This report describes deliberations and recommendations of a Maryland task force to examine issues and develop policy recommendations related to "special instruction" as an early intervention service. It specifically concerns the relationship between special instruction and specialized child care; personnel qualifications; and provision of early intervention services in natural environments. The federal definition of "special instruction" as an early intervention service is presented and discussed, as is Maryland's use of "specialized child care." Personnel standards required of early intervention personnel and the role of the special educator when other personnel provide direct instructional services are considered. The importance of providing services in natural environments in family-centered and community-based early intervention services is stressed. The following recommendations are made: (1) special instruction should be designed as part of the Individualized Family Service Plan process and implemented by a certified special educator or other appropriately qualified personnel; (2) special instruction should be provided in natural environments and settings including child care settings; (3) personnel who carry out special instruction strategies under the supervision of a special educator in excess of 15 percent of their employment hours should meet suitable qualifications; and (4) the Comprehensive System of Personnel Development should address the training needs of personnel who carry out special instruction under the supervision of a special educator, including educational assistants, child care professionals, early childhood teachers, and other relevant personnel. The federal definition of early intervention services and Maryland's personnel standards for early intervention service providers are appended. (DB)
Special Instruction in Early Intervention
Task Force Report

Adopted by the Interagency Coordinating Council
January 1995

To the Educational Resources Information Center (ERIC)

Governor's Office for Children, Youth, and Families
Prevention and Early Intervention

Maryland Infants and Toddlers Program
Special Instruction in Early Intervention:
Task Force to Examine Issues and Offer Recommendations

Marlene Adkins, Director
Baltimore Infants and Toddlers Program

Paula Beckman, Ph.D., Professor
Department of Special Education
College of Education
University of Maryland at College Park,

Jill Brahnm, Specialist
Montgomery County Infants and Toddlers Program

Louise Corwin, Child Care Administrator
Governor's Office for Children, Youth, and Families

Edward Feinberg, Ph.D., Program Manager
Anne Arundel Infants and Toddlers Program

Marian Green, Early Childhood Coordinator
Montgomery College

Brenda Hussev-Gardner, Developmental Specialist
Division of Behavioral and Developmental Pediatrics
University of Maryland Hospital

Christina Giovinazzo, Director
Project Together
Henry F. Jackson Foundation

Donna Jacobs, Program Coordinator
Education Department
Essex Community College

Krista Kettler, Intern
Maryland Infants and Toddlers Program

Larry Larsen, Ph.D., Professor
Department of Special Education
Johns Hopkins University

Terese Lilly, Director
Howard County Infants and Toddlers Program

Heidi Powell, Coordinator
Howard County Parent Support Network

Victoria Sulerzycki, Co-Chairperson
Anne Arundel County Interagency Coordinating Council

Janeen M. Taylor, Ph.D., Co-Chair of Special Instruction Task Force
Assistant Professor
Department of Special Education
Johns Hopkins University

Deborah Von Rembow, Ed.S., Co-Chair of Special Instruction Task Force
Policy and Resource Specialist
Maryland Infants and Toddlers Program
**Background and Purpose of the Task Force**

Since full implementation of Part H of the Individuals with Disabilities Education Act (IDEA), the Maryland Infants and Toddlers program has received an increasing number of queries from administrators, practitioners, and families of local early intervention programs related to "special instruction" as an early intervention service. Most questions have related to three implementation issues: (a) the need for clarification regarding the relationship between special instruction and specialized child care; (b) the need to use qualified personnel appropriately; and (c) the need to provide early intervention services in natural environments. Prior to passage of Part H, experience with issues related to special instruction, was from a special education perspective which tends to be primarily child-focused (Gallagher, Trohanis, & Clifford, 1989). In contrast, Part H has a family-centered focus. In response to expressed concerns, the Maryland State Interagency Coordinating Council (SICC) established a task force to examine the issues and develop policy recommendations.

