention programs (Kid Source, 2000). When these two groups of young children are exposed to Early Intervention programs, they are more likely to make significant gains on both qualitative and quantitative measures when they are provided with appropriate services. Parents and families also benefit from Early Intervention services. With the help of professionals in Early Intervention programs, parents are able to recognize their child's strengths, and in return, can see some hope in their child's successes in school and in life.

Parents also learn effective parenting skills that will help them teach and stimulate their children at home. When parents are able to help teach their children what they are learning at school at home, it gives the child extra support, which will help their child become more successful in Early Intervention, and later in school (Sailsbury, 1990).

Purpose

There are many different reasons why Early Intervention is implemented for children with disabilities and those who are at-risk for developing learning difficulties in the future. Early Intervention programs are essential for children with disabilities in order to help keep these children from falling behind when entering school. One main purpose of Early Intervention is to help improve cognitive, linguistic, social, and emotional skills of young children with disabilities and those young children who are at-risk for developing learning disabilities. Human development during the years between birth and when a child enters school is when growth is very rapid, and the basic traits (motor, sensory, social-emotional, cognitive, and physical development) develop rapidly during these preschool years. It is essential to start children with disabilities in Early Intervention programs as soon as possible to minimize the risk of falling farther behind their peers and possibly being retained in later grades (Peterson, 1987). Early Intervention helps improve and sometimes prevents developmental problems, helps reduce the number of children retained in later grades, reduces educational costs (due to fewer children needing Special Education Services once entered in school), and helps improve the quality of parent, child, and family relationships. Young children participating in Early Intervention show increased developmental and educational gains, a decreased dependence on social institutions, and an increase in their family's ability to cope with the presence of an exceptional child (Sailsbury, 1990).

Types of Services

One type of Early Intervention program available for young children is a Child-Focused Center-Based Program. This type of program works directly with young children to help improve chances for positive development outcomes and successes in school. Some programs also include parenting groups or home visits to help enhance positive interactions with their children. Child-Focused Center-Based Programs provide special emphasis on providing activities to enhance developmental skills (cognitive, fine and gross motor, language, and social adaptive skills). Short term and long term improvements associated with this program are found for children who participate in this type of Early Intervention service. High-quality programs provided in this program show consistent positive short term effects on children's cognitive development. Improvements in school achievement, school progress, educational outcomes, behavioral and socio-emotional developments have been found over long periods of time. From the group of children with disabilities participating in this program, participants who are at-risk due to socioeconomic disadvantage are most responsive to this type of intervention, with children with the most severe disabilities typically making the least developmental gains. Children that begin these programs at an early age and receive more years of intervention tend to have better outcomes than those who receive little to no intervention services (Landy & Menna, 2006).

Child-and Parent-Focused Home Visiting Program is an Early Intervention program that is provided through home visiting for infants with biological and nonbiological risk factors to help improve outcomes. This type of program provides support to families (by means of speech therapy, occupational therapy, physical therapy, etc.) and teaches parents medical interventions that might be needed for their children. This type of intervention is family-focused and needs are

emphasized by the family and helping parents become the main interventionist for their young child(ren). Parents are involved in setting goals for their children and are considered partners in their child's intervention team. This type of program is effective in regards to parent's education and positive parent/child relationships. Children who are at either low or high risk generally do not benefit as much as children who have moderate risk. A home-visiting program is most effective when it is carried out by professionals and is frequent, intense, and over a long period of time (Landy & Menna, 2006).

Multisystem Interventions with Very High-Risk Families is typically used with multi-risk families with complex, intergenerational problems, multiple risks, and young children. This type of intervention uses a combination of interventions such as family therapy, parent training, supportive therapy, social skills training, case management, and advocacy. These types of interventions work around the families schedules and use effective intervention strategies to help encourage change. This type of intervention is produces highly successful effects for the children, parents, and parent-child relationships. This program highlights that it is possible to be successful despite all the high-risk factors that the family and child faces. Multisystem Interventions will be successful when the length, intensity, type and style of interventions match the family's level of risk, motivation, abilities, and ages of the child(ren) (Landy & Menna, 2006).

Effectiveness

In order for an Early Intervention program to be successful, there are some stipulations that must be met. One major stipulations for Early Intervention is that it must occur early in a child's life. Once a child is identified as needing Early Intervention services, the child should be placed in a program as soon as possible in order to benefit from Early Intervention services.

