DEC Recommended Practices Project

Family-Based Practices

EDSP 538 Spring 2011

Wow

Fabulous

Great content

Comprehensive review

Wonderful organization
Section A

DEC Recommended Practices Workbook
### DEC Recommended Practices: Workbook Form by Strand

#### FAMILY-BASED PRACTICES

**#1 Date:** Feb. 10, 2011

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**1.** Family members and professionals jointly develop appropriate family-identified outcomes.

<table>
<thead>
<tr>
<th>Family members and professionals jointly develop appropriate family-identified outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This can be done in a variety of ways, such as through meetings with each family to discuss their goals and outcomes.</td>
</tr>
</tbody>
</table>

**Score: 2**

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**2.** Family members and professionals work together and share information routinely and collaboratively to achieve family-identified outcomes.

| Family members and professionals work together and share information routinely and collaboratively to achieve family-identified outcomes. |
|________________________________________________________________________________________________________________________________________________________________|

**Score: 2**

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**3.** Professionals fully and appropriately provide relevant information so parents can make informed choices and decisions.

| Professionals fully and appropriately provide relevant information so parents can make informed choices and decisions. |
|________________________________________________________________________________________________________________________________________________________________|

**Score: 2**

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**4.** Professionals use helping styles that promote shared family/professional responsibility in achieving family-identified outcomes.

| Professionals use helping styles that promote shared family/professional responsibility in achieving family-identified outcomes. |
|________________________________________________________________________________________________________________________________________________________________|

**Score: 2**

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**5.** Family/professionals' relationship-building is accomplished in ways that are responsive to cultural, language, and other family characteristics.

| Family/professionals' relationship-building is accomplished in ways that are responsive to cultural, language, and other family characteristics. |
|________________________________________________________________________________________________________________________________________________________________|

**Score: 1**

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**6.** Practices, supports, and resources provide families with participatory experiences and opportunities promoting choice and decision making.

| Practices, supports, and resources provide families with participatory experiences and opportunities promoting choice and decision making. |
|________________________________________________________________________________________________________________________________________________________________|

**Score: 2**

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**Scoring Key:**
- 2 Fully Implemented
- 1 Partially Implemented
- 0 Not Implemented
- D/K Do Not Know
- N/A Not Applicable (not included in score)

**#1 total score:** 1 of 12

**#2 total score:** ___ of ___
### DEC Recommended Practices: Workbook Form by Strand

**FAMILY-BASED PRACTICES**

**#1 Date:** 2-18-11  
**#2 Date:**

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**F13.** Practices, supports, and resources are responsive to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families and their communities.

This PFS is in a public school in a socioeconomically disadvantaged area. Free/ind. lunch 46% are close to 30% of population. Consideration to availability, to ability to implement ability to attend. Supports is always taken into account. Time visits occur at the convenience, and attendance will occur on an as-needed basis.

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**F14.** Practices, supports, and resources incorporate family beliefs and values into decisions, intervention plans, and resources and support mobilization.

Family is encouraged to share beliefs and values and provide input during meetings. Parent contact. Intervention plans are discussed and methods of implementation at home are reviewed and encouraged.

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**F15.** Family and child strengths and assets are used as a basis for engaging families in participatory experiences supporting parenting competence and confidence.

Family skills are used to the classroom. The family is a teacher or their diurnal activity by making critical. Close attention to paid. See what quires the interest of the child. Time 4 colors. Learning to 1.

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**F16.** Practices, supports, and resources build on existing parenting competence and confidence.

Specific information about a child (and their) goal is provided. The family knows exactly what is going on and also knows how to continue implementation of goal at home.

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**F17.** Practices, supports, and resources promote the family’s and professional’s acquisition of new knowledge and skills to strengthen competence and confidence.

School has a parent advisory council that family is invited to be a part of. Resources: training individual to the child offered if new intervention is taken place. Parent needs go home.