In preparation for the first meeting of the full Task Force, members were identified by the State Interagency Coordinating Council (SICC) from such diverse groups as: (a) families, (b) faculty from institutions of higher education, (c) trainers of child care providers, (d) special educators, and (e) local Infants and Toddlers Program directors. Literature was identified by the Co-Chairs and intern for distribution to members and a preliminary meeting was scheduled for April 7, 1994. Task force members represented a wide variety of backgrounds and perspectives.

The Task Force determined a tentative time line for completion of a final report and scheduled several meetings to analyze issues germane to special instruction for infants and toddlers with disabilities. During initial meetings of the task force, much of the discussion centered around perceived and actual differences between Part H and Part B of the IDEA. For example, it was noted that Part H is a fully voluntary system, while Part B is one component of a mandatory system of public education. Part H was developed as a system of family-centered services. As such, early intervention tends to be family-focused rather than child-focused, as in Part B. After much discussion, it was concluded that statutory and regulatory definitions of special instruction were relatively clear and provided sufficient guidance with regard to the unique nature of special instruction as an early intervention service. Although questions regarding special instruction and Part B of the IDEA (i.e., special education and related services for
children and youth from age three to 21) have arisen, they are beyond the scope of this task force.

Using meeting minutes and relevant literature, the Co-Chairs and intern developed a draft report. This was distributed to all members for review in August, 1994. Comments from Task Force members and information from additional literature were incorporated into this report which will be submitted to the SICC in October, 1994.

**Special Instruction and Specialized Child Care**

To distinguish between special instruction and specialized child care as delineated in the charge to the task force, the federal definition of special instruction as an early intervention service was reviewed. Code of Federal Regulation (C.F.R.), defines special instruction as:

(i) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) working with the child to enhance the child's development.

*(Early Intervention Program for Infants and Toddlers with Disabilities, 1993)*

In the absence of relevant case law and technical memoranda from the Office of Special Education Programs (OSEP) of the U.S. Department of Education (USDOE), regulatory wording suggests that special instruction is not defined by setting or personnel, but by the child’s identified developmental needs, and the outcomes, strategies, and activities selected to meet those needs. Kaminer and Robinson (1993), support this interpretation by stating that the nature of intervention should be individualized by goals emerging from discussions between families and practitioners. Rather than prescribing discipline-specific services, including frequency and intensity of those services, practitioners should collaborate with families to determine desired
developmental outcomes and then explore various options for attaining those outcomes. Special instruction would be the appropriate designation for an early intervention service that is selected on the basis of outcomes, strategies and activities that are consistent with the elements included in the above-stated definition.

In Maryland, the term specialized child care has been used to indicate child care provided to children with disabilities. In Maryland's Purchase of Care (POC) Program, funding may be available to subsidize child care for children with disabilities whose families are income eligible. The term ‘specialized child care’ is used in the regulations that pertain to subsidized child care in these circumstances. Nevertheless, the primary reason for child care for children with disabilities, subsidized or not, is the provision of a safe, developmentally appropriate environment for children of working parents.

Federal regulations (Appendix A) provide a list of early intervention services, but it is "not exhaustive". However, an early intervention service must meet all federal parameters, including being linked to an identified developmental need of an eligible child. Therefore, with regard to Part H, specialized child care is not usually considered an early intervention service unless it is specifically related to an identified developmental need of an eligible child. Modifications to routine caretaking tasks or individualized assistance during snack time in child care settings, when designed to meet the unique developmental needs of an eligible child, could be considered an early intervention service (Bender & Baglin, 1992). The task force reached consensus on this key issue.