Young children in the Early Intervention program should be placed with typically developing children who can serve as role models to the other students in the class. Young children participating in Early Intervention programs can learn social-emotional behavior skills (along with other skills) from typically developing children, which helps build skills that can't be taught (Sailsbury, 1990).

High-quality Early Intervention programs individualize educational goals and objectives for each child. These goals and objectives should be developed by all professionals working with the child, including collaboration from the child's family. Based on these objectives developed, individualized curriculum and learning activities are developed and implemented for each child served. Each child should be evaluated regularly and monitored on their progress. These results are shared with all professionals working with the child, with the child's family, and activities should be amended as necessary. The child's environment (whether it's in a home-based or center-based intervention) should be adapted and supportive to the child's individual goals and objectives. Parent's participation is very important in the Early Intervention process, as they are the ones who know their child the best, and should be included in the child's Early Intervention process. Effective Early Intervention programs are ones that follow federal, state, and local regulations and are always up-to-date on current policies (Peterson, 1987).

Effective Early Intervention programs have shown positive results for participating children. Children who participated in an effective Early Intervention program tend to need fewer Special Education and other habilitative services later in life. Retention in later grades for these children tends to happen less frequently, and some children are indistinguishable from children without disabilities many years after intervention. Children who participate in Early Intervention programs due to high-risk elements tend to be more committed to school; many

finish high school, find employment, and attend post-secondary schools than those who did not attend an intervention program. These at-risk students tend to score higher on assessments, and have a reduction of Special Education Services through the end of high school (Kid Source, 2000).

Conclusion

Policies regarding Early Intervention and Early Intervention education have come a long way since the 1960's. As with all areas of education, Early Intervention programs can be improved and expanded on. Ideas and laws are always changing and it is our job to keep up-to-date on the current policies regarding Early Intervention. For some children, Early Intervention is the critical component to the success of their education. As children placed in Special Education becomes more prevalent, it is important for us to locate the children and parents who need this service and provide them with the best possible intervention program to help get these children the help they need prior to entering school, hopefully to minimize the number of children needing Special Education services later in their school career. As research continues to be done on the topic of Early Intervention, more effective information will become available, which will hopefully lead to more children receiving Early Intervention and less children needing Special Education services in the future.

Methodology

I chose to research Early Intervention because it was a topic that I did not learn a lot about in my master's program, but heard a lot about it through my work setting and parents. I wanted to find out how much information current Special Education teachers had on this subject, so I sent out a survey to Special Education teachers in the Rochester area. The survey consisted of eight

questions and was voluntary. The research conducted has shown me that I would like to work in the area of Early Intervention in my future teaching career.

Participants

Fifty three random Special Education teachers in the Rochester area were sent surveys with questions relating to Early Intervention. Of these fifty three participants, thirteen chose to respond to the survey. All participants are certified in Special Education and teach in Elementary schools in the Rochester area. Participants chosen for this survey were both male and female. Participants in the research were randomly selected from various Rochester area district websites and were contacted via email.

Procedures

The survey sent out to participants had eight questions; two multiple choice questions and six open-ended free answer questions. Each participant was sent the same survey at the same time. Participants were only mandated to answer two of the eight questions of the survey. Special Education teachers were chosen due to the education nature of this study. Participants were chosen at random based on their teaching location (Elementary schools in the Rochester area) and their certification (Special Education). Participants were informed that their participation was voluntary and their information would be used exclusively for a graduate project.

Findings/Results

Out of the fifty-three surveys distributed, thirteen surveys were returned with all questions answered. All surveys were returned via email from those who chose to participate.

The first question, ‘How would you define Early Intervention?’ was an open-ended question which was one of the two questions that participants were required to answer. Some of the more basic answers follow; Early Intervention is defined as support services provided prior to school-age programming; services provided to students who are demonstrating developmental delays; Special Education services provided to children who are younger than school-age; services received by children beginning as early as birth; and services for young children (birth to age three) who are not meeting developmental milestones. Some participants chose to answer the question in a more complex manner. One of the more complex responses is as follows; Early Intervention provides services to children prior to five years of age in need of support to develop skills in areas of speech, occupational therapy (OT), physical therapy (PT), or academic development. These services are typically delivered in the child’s home or in a preschool setting. Early Intervention services are designed to allow a child to develop enough skills to hopefully avoid future long-term services.

The second question of the survey asks, ‘Who do Early Intervention services usually benefit?’ Six of the thirteen participants reported that students with language delays are the ones who usually benefit from Early Intervention services. The remaining seven reported that students with disabilities are the ones who usually benefit from Early Intervention services.