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**SCORING KEY**

2 Fully Implemented  
1 Partially Implemented  
0 Not Implemented  
D/K Do Not Know  
N/A Not Applicable (not included in score)

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**Summary for Assessment #1:**

- Total number of points obtained: 27
- Total number of items scored (exclude N/A): 34
- Total number of possible points: 34
- Percentage score (total number of points obtained, divided by total number of possible points): 79%

**Summary for Assessment #2:**

- Total number of points obtained:
- Total number of items scored (exclude N/A):
- Total number of possible points:
- Percentage score (total number of points obtained, divided by total number of possible points):

**Comments:**

Transfer these scores to the Strand Summary Form on page 74.
Section B

DEC Recommended Practices statements
FAMILY-BASED PRACTICES

Families and professionals share responsibility and work collaboratively.

F1. Family members and professionals jointly develop appropriate family-identified outcomes.

Examples:

- IEP goals are created at the meetings and are reflective of family concerns as well as screening results.
- Communication with family members begins at the referral and continues throughout the entire referral, evaluation, and eligibility process.
- Home skills are discussed and overlapped with school skills when creating goals for the IEP.

F2. Family members and professionals work together and share information routinely and collaboratively to achieve family-identified outcomes.

Examples:

- Professionals have a private access to telephones where they can make phone calls to parents on a regular basis.
- Professionals record information and send it home in daily folders. Parents are encouraged to check the folder daily and respond to it if they have comments, questions, or concerns.
- Children may have other forms of communication and interaction sent home depending on individual goals. For example, one child has a potty chart used at school, sent home and carried through at home, then returned to school the next day. Another child has PECS pictures in a binder that goes home daily so use of the pictures and device is consistent at home and at school. A third child has a “How was your day” style of folder that goes home each day. There are places for toileting, how much was eaten at breakfast/lunch, napping, etc. There is also a section to be filled out at home: how was his morning, how did he sleep, etc.

F3. Professionals fully and appropriately provide relevant information so parents can make informed choices and decisions.

Examples:

- Professionals provide information and explanation about evaluation findings in parent friendly terminology.
- Professionals explain all services mentioned prior to and during IEP meetings so that parents will be completely informed of what is available to their child.
- Professionals advise parents orally of their parental rights and are offered a printed copy of parental rights each time the child’s educational team meets.
- Parental rights are always kept in the front of discussions.
- Parents are notified of opportunities to attend seminars on early learning topics and Smart Beginnings seminars.
- Progress reports are routinely sent home marking growth and areas of concern.
- Professionals provide information to doctors and other professionals (upon request and release of information permission) concerning observable behaviors, etc.
- Professionals provide many opportunities for parents to ask questions concerning their child’s progress.
F4. Professionals use helping styles that promote shared family/professional responsibility in achieving family-identified outcomes. Examples:

- Methods of instruction are shared between professionals and families.
- Devices used to assist in instruction are shared between professionals and families.
- Training for parental implementation of instructional methods and use of assistive devices is offered by the professional at times when the family is able to attend.
- Home visits are offered by the professional to ease in the implementation of instructional methods and assistive devices.

F5. Family/professionals’ relationship-building is accomplished in ways that are responsive to cultural, language, and other family characteristics. Examples:

- Professionals ask questions to determine what goals the families have as their priorities.
- Families are encouraged to participate in involvement activities with the class during the school day.

Practices strengthen family functioning.

F6. Practices, supports, and resources provide families with participatory experiences and opportunities promoting choice and decision making. Examples:

- Professionals notify families of community training/support events that pertain to the needs of their child.
- Professionals worked closely with a family services social worker to help create and implement a home plan to assist the family in parenting a child with special needs.
- Professionals share resources such as CHIP with families according to need.

F7. Practices, supports, and resources support family participation in obtaining desired resources and supports to strengthen parenting competence and confidence. Examples:

- Professionals provide families with copies of “Parenting Young Children.”
- Professionals provide a list of outside resources and contacts to support families with specific needs.
- Professionals connect families with Smart Beginnings as a resource to educate and inform families about different topics pertaining to young children.
F8. Intrafamily, informal, community, and formal supports and resources (e.g., respite care) are used to achieve desired outcomes.