**Personnel Standards**

In Maryland, early intervention personnel must meet standards established by the appropriate licensing or certifying agency as well as standards established by the Maryland Infants and Toddlers Program (Appendix B). The Task Force concurred that special instruction must be provided by special educators who meet state standards or by other appropriately qualified personnel in collaboration with a certified special educator. Other appropriately qualified personnel may include educational assistants, early childhood teachers, or other discipline-specific professionals. According to Maryland LRE Neighborhood Inclusion Project (1994) staff, when other appropriately qualified personnel provide special instruction the role of the special educator should include designing or at least contributing to the design of curriculum adaptations.
materials modifications, or special instructional techniques to be used with a child and may include (1) demonstrating methods and techniques, (2) observing direct instruction to ensure consistent implementation, (3) observing the child to monitor progress, and (4) recommending changes or new strategies for achieving outcomes determined in the Individualized Family Service Plan (IFSP). The specific nature and extent of the special educator's involvement depends on the qualifications and experience of individual practitioners, the developmental needs of the child, and the location in which special instruction is provided.

Personnel working in collaboration with a certified special educator should have adequate training. The Comprehensive System of Personnel Development (CSPD) addresses the educational needs of all personnel who carry out special instruction strategies and activities. The Task Force supports training for educational assistants, child care professionals, early childhood teachers, and other relevant personnel as a priority for the CSPD.

Environment

Although the setting does not determine the type of service provided, both location and quality of setting are important aspects of family-centered and community-based early intervention services. As required by Part H of IDEA and federal regulation, early intervention services must be provided:

"To the maximum extent appropriate to the needs of the child, ... in natural environments, including the home and community settings such as day care centers, in which children without disabilities participate ... natural environments means settings that are natural or normal for the child's age peers who have no disabilities."(Early Intervention Program for Infants and Toddlers with Disabilities, 1993)

Noonan and McCormick (1992) suggest that the characteristics of a child's environments, including the home, neighborhood, or child care center should be analyzed to determine skills the child needs in order to participate in these settings. Environmental arrangements that address identified outcomes in the context of typical routines (e.g., diapering, dressing, clean-up) are considered more developmentally appropriate than isolated instructional tasks in segregated settings (Karasik, 1994).
Task Force members agreed that the activity within the environment, not the environment itself, determines the type of service. Therefore, it is not only possible but advisable to provide special instruction in a child care or other early childhood setting, as well as in the home or early intervention center.

**Recommendations**

The task force reached consensus on the following:

1. **Special instruction should be designed as part of the Individualized Family Service Plan (IFSP) process and implemented by a certified special educator or other appropriately qualified personnel.**

A certified special educator should design, or contribute to the design of special instructional strategies, including curriculum adaptations and material modifications that are necessary to meet a child's developmental needs. Other qualified personnel, however, may carry out specific instructional strategies and activities. Qualified personnel may include, but are not limited to, educational assistants, child care professionals, early childhood teachers, and other discipline-specific professionals.

Depending on the individual qualifications and experience of other personnel, the developmental needs of the child, and the location in which special instruction is provided, collaboration with a certified special educator may be necessary. Practitioners who are required to meet Maryland's Personnel Standards for Early Intervention Service Providers (e.g., occupational therapists, physical therapists, nurses, etc.) may not need input from a special educator to implement special instructional strategies and activities. Qualified personnel (e.g., educational assistants, child care professionals, early childhood teachers, etc.) who are not required to meet Maryland's Personnel Standards for Early Intervention Service Providers may need more direct input. In such circumstances, the role of the special educator should include monitoring the child's progress by observation or consultation and contributing recommendations for modifying strategies to achieve identified outcomes. The special educator may also need to demonstrate methods and techniques and observe direct instruction. Specific methods for monitoring implementation of
special instructional strategies and activities should be discussed and documented as part of the IFSP process.

2. **Special instruction should be provided in natural environments and settings that are typical for the child’s age peers who have no disabilities, including child care settings.**

The child care setting often provides the natural environment in which early intervention services, including special instruction, are provided. Specific types of early intervention services to be provided are based on the identified developmental needs of the child.