Question three asks, ‘When do students typically begin receiving Early Intervention services?’ Three of the thirteen participants stated that children begin receiving Early Intervention services around the preschool age (from two to four years of age). Six of the remaining ten responded that children can begin receiving Early Intervention services anytime from birth on up (to age five). The last four participant’s answers did not answer the question stated.

Question four; ‘What benefits are associated with Early Intervention services?’ was an open-ended question, which the responses varied considerably from one participant to another. One participant responded; hopefully children are less likely to have to continue services once they enter the school-age system or at least they are not as delayed. When they are identified early, we can give helpful techniques and strategies to use as well as educating the parents on what things they can be doing at home. Another response was (a benefit is) early remediation, therapy, or support before delays and gaps in development continue to increase.

Question five was a multiple choice question that asked, ‘When should Early Intervention services begin in order for the services to be the most beneficial?’ Twelve of the thirteen participants responded that Early Intervention services should begin when it is apparent that a child has a disability. One of the thirteen participants responded that Early Intervention services should begin when a child is four years old.

When asked, ‘What positive outcomes have you seen as a result of Early Intervention services?’ in question six, five of the thirteen participants responded that students will display an advancement of skills after Early Intervention services. Four of the thirteen responded that students with Early Intervention services will need fewer services once in school and might even come declassified as a result. Two of the thirteen participants responded that speech and language skills will improve; one participant stated that home/school communication becomes better as a result of Early Intervention services, and one of the thirteen stated that students who receive these services have a healthier attitude towards school.

Question seven asks ‘What negative outcomes have you seen as a result of Early Intervention services?’ Eight of the thirteen participants responded that they haven’t seen any negative outcomes as a result of Early Intervention services. Of the five remaining participants,

one said students 'tire' of school at an early age, two stated that students are labeled at an early age, and the last two participants responded that there was little to no growth documented from Early Intervention services.

The last question of the survey asks 'Why should parents be involved in the Early Intervention process?' Ten of the thirteen participants stated that parents should be involved in the Early Intervention process because they should be supporting their child and reinforcing what is learned at home. The remaining three each responded with different answers; parents need to understand their role and the importance of their role in regards to their child, parents usually initiate the process around birth to age five, and because parents know their child best and the child should receive their services in their most natural environment.

Discussion

The information collected from my research is important to both teachers and parents alike. The rise of children with disabilities in the general education classroom prompts us to inform our teachers and parents the programs, effectiveness, and importance of Early Intervention services. Based on the surveys given to Special Education teachers in the Rochester area, almost all identified the definition of Early Intervention services correctly. Survey results shows that most of the participants highlighted the positives of Early Intervention as needing less services by school age, an advancement of skills, and healthier attitudes towards school; all of which is supported by the data I collected on the effectiveness of Early Intervention services. It's important that Special Education teachers are aware of the services a child receives before entering school to help guide that child to success while in their classroom.

It's important for parents to also understand the positives of these services in order to help their child achieve success before they reach school, and beyond. Research shows that

parent participation greatly improves the effectiveness of Early Intervention services, and the more we educate parents, the better chance the child has at succeeding with Early Intervention services. Parents play the most important role in the effectiveness of Early Intervention because they know their child the best and can also give their child support at home.

After completing and receiving back the completed surveys, I realized that I could have included regular education teachers in the survey to see how much information they have on Early Intervention services. Some children are declassified after receiving Early Intervention services and some of these students might end up in a classroom with a teacher that does not have a Special Education background. It is important for regular education teachers to have a basic background on these services in case they are ever faced with a child that received Early Intervention services. It's important for these teachers to be educated on these services so they can be aware of certain areas that a student will need help with and what to look for if a child suddenly regresses.

There were a few responses from Special Education teachers that were not totally on point with Early Intervention, and I think it would be beneficial for all teachers (both regular education and Special Education teachers) to have a professional development to explain Early Intervention and any other update or advancement in the Special Education services. When it comes to being a teacher, all information is useful, even if you don't use it every day. Being a teacher means you are constantly learning, just like our students.

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Appendix A

Early Intervention Survey

1. How would you define Early Intervention?

2. Who do Early Intervention services usually benefit?

3. When do students typically begin receiving Early Intervention services?

4. What benefits are associated with Early Intervention services?

5. When should Early Intervention services begin in order for the services to be the most beneficial?

6. What positive outcomes have you seen as a result of Early Intervention services?

7. What negative outcomes have you seen as a result of Early Intervention services?

8. Why should parents be involved in the Early Intervention process?