Examples:

- Family members are identified and encouraged to take an active role in the education and care of the child with disabilities.
- Community resources are identified to assist families with care and offer support.
- Professionals offer to accompany families to support groups and/or seminars.
- Professionals provide information to families about camps for children with special needs.

F9. Supports and resources provide families with information, competency-enhancing experiences, and participatory opportunities to strengthen family functioning and promote parenting knowledge and skills.

Examples:

- Professionals have implemented resources from TTAC that are carried over to the home.
- Professionals are always willing to answer questions or guide families to answers.
- Professionals encourage family participation in support groups to build relationships and share experiences to promote competence and confidence in parenting skills.

F10. Supports and resources are mobilized in ways that are supportive and do not disrupt family and community life.

Examples:

- All supports and resources are optional and can be turned down if the family is not comfortable with them.
- Some evening resources have childcare or activities that involve the children.

Practices are individualized and flexible.

F11. Resources and supports are provided in ways that are flexible, individualized, and tailored to the child's and family's preferences and styles, and promote well-being.

Examples:

- Breakfast and lunch are provided to all of the children. This is used as a critical learning opportunity in the day.
- Occupational and speech therapies are provided during the school day.
- Outside services (such as a TTAC consultation) are provided during the school day.
F12. Resources and supports match each family member’s identified priorities and preferences.

*Examples:*

- The program tries to provide opportunities of support for additional family members: Mother’s Day tea, lunch with grandparents, Christmas and Valentine’s Day parties.

F13. Practices, supports, and resources are responsive to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families and their communities.

*Examples:*

- Current staff consists of seasoned employees who have been a part of the community for at least ten years.
- Professionals have established an open relationship with the families in this program. Communication is a high priority.

F14. Practices, supports, and resources incorporate family beliefs and values into decisions, intervention plans, and resources and support mobilization.

*Examples:*

- Professionals encourage families to share beliefs and values and provide input during meetings, phone calls, and all other forms of communication.
- Professionals and families discuss intervention and implementation of it at home as well as in the school.
- Professionals help families research different treatment options to assist the families in the decision making process (research on brushing, sensory diets).

Practices are strengths- and assets-based.

F15. Family and child strengths and assets are used as a basis for engaging families in participatory experiences supporting parenting competence and confidence.

*Examples:*

- A child’s mother is a baker so for one unit she came in and the class had a grand baking experience.
- One child is fascinated with different, vivid colors and has minimal expressive language so color was incorporated to all aspects of instruction to draw her attention and work on language skills. (This is just one example of how the professionals integrate the children’s interests into the curriculum.)

F16. Practices, supports, and resources build on existing parenting competence and confidence.

*Examples:*

- Specific information about a child and his/her goal(s) is provided so the family knows exactly what is going on and understands how to continue implementation of the goal(s) at home.
F17. Practices, supports, and resources promote the family’s and professional’s acquisition of new knowledge and skills to strengthen competence and confidence.

Examples:

- The elementary school has a parent advisory board that family is invited to join.
- Parent surveys go home with progress reports in the spring.
- Training is provided to families when a new intervention is introduced.
- New information beneficial to everyone is posted on the program’s webpage; individual information is relayed to the family by confidential means.
Section C

Summary Report
Section C

I observed the Early Childhood Special Education classroom at Buchanan Elementary School in Botetourt County Public Schools. Buchanan is a rural community with an average to low overall socioeconomic population. School statistics report about one fifth of the student population is receiving special education services; an additional one tenth of the student population have a 504 plan in place. ECSE services are critical in identifying children with developmental delays and intervening with therapies and curricula in hopes of closing the developmental “gaps” to give these children a confidant, solid start to kindergarten when they come of age.

The class currently has seven students enrolled with several more in the testing/eligibility process. They range in age from thirty months to five years; there are four girls and three boys in the class. The qualification for ECSE services ranged from intellectual disability to developmental delay. All of the children receive speech and language services and five of them receive occupational therapy services while in school. There are two sets of siblings in this class: a set of twin sisters and two brothers. All of the children in the program have older siblings who attend Buchanan Elementary School. Five of the children have at least one parent who was identified with a learning disability in elementary school.