3. **Personnel who carry out special instruction strategies and activities under the supervision of a special educator in excess of 15% of their employment hours should meet suitable qualifications established by the Maryland Infants and Toddlers Program as well as standards established by the appropriate licensing or certifying agency.**

Suitable qualifications are the component of Maryland’s Standards for Early Intervention Service Providers that address specific competency areas representing general bodies of knowledge that any early intervention practitioner should be familiar with, regardless of discipline or profession. Requirements to meet suitable qualifications apply to personnel in professions and disciplines for which the State promulgates standards and who provide early intervention services to eligible children and their families in excess of 15% of their employment hours. Personnel for whom the State does not promulgate standards, but who routinely work with infants and toddlers and their families are encouraged to meet suitable qualifications.
4. The Comprehensive System of Personnel Development (CSPD) should establish a priority to address the training needs of personnel who carry out special instruction strategies and activities under the supervision of a special educator, including educational assistants, child care professionals, early childhood teachers, and other relevant personnel.

As the lead agency for Part H of IDEA, the Office for Children, Youth, and Families/Maryland Infants and Toddlers Program has the responsibility to provide for the training of a variety of personnel needed to carry out the requirements of the statewide system of early intervention services. To assure that personnel are fully and appropriately qualified, the CSPD must develop strategies to address the training needs of personnel who provide special instruction to eligible children and their families in natural environments under the supervision of special educators.
References


Appendix A
Federal Definition of Early Intervention Services
As defined in the regulations for Part H of the IDEA, Early Intervention Program for Infants and Toddlers with Disabilities (1993), early intervention services means services that:

1. Are designed to meet the developmental needs of each child eligible ... and the needs of the family related to enhancing the child's development;
2. Are selected in collaboration with the parents;
3. Are provided —
   i. Under public supervision;
   ii. By qualified personnel ...
   iii. In conformity with an individualized family service plan; and
   iv. At no cost, unless ... Federal or State law provide for a system of payments by families, including a schedule of sliding fees; and
4. Meet the standards of the State ...

Early intervention services may include, but are not limited to:

1. Assistive technology ..., 
2. Audiology ..., 
3. Family training, counseling, and home visits ..., 
4. Health services ..., 
5. Medical services only for diagnostic and evaluation purposes ..., 
6. Nursing services ..., 
7. Nutrition services ..., 
8. Occupational therapy ..., 
9. Physical therapy ..., 
10. Psychological services ..., 
11. Service coordination ..., 
12. Social work services ..., 
13. Special instruction ..., 
14. Speech-language pathology ..., 
15. Transportation and related costs ..., [and] 
16. Vision services
Appendix B
Maryland's Personnel Standards for Early Intervention Service Providers
MARYLAND'S PERSONNEL STANDARDS FOR EARLY INTERVENTION SERVICE PROVIDERS

Introduction

The Office for Children, Youth, and Families/Maryland Infants and Toddlers Program has established the following policies and procedures relating to the establishment and maintenance of standards to ensure that personnel providing early intervention services are appropriately and adequately prepared and trained, pursuant to COMAR 01.04.01 and 34 CFR §303.361:

a. Personnel providing early intervention services to eligible children and their families shall meet highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services.

b. Personnel providing early intervention services under this part to eligible children and their families in excess of 15 percent of employment hours shall meet:

(1) Highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services; and

(2) Suitable qualifications.

Highest Requirements in the State

The highest requirements in Maryland applicable to professions or disciplines in which personnel provide early intervention services are:

<table>
<thead>
<tr>
<th>Profession/Discipline</th>
<th>Highest Entry-Level Academic Degree in Discipline</th>
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<tbody>
<tr>
<td>Audiology</td>
<td>Master's, or equivalent</td>
</tr>
<tr>
<td>Medicine</td>
<td>Doctor of Medicine</td>
</tr>
<tr>
<td>Nursing</td>
<td>Degree or diploma from registered program</td>
</tr>
<tr>
<td>Nutrition/Dietetics</td>
<td>Bachelor's</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Bachelor's</td>
</tr>
<tr>
<td>Orientation and Mobility</td>
<td>*</td>
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<tr>
<td>Physical Therapy</td>
<td>Bachelor's</td>
</tr>
<tr>
<td>Professional Counseling</td>
<td>Master's</td>
</tr>
<tr>
<td>Psychology (Clinical)</td>
<td>Doctoral</td>
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<tr>
<td>Psychology (School)</td>
<td>Master's</td>
</tr>
<tr>
<td>Social Work</td>
<td>Bachelor's</td>
</tr>
<tr>
<td>Special Education**</td>
<td>Bachelor's</td>
</tr>
<tr>
<td>Speech-Language Pathology</td>
<td>Master's, or equivalent</td>
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</tbody>
</table>
The State of Maryland currently does not promulgate professional standards for orientation and mobility specialists. Local jurisdictions, however, require that personnel employed as orientation and mobility specialists meet certification standards set by the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

