

Baby Watch Glossary

Adaptive (self-help) development refers to a child's ability to display age-appropriate self-care and other behaviors in such a way as to adapt meaningfully to different circumstances.

Age-appropriate is a philosophy in which activities are designed to match children's developmental stages. It is a key concept in the National Association for the Education of Young Children (NAEYC) Developmentally Appropriate Practice (DAP) guidelines and of the Council for Exceptional Children (CEC), Division of Early Childhood (DEC) Recommended Practice task force. Programs should be *chronologically age-appropriate* as well, because otherwise some young children with disabilities might wrongly be placed in settings designed for far younger children.

Age at onset is a child's age when a condition begins.

Age at start is a child's age when early intervention services begin.

Appropriate is a term used both in Part C and in Part B of the Individuals with Disabilities Education Act (IDEA), but is not defined precisely in the statute. It appears to mean "meets the standards of the State" and "meets the unique needs of the child."

Assessment is the process of collecting data to use in determining how an individual child's development is proceeding in each of the five domains of development (cognitive, adaptive/self-help, physical/motor, communication/language, and social/emotional); the ongoing procedures used by appropriate qualified personnel through the period of a child's eligibility under Part C (formerly Part H) of

IDEA that assesses a family's resources, priorities, and concerns.

Assistive technology devices are any products that may be used by individuals with disabilities to do things they otherwise would have difficulty doing.

Assistive technology services include assessment, selection of devices, instruction in their use, and related services to support individuals with disabilities in the use of technology.

At-risk is the term used to refer to infants or toddlers who do not exhibit developmental delays but who have been exposed to any one of a number of biological, medical, and/or environmental factors and are more likely than are most infants or toddlers to develop such delays. (see [Baby Watch Early Intervention Procedure Manual](#), 1997). The concept is used only in Part C (formerly Part H) of IDEA.

Baby Watch Early Intervention (BWEI) Program of Utah provides services to infants and toddlers from birth *through* age two with disabilities, developmental delays, or at-risk for such and their families as required by Part C (formerly Part H) of IDEA.

Baby Watch Early Intervention (BWEI) Credential is the written document awarded by Utah's *Baby Watch CSPD* office to early intervention professionals/paraprofessionals who have demonstrated competence in meeting the *Baby Watch Competency Standards* and have completed all requirements of the credentialing process.

Behavior modification (applied behavior analysis) uses control of consequences to influence behavior. It differs from *cognitive behavior modification* in that it does not emphasize helping children understand why some actions are reinforced and others are not.

Best practice are instructional and collaborative procedures based on **current** research and knowledge (see *developmentally appropriate practice - DAP*) to ensure that the needs of typical children and those unique of young children with disabilities and their families are met. Therefore, the fields of *early childhood education/ECE* and *early childhood special education/ECSE* are constantly evolving. The ideas and notions that comprise today's best practice/DAP may be very different from those that evolve by the year 2000.

Center-based programs are those programs in which children are served in a central location.

Child Development Associate (CDA) is a paraprofessional credential indicating post-secondary study in child development. CDA-credentialed paraprofessionals often work in Head Start Programs and would more than likely work to obtain a *Specialist 1 BWEI Credential*.

Child find describes the federally mandated process of outreach and recruitment efforts by each state to identify, screen, and serve eligible children from birth to age six who have developmental delays or are at-risk for such and their families.

Children with disabilities refers to infants and toddlers who meet the criteria in IDEA

section 602(a)(1), notably that they have a recognized disability and for that reason need early intervention services. In Utah, these are children experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the developmental *domains* or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Cognitive behavior modification (therapy) stresses the importance of teaching a child ways of thinking about situations, in the belief that learning is a change in the *capacity* to behave in a certain way (see *behavior modification*).

Cognitive development refers to age-appropriate mental functions, especially in perceiving, understanding, and knowing; that is, becoming capable of doing intellectual tasks.

Communication is the expression and reception of meaning. It may occur through speech/ hearing, reading/writing, signing/seeing, gestures, or other means.

Communication (language) development (speech development) refers to a young child's ability to express thoughts and feelings and to understand vocal, nonverbal, signed, or other communication by others.

Competence is the skill or ability to do something well.

Competency area/standard is a general field of competence that an early intervention provider should work towards. There are six *Baby Watch* Early Intervention (BWEI) competency areas: 1.0 Health, 2.0 Child Development, 3.0 Development in Children with Special Needs, 4.0 Interaction with Families, 5.0 Evaluation and Assessment, and 6.0 Program Implementation.

