
INSTRUCTOR'S GUIDE

Children with Disabilities and Other Special Needs



First Edition, 2006



California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
(510) 839-1195 • (800) 333-3212 Healthline
www.ucsfchildcarehealth.org



Funded by First 5 California with additional support from the California Department of Education Child Development Division and Federal Maternal and Child Health Bureau.

This *Instructor's Guide* is a supplement for trainers of the California Training Institute's curriculum for Child Care Health Advocates.

INTRODUCTION TO THE CHILDREN WITH DISABILITIES AND OTHER SPECIAL NEEDS MODULE

This *Instructor's Guide* provides trainers with an outline for the teaching of the *Children with Disabilities and Other Special Needs* module. Participants will learn how to identify children with special needs and how to best support them and their families. In addition, participants will become familiar with the legal requirements for caring for children with special needs and the resources available to fulfill these requirements. Most importantly, participants will learn to care for the “whole child” and, in their roles as Child Care Health Advocates (CCHAs), help their colleagues and the families in their programs to do the same.

Learning Objectives:

1. To describe the needs of children with disabilities and other special needs.
2. To identify how to provide high-quality, individualized care for children with disabilities and other special needs in the early care and education (ECE) setting.
3. To describe three ways a CCHA can assist ECE programs in meeting the needs of young children with disabilities and other special needs.
4. To identify special needs resources available to assist and support ECE providers and families.

Primary Messages:

1. CCHAs can use their knowledge of typical and atypical child development and health conditions to identify and include children with disabilities and other special needs in ECE settings.
2. There are many different health conditions, ranging from the obvious to the invisible, that may define a child with disabilities and other special needs. About 18% of children have some type of cognitive, physical, speech or emotional special need.
3. The Individuals with Disabilities Education Act (IDEA) provides for “free appropriate public education,” regardless of disability or chronic illness, in the least restrictive environment.
4. The Americans with Disabilities Act (ADA) makes it illegal to discriminate against persons with disabilities. The legal mandate under ADA to include children with disabilities and other special needs in ECE settings requires a special care plan and supportive services to families and caregivers to overcome challenges and to maximize the benefits to children.
5. CCHAs can facilitate the referral of children to developmental screening and assessment and to other community resources.
6. CCHAs play an important role in the inclusion of children with disabilities and other special needs in their classrooms.
7. Disabilities and special needs are only one aspect of the “whole” child. Awareness of attitudes about disabilities will prevent ECE providers from mistakenly limiting how they care for children with disabilities and other special needs.
8. Because parents are the experts on their children, ECE providers who collaborate with parents will be able to provide the highest quality care for children.

Materials and Equipment Needed:

1. Copy of module: *Children with Disabilities and Other Special Needs*
2. Copy of *Instructor's Guide: Children with Disabilities and Other Special Needs*
3. Copies of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*
4. Flip chart/whiteboard and markers, or chalkboard and chalk
5. Masking tape for posting flip chart paper
6. LCD projector or overhead projector
7. Computer for PowerPoint slides
8. CDs of slides or transparencies
9. Handouts
 - a. Handouts in the *Children with Disabilities and Other Special Needs* module
 - i. Handouts from California Childcare Health Program (CCHP), Oakland, CA

Handout Title	Page Number in Module
<i>Consent for Release of Information Form</i>	27
<i>Health and Safety Notes: Asthma in Child Care Settings</i>	29
<i>Health and Safety Notes: Diabetes in the Child Care Setting</i>	31
<i>Health and Safety Notes: Gastric Tubes in the Child Care Setting</i>	33
<i>Health and Safety Notes: How to Get a Child Tested: Guidelines for Special Education Assessment</i>	35
<i>Health and Safety Notes: Including Children with Special Needs: Tips for Child Care Providers</i>	37
<i>Health and Safety Notes: Maintaining Confidentiality in Child Care Settings</i>	39
<i>Information Exchange on Children with Health Concerns Form</i>	41
<i>Quality Inclusive Child Care Checklist</i>	43
<i>Resources for Including Children with Special Needs</i>	45
<i>Special Health Care Plan</i>	49

- ii. Handouts from other sources

Handout Title	Page Number in Module
<i>Early Warning Signs</i>	53
<i>Glossary of Terms Related to Children with Disabilities and Other Special Needs</i>	55
<i>The Map to Services for Children with Special Needs and Their Families</i>	61
<i>Questions and Answers about the Americans with Disabilities Act: A Quick Reference</i>	63