**Special Education includes infant/primary special education, education of the hearing impaired, and education of the visually impaired.

**Suitable Qualifications**

Suitable qualifications for personnel providing early intervention service under this part to eligible children and their families, who are served by State, local, and private agencies, include a minimum of 120 contact hours of documented preservice and/or inservice training in the following competency areas:

<table>
<thead>
<tr>
<th>Competency Areas</th>
<th>Minimum Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant and toddler development (typical)</td>
<td>30</td>
</tr>
<tr>
<td>Infant and toddler development (atypical)</td>
<td>15</td>
</tr>
<tr>
<td>Infant and toddler assessment (instruments)</td>
<td>3</td>
</tr>
<tr>
<td>Infant and toddler assessment (procedures)</td>
<td>12</td>
</tr>
<tr>
<td>Family assessment (identification of resources, concerns and priorities)</td>
<td>3</td>
</tr>
<tr>
<td>Family systems issues</td>
<td>6</td>
</tr>
<tr>
<td>Early intervention service options and strategies</td>
<td>45</td>
</tr>
<tr>
<td>Team process</td>
<td>3</td>
</tr>
<tr>
<td>Service Coordination (case management)</td>
<td>3</td>
</tr>
</tbody>
</table>

Contact hour (CH) equivalents:

- 1 semester hour = 15 CH
- 2 approved inservice hours = 1 CH
- 2 approved on-site consultation hours = 1 CH

**Clarification of Contact Hours:**

- **Semester hours** are earned through formal study at accredited post-secondary programs.
- **Approved inservice** includes conferences, workshops, seminars, and other similar activities sponsored by national, state, and/or local professional organizations, State and local agencies, and other training initiatives associated with the Training Consortium for Early Intervention Services.
Approved on-site consultation includes on-site training in specific competencies, through a written plan outlining goals and objectives. A maximum of sixty (60) contact hours may be earned through approved on-site consultation.

On-site consultation must be provided by an early intervention professional who currently meets appropriate professional requirements, has a minimum of three years professional experience in service delivery to the eligible population, and has current responsibilities for the eligible population as an administrator or service provider.

Timelines

- As of July 1, 1991, all personnel providing early intervention services to eligible children and their families must meet highest entry-level academic degree requirements in the State that apply to the profession or discipline in which a person is providing early intervention services.

- Personnel employed on or before October 1, 1994 who are providing early intervention services to eligible children and their families in excess of 15 percent of employment hours must also meet suitable qualifications by October 1, 1995.

- For those personnel employed after October 1, 1994 who provide early intervention services in excess of 15 percent of employment hours, but who do not meet suitable qualifications at the time of employment, a training plan shall be developed by the local Infants and Toddlers Program and approved by the MITP, to assure that appropriate professional requirements will be met within one year from date of employment.

Responsibilities of Local Jurisdictions

In accordance with COMAR 01.04.01, each local lead agency must develop and implement written policies to require personnel providing early intervention services for eligible children and their families to meet appropriate professional requirements established by the OCYF/MITP.
Special Instruction in Early Intervention Task Force Report
prepared by:

Janeen M. Taylor, Ph.D.
Johns Hopkins University
Baltimore, MD

Deborah L. Von Remhow, Ed.S.
Maryland Infants and Toddlers Program
Baltimore, MD

Krista Kettler, M.A.
Maryland Infants and Toddlers Program
Baltimore, MD