Competency(ies)/subcompetency(ies) refer to standards or criteria that define the goals and skills that an early intervention provider should possess and demonstrate in working with infants and toddlers and their families. There are six *Baby Watch* competency areas consisting of several subcompetencies

Comprehensive System of Personnel Development (CSPD) as adopted by the State of Utah, is designed to ensure that all current and future personnel are “adequately and appropriately” trained to successfully complete their assigned responsibilities within the overall early intervention system.

Congenital conditions appear at or prior to birth; they are present at birth, as contrasted to acquired conditions.

Credentialing process is the *BWEI CSPD* system that ensures that all professional and paraprofessional providers obtain a *BWEI Credential*. The credentialing process requires the completion of nine training modules, a portfolio of work-related activities that demonstrates ones knowledge and skills in providing early intervention services for infants and toddlers and their families in the six *BWEI competency areas*, and letters of recommendation from the program director

and two or more families with whom a person has worked.

Cultural competence (cultural sensitivity) refers to the skills and knowledge of early intervention providers in relating to family members from different ethnic, racial, and cultural groups. **Curriculum** is a planned sequence of activities, including both content and process, through which service providers and educators change children’s behavior. Curriculum is a vehicle for reaching goals and objectives as identified in the *Individualized Family Service Plan (IFSP)* and *Individualized Education Program (IEP)* - an ordered arrangement of individually selected learning experiences that respond to children’s particular needs.

Developmentally appropriate are those services designed to be suitable for children at particular stages of development. Thus, very short individual activities are developmentally appropriate for infants and toddlers, while lengthy large-group activities are not.

Developmentally appropriate practice (DAP) is built on those well-established principles of practice, which are best for *all* children. It consists of instructional guidelines that encompass both an *age-appropriate* and *individual-appropriate* design to enhance children’s development across all domains (cognitive, adaptive/self-help, physical/motor, communication/language, and social/emotional) by encouraging child-initiated/directed active exploration and learning activities through children’s play. In DAP approaches, children are encouraged to be active learners, while professionals and paraprofessionals guide and facilitate their activities (see *best practice*).

Developmental delays are lags in child development in any one or more of the five domains (cognitive, communication/language, physical/motor, adaptive/self-help, social/emotional). How much of a lag constitutes a “delay” is defined by each state. The term is used in both Part C and in Part B of IDEA.

Developmental disabilities are conditions of early onset (occurring well in advance of adulthood) that require a range of diverse services or interventions. The term *formerly* referred to four disabilities (autism, cerebral palsy, epilepsy, and mental retardation) but now includes additional disabilities as well.

Deviations are behaviors that are not normal at any age. Delays in development, by contrast, feature behavior that is normal, but for children of younger ages.

Diagnosed conditions (established conditions) are disabilities or other health conditions recognized by a state as limiting or very likely to limit activities young children can do. In Utah, it refers to a child who has been diagnosed as having a physical or mental condition that has a high probability of resulting in a developmental delay and is eligible for early intervention services. These children may or may not display significant developmental delay and are determined eligible based on his or her diagnosis. Utah has chosen *not* to include those at-risk because of biological or environmental factors

Direct instruction is structured, teacher-led instruction. It often is contrasted to less didactic, more interactive approaches to learning.

Discovery learning is an approach in which children learn things themselves as

teachers structure the environment to facilitate children’s discovery.

Domain is an area of development. Part C of IDEA recognizes five such domains: cognitive, adaptive/self-help, communication/language, physical/motor, and social/emotional.

Early Childhood Education (ECE) refers to programs for young children (birth through eight years of age (NAEYC, 1986, 1997). ECE is a broader field than is ECSE in that many ECE programs serve young children with disabilities.

Early childhood educators are professionals trained in both work with young children and methods of education for young children. In the broadest sense early childhood refers to children from birth through age eight.

Early Childhood Special Education (ECSE) joins Part C and Section 619 of Part B of IDEA. ECSE is a unified system of services for infants, toddlers, and preschool-age children with disabilities from birth to five inclusive. This field is built on developmentally appropriate practice and effective practice from the field of both early childhood and special education.

Early childhood special educators are professionals trained both in work with young children and utilize methods of education and other kinds of intervention for young children with disabilities or developmental delays.

