



Florida's Targeted Competencies For Specialists Supporting Inclusion

Developed by

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Purpose of Targeted Competencies

The *Florida Targeted Competencies for Specialists Supporting Inclusion* complement and extend two sets of existing competencies: the *Florida Core Competencies for Early Care and Education Practitioners* (Florida Steps to Success Early Learning Career Pathways, 2010) and the *Florida Core Competencies for Technical Assistance Specialists* (Florida Steps to Success Early Learning Career Pathways, 2011). The purpose of the Florida Targeted Competencies for Specialists Supporting Inclusion is to ensure that specialists who support children from birth through age 5 with disabilities and their families within and across early childhood program sectors have the necessary knowledge, skills, and dispositions (behaviors and attitudes). These competencies were developed by the Florida Expanding Opportunities for Early Childhood Inclusion team, representing government agencies, higher education institutions, early care and education providers, family members, state and national training and technical assistance organizations, and other early childhood stakeholders.

Need for Targeted Competencies

When children with developmental delays and disabilities are included in early care and education programs, teamwork and interdisciplinary collaboration are necessary. The specialists who provide supports and services in inclusive programs might come from a variety of disciplines including early intervention, early childhood special education, mental health, family support, speech-language pathology, occupational therapy, physical therapy, psychology, social work, and applied behavior analysis. They come prepared with specialized knowledge and skills related to their particular discipline to support young children with disabilities to achieve desired developmental and learning outcomes; however, all specialists providing supports and services in inclusive learning contexts need common knowledge, skills, and dispositions. Specialists might have roles as consultants or coaches or work within embedded instruction or integrated therapy models. Regardless of the setting (Voluntary Prekindergarten program, Head Start, blended school-based Exceptional Student Education programs, or other community child care homes and programs), specialists working with early care and education practitioners need content knowledge related to both general and special education, evidence-based practice, and research-based teaching and intervention strategies. In addition, they need skills related to teaching adults and effective strategies for teaming and collaboration (Winton, McCollum, Catlett, 2008.)

To illustrate the need for these targeted competencies, consider an inclusive early education program in which an occupational therapist (OT) is supporting a child's use of assistive technology. This specialist is working with the early care and education practitioner, the child, and the child's family to support the appropriate use of assistive technology. Use of assistive technology will create opportunities for the child to access and participate in typically occurring activities and routines in the early learning program. Supporting young children's use of assistive technology involves specialized knowledge and skills. All early care and education practitioners do not need to demonstrate specialized knowledge and skills related to assistive technology. Although the OT might have extensive knowledge and skills related to assistive technology, she also will need to gain knowledge and skills specific to working in inclusive early childhood settings. She must be able to support the caregivers' competence and confidence in integrating the technology as part of the child's daily routine and with the other children in the inclusive setting. For example, the OT could work with the teacher on universal curriculum design to ensure that learning activities support individual learning differences. She might model strategies for involving peers in social interactions using the technology and also assist classroom

teachers and family members in using the technology across routines and activities in preschool, home, and community settings.

Role of Expanding Opportunities

Expanding Opportunities is a federal initiative designed to support states committed to increasing high quality inclusive learning opportunities for infants, toddlers, and preschool children with or at risk for disabilities and their families. Since the inception of Expanding Opportunities in 2005, the Florida Expanding Opportunities for Early Childhood Inclusion team has engaged in a number of state-wide activities to increase access to and participation in inclusive learning opportunities for children birth to age 5 and their families. One primary goal of Florida Expanding Opportunities is to engage in ongoing collaborations with other statewide initiatives to support the development, implementation, and evaluation of a comprehensive, cross-sector professional development system. As a result, Expanding Opportunities is particularly focused on the knowledge, skills, and dispositions early childhood practitioners must have to support high quality inclusive experiences for young children with or at risk for disabilities and their families. As the State and Florida communities work to align and integrate services and supports for young children and families across various early childhood program sectors, including those sectors that focus on young children with or at risk for disabilities, the design, delivery, and evaluation of cross-sector early childhood professional development (ECPD) will become increasingly important (Snyder, Denney, Pasia, Rakap, & Crowe, 2011).

