

Using Routines-Based Interventions in Early Childhood Special Education

How can early childhood educators embed developmental interventions into daily routines? Find out how families and teachers can partner to promote the development of young children with special needs.

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Tania, who has Down syndrome, began attending an early childhood program sponsored by her father's place of employment when she turned 2 years old. Because of her disability, Tania received Part C early intervention services and had an Individualized Family Service Plan (IFSP).

At her second birthday, her IFSP identified specific developmental outcomes including (1) increase her ability to verbally communicate with others, (2) encourage her to move through her environment by cruising and walking, and (3) feed herself using a spoon. These outcomes were addressed through early intervention services for Tania and her parents provided by Ellen, an intervention specialist from the Part C program, in their family home.

Tania's father gave the early childhood program a copy of the IFSP so that her teacher, Janelle, could collaborate with Ellen to help integrate Tania's developmental interventions into her daily activities at the center. When Tania and her family visited the program, Janelle was very positive about having her in class. Tania's family was concerned that it would be difficult to include her interventions into the busy toddler room. Ellen had helped them integrate Tania's developmental interventions into their family routines, but they were not sure how this could be done at the center while concentrating on all of the 2-year-olds in the class.

Young children with special needs, such as Tania who is described in the sidebar, receive developmental early intervention services provided by Part C of the Individuals With Disabilities Education Act (IDEA, 2004). The goal of Part C is to provide coordinated services for children from birth to 3 years who have identified disabilities, like Tania, or have or are at risk for developmental delays.

Because Tania's disability was evident at birth, she began receiving services as an infant. However, many children who have developmental disabilities or delays are not referred for services until after their second or third birthdays. When education professionals suspect that a child is eligible for early intervention services, they

encourage parents to contact local Part C or Child Find agencies for a developmental assessment. (See page 22 for contact information for these agencies, whose links can be found at the National Dissemination Center for Children with Disabilities [NICHCY] Website.)

Early Intervention Services

If a child is assessed and qualifies for early intervention, the family and early intervention professionals working with the child collaborate to develop an Individualized Family Service Plan (IFSP). Part C services are recommended based upon child and family outcomes identified in the IFSP and are provided through a team approach that can include:

- developmental early intervention
- speech/language therapy
- occupational therapy
- physical therapy
- behavioral therapy
- nutrition counseling
- social work
- service coordination

Tania's IFSP team members included Ellen, the intervention specialist, her parents, and a Part C service coordinator. Her original evaluation was conducted with a physical therapist, an occupational therapist, and a speech-language pathologist. Her family liked working with Ellen and wanted to limit the number of people and appointments for Tania. They requested that Ellen provide early intervention services directly, with an understanding that therapists were available for consultation and could be included on the team as needed.



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Subjects & Predicates

Services in Natural Environments

Early intervention services for young children with special needs are required to be provided in the child's natural environments, places where children and families spend their time in settings typical for infants and toddlers who have no disabilities. Tania's early intervention services were provided in the natural environments of her

- family and grandmother's home,
- neighborhood playground, and
- early care and education center.

Integrate interventions into natural activities.

The emphasis on natural environments is about much more than service locations. Providing services in this method offers valuable

opportunities to observe and learn about children's routines and activities so that early interventionists can support their development in everyday settings, enhancing their daily functioning at home and in the community.

Services provided in clinic offices or specialized classes are not considered natural environments because children's experiences in these settings are not representative of their daily lives at home and other places. Early intervention services provided in natural environments more effectively promote children's development than traditional intervention models provided in clinic offices or specialized programs (Raab & Dunst, 2004; Jung, 2007).

The natural environment approach supports families and teachers who collaborate with therapists and intervention specialists to target developmental interventions within a context of regular routines and activities occurring throughout the child's day (Rush, Shelden, & Hanft,

After Tania started attending the early education center, her parents added Janelle to the IFSP team so she could collaborate with Ellen and consultative therapists in order to integrate her interventions into everyday program routines and activities. Ellen alternated her weekly visits between Tania's home and the center. She focused on progress that Tania's parents and Janelle had in working with Tania on her targeted developmental outcomes. Ellen listened to their reports, shared successful strategies between home and center, and consulted with therapists as needed for coaching or suggestions for the team.

2003). When there are children with special needs in an early care and education program, teachers and aides become partners in each child's early intervention services.

What Are Routines-Based Interventions?

Routines that occur within natural environments for young children provide the most effective framework to support and sustain early intervention activities. When a

child is familiar with routines, the intervention specialist can focus on scaffolding new and more complex learning based on those experiences (Vygotsky, 1933).

When care providers use daily routines as the context for a child's developmental interventions, they can integrate them into natural activities without disrupting the flow of what children are doing and learning (Csikszentmihalyi, 1998). When developmental interventions are embedded in children's regular routines and activities, skills learned are functional and meaningful for children and their caregivers (Kashinath, Woods, & Goldstein, 2006).