Early intervention refers to services in the period from birth to age three when services can be delivered under Part C of IDEA to address the special needs of very young children with developmental delays, at-risk conditions, or disabilities and their

families. An **early interventionist** is one who provides direct services to infants and toddlers and their families who meet eligibility requirements.

Education for All Handicapped Children Act (Public Law 94-142) is the landmark 1975 federal law that first established the mandate that all school-age children with disabilities must receive a *free appropriate public education (FAPE)*.

Eligibility requirements are criteria that must be met by infants and toddlers and their families to receive early intervention, special education, and other related services.

Empowerment is the process of helping people feel as if they are in control. It involves feelings as well as facts.

Entitlement means that infants and toddlers must receive early intervention services if they satisfy state eligibility criteria. Similarly, 3- to 5-year-old children must receive free preschool services to meet their unique needs if they satisfy federal and/or state eligibility requirements (see *zero reject*).

Evaluation is a formal process by which qualified personnel determine a child's initial and continuing eligibility under Part C consistent with the state's definition of infants and toddlers with disabilities. The evaluation determines the child's developmental level in order to determine if a child is eligible for early intervention services, and, if so, what specific types of services he or she needs. The evaluation consists of a series of assessments covering all developmental *domains*.

Facilitation is a teaching technique that involves assisting an infant, toddler, or young child to perform a task or activity.

Family-focused (centered) approach programs see families as partners with professionals and develop strategies that focus interventions within the context of the family.

Free Appropriate Public Education (FAPE) was designed by Public Law 94-142 to mean special education and related services provided at public expense. Such services are to be described in the *individualized education program (IEP)*, appropriate to the child's individual needs and meet requirements of the state agency.

Full inclusion is to accept an individual with a disability as a full-time member of a regular education classroom or social group and as a contributing participant.

Interagency Coordinating Council (ICC) is an interagency group in Utah whose membership represents the statewide early childhood services community. The mission of ICC "is to assure that each infant and young children with special needs will have the opportunity to achieve optimal health and development within the context of the family"

Individual Educational Program (IEP) is a written document that identifies the unique needs of the child, the special education and/or related services needed to meet those unique needs, annual goals and short-term objectives, how the child's progress will be assessed, the date of initiation of services and the projected duration of those services. The IEP is used in Part B of IDEA.

Individualized Family Service Plan (IFSP)

is a written document outlining intervention services for infants and toddlers, and (if the families concur) their families as well. IFSPs note the infant's or toddler's development in the five *domains*, services the child and family will receive, and similar information, as well as the service coordinator's name.

Individually appropriate is an approach in which services are custom-designed and delivered to respond to a child's unique needs. (see *developmentally appropriate practice*).

Individuals with Disabilities Education Act (IDEA)

is the landmark special education law in the United States. Formerly called the Education of the Handicapped Act, it includes (as Part B) Public Law 94-142, the Education for All Handicapped Children Act of 1975.

Interdisciplinary services are services provided by specialists from different disciplines working together on a team (e.g., early childhood special educator and speech pathologist). This term is used most often in Part C. This contrasts with services that are provided by professionals representing only one discipline (see *multidisciplinary services* and *transdisciplinary services*).

Local Education Agency (LEA) is the school district that works with local early intervention program in child find and transition activities.

Mentee is the term that will be used to identify the EI *paraprofessional (Aide or Specialist 1)* who is working on a *BWEI*

Credential, developing an EI portfolio, and is receiving support and guidance from an onsite EI professional (*mentor*). She is committed to her own growth and development and to the mentor/mentee relationship. Willing to improve or learn new skills and reflecting upon her practice with children, she is ready to learn and grow like her *mentor*. Other terms that are sometimes used in the field are *protégé*, *peer*, *apprentice*, or *novice*.

Mentor can be thought of as one who is a guide, a tutor, a coach, or a counselor. In early intervention (EI), it describes an experienced professional service provider, teacher, or administrative staff member who is concerned not only with how children develop and learn, but also with how team members can become more effective at their work. The EI mentor is one committed to a close working relationship with a (*mentee*) and is open to mutual learning and growing; providing consistent and supportive feedback and encouragement to the *mentee* who is moving through the credentialing process and potentially thereafter. A *mentor* is historically and traditionally defined as an older, more experienced person who is committed to helping a younger, less experienced person become prepared in a particular skill, area, profession, etc. by passing on their expertise and/or professionalism to another.

Multidisciplinary services most often refers to a team, representing different disciplines (including family members) that plans and conducts assessments, evaluations or services. This term is used most in Part C of IDEA (see *interdisciplinary services* and *transdisciplinary services*).