The Florida Expanding Opportunities competencies subcommittee has worked closely with the steering committee for the Florida Early Care and Education Professional Development Initiative, whose work has focused on the development of a set of competencies and skills necessary for practitioners in early care and education to facilitate the development and learning of young children in Florida. The product of this collaboration and the hard work of the Florida Early Care and Education Professional Development Initiative is a comprehensive set of core competencies for early care and education practitioners, which focus on early care and education for *all* children, including those with or at risk for disabilities (Florida Steps to Success Early Learning Career Pathways, 2010). The Florida Early Care and Education Professional Development Initiative has also developed core competencies for directors, trainers, technical assistance specialists, career advisors and after school.

Standards of Development

After participating in the development of the *Florida Core Competencies for Early Care and Education Practitioners*, Florida Expanding Opportunities developed a complementary set of competencies specifically related to the knowledge, skills, and dispositions needed by specialists who offer support to early care and education providers who promote the development and learning of young children with disabilities in inclusive settings and who engage and support their families. The *Florida Targeted Competencies for Specialists Supporting Inclusion* are a set of competencies derived from a crosswalk of competencies for the disciplines of physical therapy, speech-language pathology, infant mental health, school psychology, early childhood care and education (including voluntary prekindergarten), itinerant special education teachers serving in consultations roles, and infant and toddler specialists in addition to publications from the National Association for the Education of Young Children, and the Council for Exceptional Children—Division for Early Childhood. After generating a comprehensive list of competencies related to the inclusion of young children with

disabilities and their families, these competencies were compared with the *Florida Core Competencies for Early Care and Education Practitioners* and the *Core Competencies for Technical Assistance Specialists*. Only competencies that were not already included in those two sets of competencies developed by the Florida Early Care and Education Professional Development Initiative were retained as *Florida Targeted Competencies for Specialists Supporting Inclusion*.

Alignment with the Core Competencies

The Targeted Competencies for Specialists Supporting Inclusion are an extension of both the *Florida Core Competencies for Early Care and Education Practitioners* and the *Core Competencies for Technical Assistance Specialists*. They represent key content areas necessary to assist and collaborate with early care and education practitioners who support the development and learning of young children with disabilities and their families within the context of inclusive early childhood settings. The competency knowledge areas presented in these competencies align with those in the *Florida Core Competencies for Early Care and Education Practitioners*. The competencies associated with these areas represent more specialized competencies that might not apply to the practitioners addressed in the *Florida Core Competencies for Early Care and Education Practitioners*, but do apply to specialists supporting early educators, children, and families in inclusive early childhood contexts. These same specialists, however, would be expected to demonstrate the competencies in both the *Florida Core Competencies for Early Care and Education Practitioners* and the *Core Competencies for Technical Assistance Specialists*. As such, these three sets of competencies are intended to be used in conjunction with one another and with discipline-specific competencies to plan and implement professional development to ensure that specialists who support children from birth through age 5 with disabilities and their families within and across early childhood sectors have the necessary knowledge, skills, and dispositions.

Using the Florida Targeted Competencies for Early Childhood Inclusion

The *Florida Targeted Competencies for Specialists Supporting Inclusion* represent the knowledge, skills, and dispositions that define what all specialists who offer support to early care and education providers should know and be able to do. The National Professional Development Center on Inclusion (NPDCI, 2008) suggests a definition and framework for delivering professional development. PD is defined as “facilitated teaching and learning experiences that are transactional and designed to support the professional knowledge, skills, and dispositions as well as the application of this knowledge in practice,” (p. 3). Following the framework proposed by NPDCI, PD providers should consider “who” will receive the professional development, “what” will be taught, and “how” the professional development will be delivered. We provide a brief description of each of these elements with respect to planning for and delivering early childhood professional development. In addition, we provide case examples of how a PD provider might consider the “who,” the “what,” and the “how” of designing, delivering, and evaluating early childhood professional development.

“Who”

These competencies apply to specialists who work with young children with disabilities and their families in inclusive settings or provide technical assistance and support to these practitioners in inclusive settings. Specialists supporting inclusion include infant- toddler developmental specialists, infant mental health professionals, inclusion specialists, behavior specialists, allied health professionals, and special education

teachers working in an itinerant model. The training early childhood practitioners receive with respect to early development, early learning, and inclusion might vary widely depending on professional discipline and training, therefore, it is important to get to know who the learner(s) are, including professional discipline and previous experiences and training in early childhood and inclusion, is an important step in designing and delivering high quality professional development.