Typical routines provide a base for successful intervention strategies integrated into activities to promote specific developmental outcomes for children with special needs.

Importance of Routines

Daily routines are meaningful contexts for young children to learn new skills because they are predictable, functional, and occur numerous times throughout the day (Woods, Kashinath, & Goldstein, 2004).

Interventions can be integrated into play, caregiving, and other activity-based routines as appropriate for the setting and individual child needs.

Play routines within an early care and education program include

- dance to music
- play outside
- finger paint
- center time
- splash table
- dress up

Caregiving routines include

- change diapers
- wash hands



Subjects & Predicates

Early intervention services for young children with special needs are required to be provided in the child's natural environments, places where children and families spend their time in settings typical for infants and toddlers who have no disabilities.

- eat foods
- put on shoes

Routines can also occur within transitions such as to

- select a book to look at
- put away toys
- greet a friend upon arrival

Each routine (such as play outside) includes many different activities (swings, slide, or sandbox). Each activity (such as a swing) offers multiple

learning opportunities to address specific developmental intervention strategies (skills such as check that helmet is fastened, climb on the swing, hold on with both hands, ask for a push, talk to others, or pretend to be flying).

Effects of Embedding Interventions

Basing developmental interventions on children's routines is the core feature of service delivery in natural environments (Dunst,

Bruder, Trivette, Raab, & McLean, 2001). Targeted skills identified from IFSP outcomes are embedded into daily activities for home and early care and education centers. This way, children learn and practice developmental skills as they interact with materials and activities in their environment that have targeted interventions infused into them.

The impact of routines-based interventions is illustrated on the Website Family Guided Routines Based Intervention (FGRBI) (Woods & Goldstein, 2007) listed on page 22. FGRBI contrasts two young males receiving speech-language therapy: Michael during traditional clinic visits, and Miguel through intervention based in his natural environments.

The one hour per week of speech-language therapy that Michael receives within a traditional model of intervention was compared to the 25 hours per week (5 hours x 5 days) that Miguel receives when specific speech-language intervention is embedded within routines of his early care and education center. By embedding intervention into his daily routines and activities, he increased the frequency of his language practice, which contributed to higher achievement of his targeted communication outcomes than had he received once-a-week outpatient therapy.

Routines-based intervention is often linked to similar concepts in early childhood education such as activity-based instruction, embedded instruction, and naturalistic teaching. It is unique in its use of specific intervention strategies targeting individualized developmental outcomes for a specific child by embedding the strategies in daily routines (Pretti-Fontczak, Barr, Macy, & Carter,

2003). Routines-based interventions for a child with special needs can be combined with or adapted to other naturalistic teaching methods used with all children.

How to Implement Routines-Based Interventions

Planning and implementing routines-based interventions in early childhood programs involve many considerations. Some questions to ask might include:

- What routines are best to include the child's targeted interventions?
- What intervention strategies can teachers and center staff use regularly?
- How can a plan be made with intervention strategies that everyone will understand and follow consistently?

One approach is the sequence recommended by Flores and Schwabe (2000) to implement routines and activities-based interventions:

1. Identify child's targeted developmental *outcomes* in the IFSP.
2. Identify natural *environments* where interventions will occur.
3. Analyze *activities and routines* in those environments that have potential for targeted interventions linked to developmental outcomes.
4. Develop and implement a *plan* with embedded intervention strategies in routines.
5. Collect child *data* and review to monitor progress.

Routines-based intervention relies heavily on communication

among specialists, families, and teachers about implementation in order to be effective in promoting desired developmental gains. Coordination through conversation is essential among all team members, including family (Flores & Schwabe, 2000). Each step of the process is described here.

Routines-based intervention relies heavily on communication.

1. Identify child's targeted developmental outcomes

Early childhood educators should be included in conversations with specialists and families/guardians when developmental outcomes are considered. They are in a unique position to know what the child would like to do that they cannot or need support to participate in, and skills they need to be more functional in daily routines and program activities. Teachers benefit from hearing other team members' perspectives and knowledge about children's skills and abilities.

The IFSP lists targeted developmental outcomes and details about services provided to support each outcome, including location, duration, and type of service offered. Teachers can be identified as *providing* services that are routine based (such as assisting the child in using a cup with handles at meals or creating opportunities for the child to play with another child), but also as *receiving* services from specialists to embed techniques or equipment into early education and care center routines.

The IFSP service plan states *early childhood program teacher will or occupational therapist will demonstrate to teacher* to describe how services will be supported in order to coordinate team member efforts.