The instructor of this class has been a teacher in Botetourt County Schools for almost thirty years. Prior to entering the ECSE classroom, she was an itinerant teacher for students with hearing impairments. The instructional assistant assigned to that classroom has been at Buchanan Elementary School for around ten years. They have a very smooth, consistent system that allows them to work efficiently and to the maximum benefit of the children. Additional adults are often in the room.
providing speech/language and occupational therapies. One child spends most of her morning inclusively in the VPI preschool classroom. This began earlier in the school year.

There are several reasons I chose this classroom to work in for this project. It is in my school, next door to my own kindergarten classroom; we share bathrooms, sinks and wet areas with this class so I have ample opportunities to interact with the kids and the teachers in the room. It also made it easier to spend additional time observing and asking questions about the program. While convenience was a large factor, this was an incredible opportunity to be able to see deeper into the program. I have the highest respect for this ECSE teacher and the program she has built; she amazes me daily with her patience, skill, and ability to bring her kids so very far in their education. When her children age out of the ECSE program, they come to my kindergarten inclusion classroom; I am always impressed with the progress they have made over the course of their preschool time.

It is my opinion that this Botetourt County Early Childhood Special Education classroom is soundly structured and provides its children with incredible opportunities and excellent services to meet their needs and those of their families. The staff and administration have a clear understanding of the crucial role a family plays in the success of the child in school. The needs of the child are identified and addressed in the school environment as well as the home. The goal is to empower families by sharing resources, information and support, enabling members to better provide and care for their children. While home based programs (early intervention) are the most effective way to involve the family, I feel that the ECSE program at Buchanan Elementary does the best possible job meeting many of the DEC Recommended Family-Based Practices.

This ECSE program focuses on communication between the home and school. It is only through communication that the staff can fully understand the needs of the family and assist in providing resources to address those needs. This begins at the referral process. The teacher listens to the
concerns of the family at the request of a referral. Notes are made and discussion continues at the child study. Communication continues through each step of the testing process and the findings are discussed at an eligibility meeting with family and staff present. Goals which reflect family concerns as well as screening results are created at the IEP meeting. Overlapping home skills with those at school are discussed and included in the IEP goals and objectives.

Communication continues prior to the child’s first day in the program. The family is invited to the classroom to observe and participate in hopes of easing the transition into a new environment. The teacher contacts the parents via telephone daily after a child first begins in the program. This is helpful and assuring to the parents as well as informative for the teacher. Information on eating, toileting, napping and other behaviors are discussed. The teacher inquires about the adjustment of the child’s home routine and its effects upon the family. Adjustments are made at school if the family feels something is not going well.

Daily communication continues through responsive folders. Telephone updates continue but drop back to a weekly basis unless there is a specific question, need, or information to share. Some children have additional form(s) of communication specific to their needs: potty charts, PECs pictures, individualized forms with child specific goals (i.e. eating), etc.

Communication is frequent and very intentional with relevance. It provides information to the families in parent friendly terminology; explanations of services are provided and discussed. Progress reports are sent home with report cards each six weeks showing growth towards IEP goals. Information is willing and expediently provided to doctors and other professionals upon request. All of these strategies are to help families make informed decisions. At all times parental rights are kept in the forefront of all communications.
The staff at BES does a phenomenal job of promoting shared responsibility in achieving family identified outcomes. Devices such as the Go Talk are shared with the willing family participants. Staff model and teach correct usage of this (and other shared devices) for the family’s use at home. The device goes back and forth daily from school to home. The ECSE teacher expands the picture choices to include ones relevant to activities and routines at home.

BES provides additional support and resources to promote decision making and to strengthen parenting competence and confidence. This is done by notifying families of upcoming community training/support events such as those provided by Smart Beginnings that pertain to the needs of their child. Families are provided with copies of “Parenting Young Children,” a resource that provides tips and links for parents of preschool/toddler age children. When the teacher is aware of specific needs, lists of outside resources and contacts which could provide support are given to the family. Such resources include CHIP and case management and assistance from a family services social worker.