“What”

The competencies cover critical content areas for all practitioners working in inclusive settings. An important purpose of these competencies is to help professional development providers determine the “what” of professional development. These competencies are intentionally presented as broad content areas. The depth of coverage in a specific content area should be derived from the needs of those receiving professional development, and the way the content is expressed will depend on the characteristics of the learner(s) receiving professional development. To determine the “what” of professional development, it is important for professional development providers to consider the desired outcomes of professional development with respect to the learner(s) current level of competence in a given area. This will help the professional development provider decide (a) which competencies to address in the professional development, and (b) the level of competence professional development should target (e.g., change in knowledge, skills, or dispositions).

“How”

The “what” of professional development, in turn, helps inform decisions about “how” professional development is delivered. This might occur by embedding content into professional development activities that already exist. The competencies might also be used to inform the development and implementation of new professional development activities. McCollum and Catlett (1997) suggested several desired outcomes for professional development activities, such as raising awareness, impacting knowledge, developing skills, mastering a particular content area, or changing dispositions. The “how” of professional development is determined based on the professional development content and desired professional development outcomes. In general, the method for delivering professional development should include more opportunities for application of knowledge, self-reflection, and mentoring as desired outcomes become more sophisticated and applied. To determine the “how” of professional development, the professional development should consider (a) professional development strategies for the learner(s) (i.e., what activities the learner(s) will participate in to achieve their desired outcomes, and (b) materials and implementation supports needed by the PD provider.

Assessment and Evaluation of Professional Development

Evaluating the impact of professional development on both early childhood practitioners and young children and families is an essential component of high quality professional development. This information helps the PD provider determine if the PD achieved intended outcomes and if the learner(s) need additional facilitated teaching and learning to achieve desired outcomes. Planning for the evaluation of PD impacts should begin before PD is delivered. To begin, the PD provider should determine how to evaluate the impact of PD on the learner(s) and children and families by proposing specific, measurable outcomes for both the learner(s) and children and families. Specifying these outcomes early helps the PD provider think about how each outcome can be measured and ensures that resources for assessing each outcome are in place when they are needed.

Florida Targeted Competencies for Specialists Supporting Inclusion

Specialists who offer support to early care and education providers in inclusive settings should have knowledge, skills, and dispositions in the following areas:

CORE CONTENT AREAS	TARGETED COMPETENCIES
1. Health, Safety and Nutrition	<ul style="list-style-type: none"> a. Adapt the learning environment to promote the safety and independence of individual children with disabilities or other special health-related needs.
2. Child Development and Learning	<ul style="list-style-type: none"> a. Maintain high expectations for every child to reach his or her full potential b. Adapt practices to facilitate every child’s development and learning based on individual needs. c. Recognize characteristics of developmental delay and specific disabilities, including causation, characteristics, and classification of common disabilities in infants and young children. d. Recognize and communicate the impact of disability or developmental delay on child development and learning. e. Interpret challenging behavior with respect to form and function.
3. Building Family and Community Relations	<ul style="list-style-type: none"> a. Ensure explicit engagement of families as partners in developing early care and education experiences that meet the individual needs of their children. b. Describe the benefits of inclusion for children, families, practitioners, and communities. c. Communicate to families and practitioners current evidence-based trends related to teaching and nurturing children with disabilities or other special learning needs. d. Evaluate the impact of disability or developmental delay on the family, the child, and the community. e. Analyze the interplay between family beliefs and culture and family approaches to caring for and seeking services for their young children with disabilities or other special learning needs. f. Locate and share sources of support, resources, and information about developmental delay and disabilities for families. g. Identify processes associated with grief, loss, and coping with disability.

<p>4. Teaching and Learning Environments and Interactions</p>	<ul style="list-style-type: none"> a. Demonstrate strategies for designing flexible learning environments and activities and providing multiple and varied formats for instruction to promote engagement and accommodate individual learning differences (Universal Design for Learning). b. Demonstrate strategies for integrating typically developing peers so children with disabilities or other special learning needs can learn, develop, and form positive relationships. c. Use assistive technology, augmentative and alternative communication, and adaptive technology to facilitate participation of all children in inclusive settings.
<p>5. Curriculum</p>	<ul style="list-style-type: none"> a. Select goals, services, and settings that facilitate embedded learning within daily activities and routines. b. Design and implement intentional teaching strategies (frequency, intensity, methods) based on individualized plans that align with goals and services listed in individualized family service plans (IFSPs) and individualized education programs (IEPs). c. Integrate individualized accommodations and supports, specialized instruction, and therapies into daily activities and routines and across environments, materials, and people. d. Develop and demonstrate targeted and individualized supports for promoting social-emotional skills and addressing challenging behavior.
<p>6. Observing, Documenting Screening and Assessment to Support Young Children and Their Families</p>	<ul style="list-style-type: none"> a. Highlight the importance and impact of early identification of developmental delay or disability. b. Follow federal and state regulations for identifying young children with disabilities or other special learning needs. c. Identify roles and processes of multi-disciplinary teams in the assessment and evaluation of young children. d. Explain agencies, policies, and procedures pertaining to screening, evaluating, and assessing young children with a suspected disability. e. Adapt screening, evaluation, and assessment methods and measures for children with varying physical and sensory abilities. f. Employ systems/tools for measuring the quality of inclusive early childhood programs and services. g. Utilize data collection, progress monitoring, and evaluation strategies to inform decision about the implementation and effectiveness of individual interventions.
<p>7. Professionalism</p>	<ul style="list-style-type: none"> a. Apply evidence-based early intervention and special education practices in early care and education programs.