For example, a physical therapist (PT) could come to the early care and education program in consultation for a toddler with cerebral palsy who has an IFSP outcome that the child will be able to roll over. The PT works with the teacher and center staff to demonstrate and explain techniques to help the child learn to roll over, and asks them to practice with the PT observing and coaching until they feel comfortable. All could

identify routines in which the rolling over technique would be embedded.

If therapists are not able to come to the center, they can videotape the techniques being used with the child for the staff to view together and follow up by phone to discuss how to make the service routines-based. In each case, the program staff and the PT collaborate to embed intervention strategies that are specific to needs of the child, consistent with individual routines, and will be supported by the intervention specialist (Raab & Dunst, 2004).

2. Identify environments where interventions will occur

Most early intervention services for children with special needs are provided in family homes, but early education and care programs are the next most common natural environments where toddlers receive services (Copple & Bredekamp, 2009). Teachers know which activities and routines are best to embed intervention efforts. For success in developing doable strategies and accomplishing outcomes in the early childhood environment, teachers and caregivers must be involved in planning, because ultimately they will implement the agreed-upon intervention strategies in their center.

Early learning environments provide excellent opportunities for intervention strategies that are interesting and fun for children, that can result in more frequent and longer participation in activities, and contribute to subsequent growth in targeted developmental outcomes. When strategies embed interventions into daily activities, teachers can maximize learning opportunities in daily routines and activities, and children have many opportunities for interventions to occur. No matter how many unexpected events come up or activities change in any given day, the same familiar and necessary routines of early care and education centers take place, such as naptime, outside play, diapering, and snack.

3. Analyze routines and activities with potential for intervention

Early education routines selected for intervention should be positive and functional for children and teachers. Activities and routines with the greatest potential for embedding intervention are those predictable and meaningful activities that match children's interests. Not every activity



Subjects & Predicates

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or routine is appropriate for intervention in every program with every child. For example, putting on shoes may be a perfect opportunity for one child to work on developmental outcomes, but not for another child, or could be embedded in some of a child's routines but not others, such as not after naptime with a child who wakes up slowly.

Both simple and complex routines provide opportunities to embed intervention strategies. Routines can be brief and simple—such as giving a hug when a parent arrives at day's end—or can be complex with several related activities. Hand washing is an example of a complex routine with many activities to choose for developmental intervention including

- turn on water
- pump soap on hands
- wash hands with soap
- rinse off soap
- dry hands with towel
- turn off water with towel

Teachers frequently identify caretaking routines that occur on a regular basis, such as diapering, meals, and hand washing, for intervention strategies. However, routines and activities with greatest potential for developmental intervention are those activities that keep the child engaged and interested (Dunst, et al., 2001).

Play-based learning is very effective for all young children.

Interventions embedded into the child's favorite play routines increase motivation and engagement of child and teachers while promoting skill

development. Play-based learning is very effective for young children with and without special needs (Frost, Wortham, & Reifel, 2008) in that it is developmentally appropriate (Sandall & Schwartz, 2002).

Whether they are play or caretaking routines, intervention strategies should be related to realistic activities in which toddlers without disabilities would engage (such as playing peek-a-boo during diapering).

4. Develop and implement intervention strategies

After gathering information about child, environment, and routines, the teacher and intervention specialist and/or therapists collaborate to develop strategies to embed interventions within class activities. Determining which child outcomes align well with which routines, and what interventions easily fit into those routines, can be challenging when the team creates embedded strategies that support children's skill growth without disrupting daily activities.

Considerations for Planning Routines-Based Intervention (TaCTICS, 1999) lists key areas to address interventions within a given routine:

- What are the targeted outcomes that fit within the routine?
- What are the opportunities for intervention on each targeted outcome?
- Who will facilitate the intervention being used in the routine?
- What methods of intervention strategies will be used?
- How will the child's participation be cued in the routine?
- What contingencies will be required for the child's response in the routine?
- Are all locations where

routine occurs included for consideration?

Another methodology for implementation is using the acronym ROUTINE (Jung, 2007) for guidance in developing intervention strategies. Jung's recommended implementation strategies, summarized in Table 1, are

- Routines based
- Outcome related
- Understandable
- Transdisciplinary
- Implemented by family and caregivers
- Nonjudgmental
- Evidence based

These concepts are identified as evidence-based practices to support successful implementation strategies by families, early education and care professionals, and intervention specialists without interrupting normal routines.

An activity matrix is a tool to assist in embedding planned intervention strategies within identified routines. An activity matrix is a visual display that identifies routines selected for embedding intervention and outcomes to be targeted. It is often referred to as a Routines-by-Outcome Matrix.