Children who are a part of the program at BES are supported individually and with flexibility. They are provided with breakfast and lunch by the school. This is an excellent learning opportunity for speech and language development, socialization, and an array of gross and fine motor skills (in addition to providing for a physical need). Children also receive outside services within the school setting which are tailored to their individual needs. These include speech/language therapy, occupational therapy, physical therapy and other outside resources such as observation and input from TTAC. These are all services to support development; by attaining them at school, the parents are able to receive services at no cost and are able to maintain a job or stay home caring for younger siblings instead of always going into town for appointments. Several families in this ECSE program have limited transportation; without these services being provided at school, these children might possibly not receive any services at all.
BES staff work diligently to incorporate family beliefs and values into all areas of the child's education. The family is encouraged by the teacher to share their values and beliefs with the school. IEP’s and at-home intervention plans are written reflecting information that is shared. The teacher assists the family with research and gathering information about possible treatment options for their child; this helps the family make more informed decisions. (Information has been provided to families on brushing, sensory diets, and alternative forms of communication.) The teacher does not endorse or make any recommendations but provides information and research data available.

Engaging the families in participatory experiences can increase parental competence and confidence. Activities such as parental involvement (a mother who is a baker comes to school and has a great tactile baking experience to share with the children) are wonderful experiences for the children and for families. They are sought out by the staff as often as possible. This point will also be mentioned in the next section as a resource that is not utilized to its full potential.

Lastly, BES ECSE strives to promote the acquisition of new knowledge that will strengthen competence and confidence of both families and staff. Training is provided to staff and families when new interventions are incorporated into a child’s routine. Information is sought out by staff and posted on the class website or forwarded to individuals via confidential means. Families are encouraged to participate in the school’s parent advisory board to learn more about the functioning of the school as well as provide feedback and express concerns they may have. Parents have additional opportunities to voice concern with parent surveys that go home with progress reports in the spring.

This ECSE program is one that exhibits much strength by fully implementing numerous DEC Recommended Practices. There are, however, some practices that are only partially implemented. Full implementation of these Recommended Practices would take this quality program to an even higher level of excellence.
The following section reviews some weaker points to the ECSE program at BES and makes some suggestions about how the staff could fully implement the Family-Based Recommended Practices which fall a bit short. First was the utilization of home visits. Not every child in the class had the teacher visit with their family at home. I strongly believe this is not a result of a lack of initiative from the teacher but rather a lack of response from the families. The teacher stated in an interview that her level of involvement is partially gauged by the families’ responsiveness to the initiatives made. The more responsive the parents are, the more involved the teacher becomes. Since home visits bridge the gap between school and home, I recommend that home visits become the expectation for all families. The teacher could implement a series of steps to document attempts to schedule a home visit.

A second weakness appears in the responsiveness to cultural characteristics. Again, the difficulty with this is that the teacher’s current class roster does not reflect cultural diversity. My recommendation is to expose the children to a variety of cultural differences found within the region in which they live. This could be done by including different types of food and clothing in the dramatic play center, incorporating culturally diverse stories and toys (games, dolls, etc.), and by providing experiences through field trips or guest speakers.

A third area I feel could improve would be providing information and training for topics relevant to families’ needs. While the staff does provide information about these services and seminars, the location of the event is rarely at the home elementary school. Because of the remote location of the school, this potentially means a lengthy travel to the site of a seminar. It is also critical to remember the importance of providing competent childcare during these sessions.

An additional area for improvement would be family involvement in activities during the school day. While this teacher makes grand efforts to incorporate family involvement, many families work or
have extended family (grandparents, aunts, uncles, etc.) living farther away. The teacher does what she can to encourage involvement and support the family members; much of this practice is beyond her control. My recommendation would be to attempt to schedule family involvement farther in advance so working family members could schedule time off and/or other appointments or arrangements could be made. Also, the teacher could encourage the family to bring younger siblings and allow them to participate as able.

The staff at this ECSE program does a remarkable job accommodating students and their families, addressing their needs and concerns, and providing for meaningful intervention and instruction to close the gap between typical development and delayed development. Overall this program appears to follow DEC’s Recommended Practices for Family-Based Practices.