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| | <ul style="list-style-type: none">b. Facilitate and support the parent-child and teacher-child relationship in intervention efforts (relationship-based practices).c. Explain and abide by state and local laws and agency policies and procedures pertaining to supports and services for young children with or at risk for disabilities (ADA, Section 504, IDEA 2004).d. Convey the rights of parents and children with or at-risk for disabilities.e. Promote advocacy for young children with disabilities and their families.f. Facilitate required and recommended practices for transitions between programs.g. Utilize funding and referral sources for assistive technology and adaptive equipment.h. Analyze teacher attitudes and behaviors that influence behavior of individuals with disabilities and other special learning needs and their families.i. Be aware of and support publications, organizations, and integrated professional development opportunities that support early childhood inclusion.j. Take part in frequent, regularly scheduled, communication and collaboration among practitioners, specialists, administrators, parents, and community members to facilitate a coordinated team process.k. Differentiate roles and functions of families and multiple team members in the development, implementation, and monitoring of individualized plans.l. Support and strengthen the knowledge and skills of paraprofessionals, volunteers, and support staff to facilitate inclusion. |
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Designing Professional Development for Specialists Supporting Inclusion

This section of the document illustrates how Florida’s Core Competencies for early care and education practitioners can be used to create professional development activities and plans for specialists who promote the development and learning of young children with disabilities in inclusive settings and engage and support their families. These specialists may have roles as consultants or coaches or work within embedded instruction or integrated therapy models. They require proficiency in 4 sets of competencies:

- *Florida Core Competencies for Early Care and Education Practitioners*, which outline knowledge, skills, and dispositions for all early care and education practitioners, including those serving children with or at-risk for disabilities and their families.
- *Florida Core Competencies for Technical Assistance Specialists*, which focus on specialists who provide a variety of targeted and individual supports such as mentoring, coaching, and consultation to early care and education practitioners.
- *Florida Targeted Competencies for Specialists Supporting Inclusion*, which build on and extend the core competencies, and focus on the knowledge, skills, and dispositions needed by specialists who provide services and supports to practitioners in inclusive early care and education settings.
- *Discipline-Specific Competencies*, developed by professional organizations which outline competencies for a particular discipline. Examples include the American Speech-Language-Hearing Association’s Speech-Language Pathology Competencies and the Council for Exceptional Children, Division of Early Childhood’s Early Childhood Special Education/Early Intervention (birth to age 8) Professional Standards with CEC Common Core.

Utilizing these competencies in the design, delivery, and evaluation of cross-sector early childhood professional development helps to align and integrate services and supports for young children with disabilities and their families. The following examples illustrate how competencies may be used when planning professional development for specialists working in inclusive early childhood settings. The document focuses on use of the first three sets of competencies that apply to all early childhood specialists supporting inclusion, regardless of discipline. When creating a professional development plan, discipline-specific competencies would also be included to address professional development needs. The professional development strategies used in the following examples are currently available, at least in some areas of the state, and are considered to be examples of high quality professional development activities.