- b. Handouts in the *Instructor's Guide*

Appendix Title	Appendix Number
<i>Identification and Referral</i>	15A
<i>Using the Children with Disabilities and Other Special Needs Module</i>	15B

SUGGESTED TRAINING OUTLINE

Outline	Method	Time (Minutes)
I. Introduction to the Children with Disabilities and Other Special Needs Module	—	10
A. Assessment of Group Knowledge	Questioning	3
B. Introduction/Rationale to Children with Disabilities and Other Special Needs	Lecture	7
II. Inclusion of Children with Disabilities and Other Special Needs	—	60
A. What Are Disabilities and Special Needs?	Discussion and Handout Review	10
B. Attitudes about Disabilities and Special Needs	Small Group Activity	10
C. The Role of the CCHA	Lecture and Small Group Activity	20
D. Chronic Health Conditions in Child Care	Small Group Activity	20
III. Summary and Closure	—	10–20
A. <i>Optional: Using the Children with Disabilities and Other Special Needs Module</i>	<i>Small Group Activity</i>	<i>10</i>
B. Next Steps for the CCHA	Large Group Activity	5
C. Summary and Closure	Brief Closing Activity	5

Total time: 80–90 minutes

OUTLINE AND INSTRUCTIONS

Children with Disabilities and Other Special Needs

I. Introduction to the Children with Disabilities and Other Special Needs Module

A. **Topic:** Assessment of Group Knowledge

Method: Questioning

Instructions:

1. Ask participants several of the following questions, choosing questions most appropriate for your participants. Ask them to raise their hand if they:
 - Have ever cared for a child with a chronic health condition.
 - Have ever cared for a child with a developmental delay.
 - Have ever cared for a child with another kind of disability.
 - Have heard of the ADA.
 - Have heard the term *least restrictive environment*.
2. Ask participants to describe their experiences related to caring for children with disabilities and other special needs.

B. **Topic:** Introduction/Rationale to Children with Disabilities and Other Special Needs

Method: Lecture

Instructions:

1. Give participants the following information:
 - a. ECE providers play an important role both in identifying and caring for children with disabilities and other special needs.
 - b. Since ECE providers see young children daily, they may be the first to notice when a child is not developing on a normal path similar to his or her peers. ECE providers can encourage a family to get help. It is important for ECE providers to recognize early warning signs for developmental delays or disabilities and to know how to support the child and his or her family.
 - c. Many children enter ECE programs with special needs that have not yet been identified. ECE providers often have many years of experience working with many children, whereas parents have the experience of caring for only the children in their own families and are less familiar with the range of typical development. CCHAs should help staff develop skills in distinguishing between typical and atypical development.
 - d. Whether they are identified before or after entering the ECE program, increasing numbers of young children with disabilities and other special needs are enrolling in ECE programs. Including these children in ECE programs shows our commitment to giving all children typical childhood experiences. Their inclusion in ECE programs can be challenging for ECE providers and families. This is because ECE providers need to learn about the unique needs of young children with disabilities and their families, as well as know how to find specific services in the community to help these families. Children with disabilities and other special needs may need special accommodations (changes to the environment) in order to participate fully in ECE programs.

- e. The inclusion of children with disabilities and other special needs is protected by law.
 - i. The ADA states that:
 - a) Programs must get rid of rules or policies that screen out or tend to screen out a child with a disability.
 - b) Programs must make reasonable changes in their policies, practices and procedures in order to include a child with a disability.
 - c) Programs are required to provide extra aids or services for those children with disabilities that affect hearing, vision or speech.
 - d) Barriers that prevent children from getting to play or eating areas must be removed.
 - ii. The IDEA states that:
 - a) Children should receive free appropriate public education regardless of disability or chronic illness in the least restrictive environment and in a setting where typically developing children may be found. ECE programs are considered a least restrictive environment. This law was expanded in 1986 to include 3- to 5-year-olds and later children under 3 years old.
 - b) The terminology used should be *child with a disability*.
 - c) Children should be tested by qualified professionals, and parents should be involved in all aspects of testing, planning and intervention.
 - d) All children with disabilities must have an Individualized Family Service Plan (IFSP) for children under 3 years old or an Individualized Education Program (IEP) for children between 3 to 21 years old.
- f. Thus the law recognizes the importance of early childhood development and the right of all children to receive quality care. This means that ECE providers and especially CCHAs have an essential role in identifying and providing care for children with disabilities and other special needs.