Natural environment is a philosophy emphasizing services for infants, toddlers, and their families in places that are typical or otherwise “natural.” Early intervention

services are to be delivered in such environments, to the extent that which these are *appropriate* and meet the child's needs. The home is the usual such environment. The term is used in Part C (formerly Part H) of IDEA.

Part B is the part of IDEA describing how children with disabilities age three to eighteen shall receive a *free appropriate public education (FAPE)*.

Part C is the state-operated program created in 1986 for infants and toddlers with disabilities or developmental delays and their families also known as Section 619 of Part C. It is an early intervention program for children under three years of age and their families.

Physical (motor) development is the display of age-appropriate fine motor and gross motor abilities.

Physical therapy helps prevent and reduce muscle atrophy and promote musculoskeletal development.

Portfolio is the structured, purposeful, systematic, and well-organized collection of work-related documents and materials contained in a three-ringed binder that reflects that the six main *BWEI competency standards* have been met. A portfolio is the tangible evidence, reviewed by the *BWEI CSPD* personnel, that demonstrates and verifies that a professional and/or paraprofessional has completed the requirements necessary for obtaining the specific *BWEI Credential* she/her has been working towards.

Portfolio entries is the term used to describe those work-related documents or materials that reflect one's knowledge, skills, and abilities in providing early intervention services. A portfolio entry is required for each subcompetency is preceded by a portfolio entry sheet.

Portfolio entry sheet is the individual sheet that is completed and placed before each portfolio entry document or materials that is included in the portfolio. This form describes the subcompetency and contains or describes information about the type(s) of documentation included, date(s) completed, setting(s) in which the activity occurred, activity description and its relevancy to the work setting. The date, mentor's comments and signature are also to be included on this form.

Portfolio model is the alternative method of assessment the *BWEI Program* has chosen to use in determining the early intervention knowledge and skill competency level of its professionals and paraprofessional staff who provide services to infants and toddlers and their families. This assessment model differs from the traditional “teach and test” model in that it reflects one's range of skills and abilities and demonstrates exactly how one's learning and work-related experiences demonstrate growth, development, knowledge, and skills in the field of early intervention.

Procedural safeguards, also called due-process rights, are granted to families in both Part C and Part B. An example is the right to see all relevant records pertaining to the child.

Professional, in most instances, is a college or university trained individual with a specialized undergraduate or graduate degree in special education, early childhood education, and other related field/discipline as defined by *Baby Watch*. These individuals serve as program center directors, classroom teachers, service providers or coordinators, occupational or physical therapists, etc. Most *Baby Watch* professionals would be classified as a *EI Specialist II* or *EI Specialist III* and could serve as a *mentor* to a *paraprofessional*.

Related services are noninstructional support services such as transportation, therapy, and counseling. The term is used in Part B of IDEA.

Respite care is early intervention services offering child care for family members.

Service coordination are the activities carried out by a service coordinator to assist and enable a child eligible under Utah's Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Utah's early intervention program.

Service coordinator facilitates service delivery to families and assists the family to review services in the community. This individual is assigned according to one of two criteria: 1) they are either the person most closely involved with the family on a regular basis; or 2) their primary function is service coordination for a certain number of families.

Service provider is an individual who supplies intervention and direct services to infants or toddlers and their families.

Social/emotional development refers to a young child's age-appropriate ability to understand his or her own feelings, those of others, and to respond to both with behavior that is socially acceptable for children of that age.

Supports are links to neighbors, friends, and community resources upon which the family may rely in times of need.

Teaming is an approach in which individuals from different professions come together on multidisciplinary teams (see *multidisciplinary services*). Family members are integral parts of such teams.

Therapists and other services personnel include speech and language pathologists, occupational therapists and other professionals delivering related services to preschool-age children or early intervention services to infants and toddlers with disabilities.

Transdisciplinary services refer to an approach in which the often artificial boundaries between disciplines or professions are transcended or ignored so as to deliver "holistic" services to a child and/or a family.

Transition is movement from one stage or program to another. An important transition in ECSE is that from early intervention programs to preschool programs. This term also refers to movement from one type of activity (e.g., snack time, circle time to naptime, etc.) within the classroom or other learning environment.

Zero reject refers to the *entitlement* statute of Part B and Part C (formerly Part H) of IDEA in participating states, by which all young children meeting state and/or federal eligibility criteria are entitled to services.

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