EXAMPLE 1. Inclusion Specialist working in an Early Learning Coalition

<p>WHO</p>	<p>Getting to Know Isabel</p> <p>Isabel is an Inclusion Specialist working in a midsize town, serving multiple counties, many of them rural. Isabel has a degree in child development and taught in a community preschool for 5 years before beginning her work at the coalition. While teaching 3-year-olds, there was a child with Down syndrome and a few children with speech and/or language delays enrolled in her class, which sparked her interest in working with children with disabilities and developmental delays in inclusive settings.</p> <p>Isabel has been an inclusion specialist for about 6 months and finds that she is often contacted by teachers, directors, and home care providers on the Warm Line (a toll free number for child care personnel to get assistance and consultation regarding the inclusion of children with disabilities and special health care needs) because of challenging behavior at their centers. She and her supervisor have identified the need for Isabel to learn to promote social-emotional skills and address problem behavior using positive behavior support (PBS). Their coalition contracts with an infant mental health specialist trained in the Center on the Social-Emotional Foundations for Early Learning’s (CSEFEL) Teaching Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (http://csefel.vanderbilt.edu/) and wants Isabel to focus on learning this model as well.</p> <p>During the first year she will receive intensive training and work with an experienced peer mentor to implement the model at a pilot site. Isabel will use the Teaching Pyramid Observation Tool (TPOT; Hemmeter, Fox, & Snyder, 2009) and other measures to help practitioners she is coaching assess strengths and needs, monitor progress, and ensure fidelity of implementation of the Teaching Pyramid Model.</p>
<p>WHAT</p>	<p>Practitioner Outcomes</p> <ul style="list-style-type: none"> • Isabel will understand and implement the Teaching Pyramid Model from CSEFEL, including teaching targeted social-emotional skills and addressing challenging behavior using PBS. <p>Current Level of Competence</p> <ul style="list-style-type: none"> • Has knowledge of child guidance strategies and some experience with the Incredible Years: Dina Dinosaur Child Training Program curriculum for promoting social emotional development • <p>Competencies to be Addressed*</p> <ul style="list-style-type: none"> • <i>CC 4C 14. Develop and implement individualized behavior support programs, as needed</i> • <i>INCL 2d. Interpret challenging behavior as communication</i> • <i>INCL 5d. Develop and demonstrate targeted and individualized supports for promoting social-emotional skills and addressing challenging behavior</i> • <i>TAS 3.A.1 Use the results of needs assessments to discuss practitioner’s strengths and needs</i> • <i>TAS 3.A.2 Help the practitioner identify goals</i> • <i>TAS 3.A.3 Assist the practitioner in identifying objectives</i> <p>*CC = Core Competencies for Early Care and Education Practitioners, TAS = Core Competencies for TA Specialists, INCL = Targeted Competencies for Specialists Supporting Inclusion</p>

EXAMPLE 2. Contracted physical therapist who is an Early Steps provider

WHO	<p>Getting to Know Pedro</p> <p>Pedro, a physical therapist, is a practitioner in private practice and is an approved Early Steps provider. He works with children and their families in natural environments including home, community, and early care and education programs. Although Pedro has worked with school-aged children for 12 years, he has only recently begun working in early intervention.</p> <p>Pedro owns his own business and is responsible for the costs of his license and renewal, professional organization membership, and ongoing professional development activities, including continuing education (CEUs). Time spent on professional development is time spent outside of billable hours for him. Until recently, Pedro has been providing therapy in a clinic setting. He is used to having his equipment handy and seeing children individually in a quiet room during therapy. The transition to providing services in natural environments has been a bit frustrating for him and he has realized that he will need to make some changes in the way he provides therapy.</p> <p>In the early childhood programs where he is working, he has been taking the children out on the playground or into the hallway to do therapy but has found this less than satisfactory. In the home setting, Pedro usually works with the child directly, as he would in his clinic, with limited participation from the family. He wants to learn more about options for providing effective integrated therapy within the classroom and using a consultation model to assist the teachers and family members in supporting children’s learning and development.</p>
WHAT	<p>Practitioner Outcomes</p> <ul style="list-style-type: none"> • Pedro will demonstrate the ability to provide effective integrated therapy to young children in natural environments and consult with teachers and family members during naturally occurring routines and activities of their day <p>Current Level of Competence</p> <ul style="list-style-type: none"> • Experienced therapist who is new to working in the natural environment and providing consultation and modeling to providers and families to help them implement interventions <p>Competencies to be Addressed*</p> <ul style="list-style-type: none"> • CC 3B 7. Model a family-centered approach, recognizing that families are their children’s most important teachers • CC 3B 11. Develop family-child activities that will enhance learning in the home • INCL 7a. Apply evidence-based early intervention and special education practices in early care and education programs • INCL 7b. Recognize the importance of and support the parent-child and teacher-child relationships in intervention efforts • INCL 7j. Take part in frequent, regularly scheduled communication and collaboration among practitioners, specialists, administrators, parents, and community members to facilitate a coordinated team process • INCL 5c. Integrate individualized accommodations and supports, specialized instruction, and therapies into daily activities and routines, across environments, materials, and people • TAS 5.A Technical assistance specialists model an array of strategies to move the practitioner