II. Inclusion of Children with Disabilities and Other Special Needs

A. **Topic:** What Are Disabilities and Special Needs?

Method: Discussion and Handout Review

Instructions:

1. Ask participants to define *typical* and *atypical development* (refer to pages 2 to 4 of the module).
2. Ask participants to define *disability* or *special need*.
3. Ask participants how they know when a child might need further assessment to determine whether that child has a developmental delay or disability. State that sometimes families know first, before the ECE providers. However, sometimes families will rely on the experience of the ECE providers to identify what is outside of the typical range.
4. State that in ADA language, *disability* means a “physical or mental problem” that limits one or more of the major life activities of an individual, such as breathing, hearing, seeing, speaking, walking, using the arms and hands, learning and working.

- a. State that *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002) defines children with special needs as “those children with developmental disabilities, mental retardation, emotional disturbance, sensory or motor difficulty, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities” (p. 481).
- b. **State that CCHAs should become familiar with *Children with Special Needs: Applicable Standards from CFOC, as well as Chapter 7: Children Who Are Eligible for Services under IDEA.***
- c. Refer to page 43 of the module. Ask participants to complete the self-assessment checklist in *Handout: Quality Inclusive Child Care Checklist*. Discuss answers and areas where there is both strength and room for improvement.

B. Topic: Attitudes about Disabilities and Special Needs

Method: Small Group Activity

Instructions:

1. Direct participants to *Activity 1* on page 13 of the module. Follow instructions. After reading each statement and having participants move from the YES and NO areas, discuss how participants came to be in that section. Address any misconceptions and reinforce answers that support inclusion. After going through as many of the 10 statements as possible, ask participants what they thought of the activity. Ask if anyone noticed a shift in perspective in themselves.
2. Note to Trainer: In this next activity, you will use *Activity 2* on page 14 of the module, but it is best to give participants instructions without having them read the page themselves.
3. Divide the participants into two groups. Ask one group to write the name *Helen Keller* at the top of a piece of paper. Ask the group to write words or phrases that describe this person. Do not let the other group know what the paper says. Next, ask the other group to write the words *deaf* and *blind* at the top. Ask this group to write their perceptions of a person whom these words might describe. Do not let either group know about the work of the other. Give the groups 5 minutes to complete this task. (Note: More time may be needed depending on the size of the groups. If the participants are divided into several small groups, provide a “Helen Keller” or “Deaf and Blind” handout for each group.)
4. Have participants compare the two lists. Make the point that when you know about the whole person, you can know their strengths and interests. With Helen Keller, participants know the “person first,” not the disability first. When the disability is considered first, we are limited in our framework and do not always see the whole person. We associate limitations and prejudices with developmental disabilities. Point out how our attitudes may affect the language we use to talk about people with disabilities. Attitudes can be a big barrier to inclusion and to working with families. For families just learning of a child’s disability, it is especially important for CCHAs to model “whole child” and “person first” language. For families already familiar with caring for their child with a disability or other special need, they will be reassured by a provider’s accepting and inclusive language.

C. **Topic:** The Role of the CCHA

Method: Lecture and Small Group Activity

Instructions:

1. State that it is the role of the CCHA to:
 - a. Identify disabilities or special needs.
 - b. Promote family-centered care and a caregiving team approach.
 - c. Help parents and ECE providers develop IFSPs, IEPs and health care plans.
 - d. Train ECE staff to plan for inclusion.
 - e. Link to resources.
2. Ask participants what experience they have with each of these roles. State that the curriculum is a rich resource for them.
3. Ask participants to review *Handout: Including Children with Special Needs: Tips for Child Care Providers* on pages 37 to 38 of the module.
4. State that one of the roles of the CCHA, as mentioned above, is to model a collaborative approach with families. Collaboration is important both during the identification and referral of a disability. Families have a large amount of information about the child and are the ones responsible for all the decisions related to their child's care. Even if ECE providers have opinions about care for the child, the parents are always the experts. Ask participants to discuss what can go wrong when parents are not consulted. State that collaboration and parental decision-making are not only values, but they are the law. Refer to page 8 of the module.
5. Ask providers how they go about making referrals now. Teach or review the process for making referrals. State that ECE providers who think that a child in their care may have an undefined special need should:
 - a. Observe the child closely.
 - b. Document concerns.
 - c. Talk with a supervisor and get feedback about the concern.
 - d. Obtain information from the parent.
 - e. Discuss with the parent any questions or concerns.
 - f. Make referrals as needed.
 - g. Follow up on referrals to ensure access to early intervention services.
6. Review the following handouts:
 - a. *Handout: Early Warning Signs* on page 53 of the module.
 - b. *Handout: Health and Safety Notes: How to Get a Child Tested: Guidelines for Special Education Assessment* on page 35 of the module.
 - c. *Handout: The Map to Services for Children with Special Needs and Their Families* on page 61 of the module.
7. State that participants will practice the identification and referral of disabilities by using a case example in *Appendix 15A*. Divide into groups and have participants discuss the cases and related questions.
8. State that if they are working with a Child Care Health Consultant (CCHC), the CCHC can provide additional support and staff training where necessary.