	<p>toward goals</p> <p>*CC = Core Competencies for Early Care and Education Practitioners, TAS = Core Competencies for TA Specialists, INCL = Targeted Competencies for Specialists Supporting Inclusion</p>
HOW	<p>PD Strategies for Pedro</p> <ul style="list-style-type: none"> • Complete the Early Steps Service Coordinator Apprenticeship Training (Florida Department of Health, 2011) with a cross-disciplinary cohort • Read <i>Rethinking Pull-Out Services in Early Intervention</i> (McWilliam, 1996) and 3 articles on consulting in early childhood from an annotated bibliography and discuss with provider mentor • Schedule an experienced mentor to observe a minimum of 4 integrated therapy sessions during the year and provide feedback • Complete a <i>Consultation Checklist</i> (McWilliam, 2010) at beginning and end of year and discuss progress with mentor • Observe 2 sessions with experienced providers of services in natural environments and discuss with mentor
	<p>Materials/ Support Needed from the PD Provider</p> <ul style="list-style-type: none"> • Coordinate membership in cross-disciplinary provider training • Provide copy of <i>Rethinking Pull-Out Services in Early Intervention</i> (McWilliam, 1996), an annotated bibliography, and the <i>Consultation Checklist</i> on consulting in early childhood • Provide an experienced mentor to observe Pedro for a minimum of 4 integrated therapy sessions throughout the year and provide written and verbal feedback • Coordinate with the first year mentor to schedule Pedro to observe 2 sessions with therapists experienced in the natural environment
ASSESSMENT/EVAL	<p>Assessment of Pedro's Learning</p> <ul style="list-style-type: none"> • Complete training modules and receive a passing grade on test and portfolio activities • Schedule quarterly observations of integrated therapy sessions with provider mentor • Discuss with mentor McWilliam's (1996) book and 3 articles as evidence of knowledge of integrated therapy and use of the consultation model • Complete and discuss with mentor 2 observations of experienced providers in natural environments • Review and discuss with mentor <i>Consultation Checklist</i> at the beginning and end of year to indicate progress and develop future goals
	<p>Impact of PD on Pedro</p> <ul style="list-style-type: none"> • Gain knowledge and skills in integrated therapy and consultation through mentoring, reading, module completion, observation, and self-assessment • Demonstrate effective integrated therapy in natural environments
	<p>Impact of PD on Children and Families</p> <ul style="list-style-type: none"> • Teachers and family members demonstrate how they provide increased support for the child during naturally occurring routines and activities • Children demonstrate independent use of IEP skills across settings

EXAMPLE 3. Speech-language pathologist in a public school PreK program

<p>WHO</p>	<p>Getting to Know Sally Sally, a new speech-language pathology graduate (SLP), has recently been hired by a Florida school district to serve 2 schools, both of which have inclusive PreK classes that blend their Voluntary PreK (VPK) and Exceptional Student Education (ESE) programs. She will be working as a member of the PreK ESE team and will provide individual speech and language therapy within ongoing classroom activities and routines.</p> <p>Sally has knowledge of current research and evidence-based practices for working with young children with speech and language delays and disabilities and wants to use technology to share information with families and colleagues. Additionally, she wants to develop effective strategies for monitoring children’s progress to assist in making decisions concerning the effectiveness of her interventions. She hopes to integrate technology to help her aggregate data and share progress with families and teaching staff.</p> <p>She has been assigned a first year mentor, an experienced SLP in the district. Her first professional development (PD) activities focus on learning district and state policies and procedures. Her PD activities provide access to resources she will need throughout her career and will help her become a self-initiating technology user as a way to access information about evidence-based practices in early childhood education and speech-language services in the schools.</p>
<p>WHAT</p>	<p>Practitioner Outcomes</p> <ul style="list-style-type: none"> • Sally will gain an understanding of state and local policies, procedures, agencies, and resources, for children with disabilities and their families. • Sally will learn to use new technology applications to engage families and share information about effective strategies and child progress and development with families and teaching staff. <p>Current Level of Competence</p> <ul style="list-style-type: none"> • Knowledge of federal rules and regulations but unfamiliar with state and local policies, procedure, and resources • Good computer skills but needs to learn new applications and utilize for stated purposes <p>Competencies to be Addressed*</p> <ul style="list-style-type: none"> • CC 3.C. 4 Communicate with families about curriculum, their individual child’s progress and developmental growth • CC.7.E.8 Inform others of current research, trends, and best practices • INCL 3d. Locate and share sources of support, resources, and information about developmental delay and disability for families • INCL 6b. Follow federal and state regulations for identifying young children with disabilities or developmental delays • INCL 6d. Explain agencies, policies, and procedures pertaining to screening, evaluating, and assessing young children with a suspected disability • INCL 7c. Explain and abide by state and local laws and agency policies and procedures pertaining to supports and services for young children with or at risk for disabilities (ADA, Section 504, IDEA 2004) • INCL 3d. Locate and share sources of support, resources, and information about developmental delay and disabilities for families • INCL 6g. Utilize data collection, progress monitoring, and evaluation of the effectiveness of individual interventions

	<p>*CC = Core Competencies for Early Care and Education Practitioners, TAS = Core Competencies for TA Specialists, INCL = Targeted Competencies for Specialists Supporting Inclusion</p>
<p>HOW</p>	<p>PD Strategies for Sally</p> <ul style="list-style-type: none"> • Participate in the Technical Assistance and Training System (TATS) Community of Practice (CoP) to get information on training opportunities and current evidence-based practice • Participate in monthly meetings with first-year mentor • Participate in FLASHA and the Florida SLP School Leadership Network for information and continuous quality improvement of speech-language services in the schools • Devote one hour per week to work on learning and using new technology applications • Utilize at least 3 different multimedia/technology strategies to share information with families and colleagues about evidence-based practices or share information regarding children’s ongoing progress with families and teams (i.e., use video during parent conferences; display data to demonstrate children’s progress, etc.) <hr/> <p>Materials/ Support Needed by the PD Provider</p> <ul style="list-style-type: none"> • LEA will provide a repository of handouts, web links, and online modules on federal, state and local district policies and procedures • Access to district personnel, TATS websites and CoP • Access to first year mentor to participate in development of meeting, training, and TA calendar for first year • Access to professional organizations and publications relevant to field of early intervention and speech-language services in the schools • 1 hour per week in schedule to work on technology • Access to computer • Access to cross-sector workshop on using technology to support family engagement • Access to technical support to assist as needed
<p>ASSESSMENT</p>	<p>Assessment of Sally’s Learning</p> <ul style="list-style-type: none"> • Completion of district level orientation and IEP modules and a passing grade on basic knowledge quizzes • Confirmation of enrollment in TATS CoP • Evaluation by supervisor at conclusion of school year, including log and summary of meetings with mentor • Disseminate a brief feedback form to parents and colleagues twice per year regarding use of technology • Use technology in at least 3 ways to meet goals • Monitoring of IEP’s and plans of care demonstrate accurate implementation of policies, procedures, recommended practices

EXAMPLE 4 ASQ:SE Workshop for Cross-Sector Group of Participants

WHO	<p>The local Interagency Coordinating Council for Children, a cross-sector group of professionals from agencies representing the interests of children birth to five, is presenting a 6-hour workshop on the <i>Ages and Stages Questionnaires: Social-Emotional (ASQ:SE; Squires, Bricker, & Twombly, 2002)</i>. The desired outcome is to develop a cadre of professionals, representing multiple agencies in the community, to promote social, emotional, and behavioral development in early childhood and support the inclusion of all children in community programs. The workshop will prepare participants to identify potential areas for concern, administer the <i>ASQ:SE</i> screening instrument, make appropriate referrals for further evaluation, and provide information and resources to families and caregivers.</p> <p>Cross-sector participants would include individuals who screen children in early care and education programs or in community screenings. Examples include Infant-Toddler Developmental Specialists (ITDS), child care inclusion specialists, Florida Diagnostic and Learning Resources Center (FDLRS) child find specialists, Head Start disability coordinators and family support coordinators, Healthy Start care coordinators, mental health specialists and behavior analysts from various agencies, etc.</p>
WHAT	<p>Learner Outcomes Workshop participants will:</p> <ul style="list-style-type: none"> • Understand and describe the relationship between developmental domains and the importance of assessing all areas when developing a screening program aimed at identifying young children with challenging behavior • Demonstrate the administration, scoring, and interpretation of the <i>Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)</i> • Describe the role of parents and caregivers in the <i>ASQ:SE</i> screening process • Make referrals to appropriate agencies for further evaluation when indicated • Provide information and resources about social, emotional, and behavioral development in early childhood to parents and caregivers <p>Competencies to be Addressed*</p> <ul style="list-style-type: none"> • CC 2.A.4. Distinguish among the different child developmental domains (corresponding to the <i>Florida Birth to Five Learning and Developmental Standards</i> and <i>VPK Education Standards</i>) • CC 2.B.7. Recommend children, as appropriate, for referral and further assessment in conjunction with family members • CC 4.C.15. Know local, state, and national resources relative to behavioral concerns and provide information to families in coordination with supervisors and partners • CC 6.A.6 Demonstrate the use of basic principles of growth and development in conducting screening and assessment • CC 6.A.10. Understand the use of screening as a brief procedure to identify and refer children who need more intensive child assessment or diagnosis • CC 6.C.5 Ensure results of screenings and assessments are used responsibly and to benefit the child and family, including planning and implementing appropriate learning activities • CC 6.C.7 Understand the potential influences of culture, language, environment, learning style, and special needs on screening and assessment practices and results