D. **Topic:** Chronic Health Conditions in Child Care

Method: Small Group Activity

Instructions:

1. State that chronic health conditions may be considered special needs. Ask participants what chronic health conditions children in their programs have had. State that the curriculum and resources from the California Childcare Health Program (CCHP) can assist providers in learning more about specific health conditions. Tell participants about the California Child Care Healthline (800-333-3212), which they may call for consultation about any child with a chronic health condition.
2. Point out the following *Health and Safety Notes*:
 - a. *Handout: Health and Safety Notes: Asthma in Child Care Settings* on page 29 of the module.
 - b. *Handout: Health and Safety Notes: Diabetes in the Child Care Setting* on page 31 of the module.
 - c. *Handout: Health and Safety Notes: Gastric Tubes in the Child Care Setting* on page 33 of the module.
3. State that now participants will discuss real cases to practice implementing some of the ideas covered. Divide participants into three groups. Assign each group one of the three cases from *Activity 3* on pages 15 to 18 of the module. Give them 10 minutes to discuss the case and to answer the questions listed below each case. Ask them to assign a reporter who will report back to the large group. After 10 minutes, have each reporter summarize the discussions from his or her group. Then ask other groups to add additional materials. Ask participants what they learned from this activity, and what procedures and policies they will need to develop upon their return to work.

If you have experienced CCHAs in the room, do one or more of the following:

1. Group them in separate groups and ask them to share how they have overcome challenges to inclusion.
2. Ask them to share their favorite screening tools and referral sources.
3. Pair them up with nonexperienced participants and instruct the nonexperienced to ask questions of the experienced CCHAs about how they have successfully supported children and families with disabilities and other special needs.

III. Summary and Closure

A. **Optional Topic:** *Using the Children with Disabilities and Other Special Needs Module*

Method: *Small Group Activity*

Instructions:

1. *Explain to the participants that the curriculum is a rich resource for them and encourage them to become familiar with it. Towards this end, spend a few minutes looking through it together. Explain that participants will work in pairs to go through the module to find the answers to these questions.*
2. *Hand out Appendix 15B. Tell the participants they have 5 to 10 minutes to locate the answers.*

3. *Note to Trainer: Participants may feel that this is “busy work.” Let them know that our goal is to use our time today to give them new tools and resources, and the curriculum is one such resource. Explain that becoming familiar with the curriculum is one way to help them determine how they will improve quality in their setting.*

B. Topic: Next Steps for the CCHA

Method: Large Group Activity

Instructions:

1. Direct participants to write down what their possible next steps could be as CCHAs (e.g., increasing screening, changing policies and procedures, improving accessibility of playground and activity spaces, developing referral sources, providing staff training). Ask them to consider actions they could take in all of these areas.
2. Ask participants to share these with the group.

C. Topic: Summary and Closure

Method: Brief Closing Activity

Instructions:

1. Summarize the key points shared by participants. Review the role and activities of a CCHA and the specific examples the participants have discussed.
2. Direct participants to consider all of the possible next steps identified in Section IIIB and to choose from that list. Ask them to write down the first step they will take as a result of this training. Ask participants to share these with the group.

APPENDIX 15A

Identification and Referral

There is a 26-month-old child in your program. She has vague behaviors that you cannot put your finger on. For example, she avoids eye contact with others, does not like being touched and does not seek approval from any of the caregivers. She does not seem to understand what is being said and has very little speech. You share your documented concerns with the parents, who have also been concerned about their child's language development. Remember that you are using a team approach with the parents and that they are the expert on their child.

Divide into groups and discuss the following questions.

Identification, Screening and Assessment

1. What methods can you use to document your concerns?
2. What are your other sources of information?
3. What developmental screening tools might your program use to aid in the assessment?

Referrals, Interventions and Follow-Up

1. What are your next referrals?
2. What kind of assessment does this child need?
3. Who will you refer the child to in order to provide this assessment?

APPENDIX 15A (continued)

4. What forms can facilitate communication about the needs of this child?

5. What support can you provide to the parent at this point?

6. What obstacles will parents need to overcome in order to provide their child with necessary services?