	<ul style="list-style-type: none"> • CC 6.D.3. Discuss observations with families in a clear, understandable, and supportive way • CC 6.D.6. Generate a plan to refer children/families to other agencies and programs offering diagnostic and/or intervention services • CC 6.D.11. Know local and state resources and provide information to families as needed • INCL 2.c. Recognize characteristics of developmental delay and specific disabilities, including causation, characteristics, and classification of common disabilities in infants and young children • INCL 6.a. Highlight the importance and impact of early identification of developmental delay or disability • INCL 6.d. Explain agencies, policies, and procedures pertaining to screening, evaluating, and assessing young children with a suspected disability • TAS Instruction: Training and trainers deliver relevant content for practical application <p>*CC = Core Competencies for Early Care and Education Practitioners, TAS = Core Competencies for TA Specialists, INCL = Targeted Competencies for Specialists Supporting Inclusion</p>
	<p>Current Level of Competence</p> <ul style="list-style-type: none"> • Learners have all completed training on the <i>Ages and Stages Questionnaires (ASQ)</i> and screened at least 10 children • Learners have a range of backgrounds and experiences but are currently working with young children and their families
HOW	<p>PD Strategies for Participants</p> <ul style="list-style-type: none"> • Attend ASQ:SE 6-hour workshop • Identify an experienced ASQ:SE screener in their region and observe a screening and the review of the screening results with a family or caregiver • Administer the ASQ:SE under supervision at least one time and receive feedback • Develop a one-page handout that contains information and procedures on how to make referrals to appropriate community supports and services, and provides a listing of resources on social-emotional-behavioral development • Screen a minimum of 10 children during the next year • Participate in ongoing professional development related to the ASQ:SE and positive social, emotional, and behavioral development <p>Materials/ Support Needed from the PD Provider</p> <ul style="list-style-type: none"> • Provide a ASQ:SE manual and 3 protocols per participant • Sample handout of information on agencies that provide further assessment and evaluation and resources for families and caregivers <p>Materials/ Support Needed from their Agency/Employer</p> <ul style="list-style-type: none"> • Time to attend the workshop • Time/travel reimbursement to observe an ASQ:SE screening and review • Provide or identify an experienced ASQ:SE screener to supervise at least one screening and provide written and/or verbal feedback to the participant • Time/travel to screen at least 10 children during the next year • Access to ASQ:SE screening protocols as needed

ASSESSMENT	<p>Assessment of Practitioner’s Learning</p> <ul style="list-style-type: none"> • Administer, score, and interpret an <i>ASQ:SE</i> • Communicate findings from an <i>ASQ:SE</i> to families and caregivers • Make referrals to the appropriate agency and follow-up within 2-4 weeks • Adapt flyer for families and caregivers to reflect accurate, descriptive information of key referral agencies and resources in the service area
	<p>Impact of Professional Development on Children, Families, and Practitioners</p> <ul style="list-style-type: none"> • Children receive appropriate and timely referrals for additional assessment and services as needed • Children receive additional supports in the classroom, based on <i>ASQ:SE</i> screening • Families are aware of children’s functional information based on results of <i>ASQ:SE</i> screenings • Families are aware of community resources • Practitioners provide additional information and strategies about social, emotional, and behavioral development to parents and/or caregivers in a culturally sensitive manner

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