The process of developing a matrix provides opportunities for conversations among teachers, specialists, and parents to identify potential routines and activities in which to embed intervention strategies for targeted outcomes. Information listed typically includes

- who will implement the intervention (e.g., teacher and/or early education and care program staff),

Table 1. Jung's ROUTINE Concepts and Criteria for Early Intervention Strategies (2007)

Concept	Criterion
Routines based	Intervention strategies fit normally into routines without taking time and attention away from following them.
Outcome related	It is easy to identify the connection between the intervention strategy being used and the developmental outcome it is targeting.
Understandable	Intervention strategies are written in ways so that all team members understand what to do without knowing professional jargon.
Transdisciplinary	Strategies combine several discipline-specific interventions into a single activity that fits into routines and meets goals.
Implemented by family and caregivers	Intervention strategies are designed to be carried out by families, teachers, and aides in daily activities and routines.
Nonjudgmental	Intervention strategies emphasize shared roles and responsibilities of team members without compliance being an issue.
Evidence based	Intervention strategies use approaches most appropriate and proven effective in supporting targeted developmental outcomes.

- how the intervention is done (e.g., what the adult does, what the child does), and
- where and when the intervention will be implemented (e.g., details beyond daily schedule).

An activity matrix can be adapted to include intervention strategies, with reminders how to cue the child and/or to monitor child progress on outcomes. Several examples of activity matrices are available online at the Websites listed in page 22.

6. Collect child data and review progress

Used effectively and consistently, routines-based interventions can improve developmental growth in young children with special needs. This effect is ensured by using a data collection system to track interventions and child responses in order to monitor progress (or lack of it). This can be documented within an activity matrix or on a separate chart by caregivers each day or week. It does not need to be elaborate or time

consuming, but it must be used on a regular basis in order to document information about children's progress toward their targeted developmental outcomes. This is important information when discussing intervention strategies in conversations among teachers, families, and specialists.

A child's IFSP is reviewed every 6 months (or sooner if requested by parents) and information about progress toward outcomes from teachers and early childhood staff should be included in the process. As it is developmentally appropriate for young children, outcomes are measured on a functional basis (i.e., holding a cup independently when hand is placed on the handle).

This is the time when family and team members consider progress-monitoring data and determine whether each outcome has been reached and intervention is no longer needed. If an outcome has not been achieved, the team identifies how to address it differently. During this process, child outcomes change or are modified. Each IFSP review

changes child outcomes and services that require alterations to implementing routines-based interventions in the early care and education program.

Routines-Based Interventions for Tania

Janelle talked with Tania's parents frequently at drop-off and pick-up times about her progress and strategies they found effective to encourage her development. Although her home and the toddler room were different kinds of natural environments, Tania's family and Janelle faced similar challenges in addressing her developmental outcomes, and they felt supported in their shared successes and frustrations.

Tania's parents were reassured that Janelle and the early care and education program staff were able to include developmental interventions for Tania during regular routines and activities despite distractions of other toddlers in their care. Tania had adapted to her class without difficulty, was using more vocalization and gestures to communicate, and seemed to gain more independence in her personality after being in a group with other toddlers.

Table 2. Tania's First Embedded Developmental Interventions Based on Toddler Room Routines

Toddler Room Routines	IFSP Learning Outcomes		
	Tania will make sounds or gestures to express her needs.	Tania will cruise or walk to get where she wants to go.	Tania will feed herself preferred soft foods.
Arrival	Greet her on arrival and ask her if she wants to play with a preferred toy or friend, encouraging her to imitate "yes" or "yeah."	Point to where the toy or friend is located, and ask her to go there. Provide support with one hand or with toy walker if needed.	Provide toy spoons and bowls as a play activity, encouraging her to "cook," "stir," and "taste" using her spoon.
Circle	Include her in group shared responses, prompting her to respond, or imitate the response anticipated from her.	Point to the class circle, and ask her to walk to circle. Provide support with one hand or with toy walker if needed.	Have group pretend to eat something with a spoon as part of a game or imaginary play.
Transitions	Ask her if she is ready for the next activity, encouraging her to imitate "yes" or "yeah."	Offer hand or toy walker to her in preparation for moving to new location or activity.	
Centers	Ask her if she wants to play at a preferred center, encouraging her to imitate "yes" or "no."	Point to a center she prefers, and ask her to walk to the center. Provide support with one hand or with toy walker if needed.	Provide toy spoons and bowls as a play activity, encouraging her to "cook," "stir," and "taste" using her spoon.
Outside	Ask her if she wants to play with a toy or friend, encouraging her to imitate "yes" or "yeah."	Tell her it's time for outside play. Help or carry her out the door, and provide support with one hand or toy walker if needed outside.	Provide toy spoons in sandbox and pebble tables, encouraging her to "cook" and "stir" (but not taste!) using her spoon.
Bathroom	Ask her if she needs her diaper changed, encouraging her to imitate "yes" or "yeah," and ask if she feels better with a clean diaper, encouraging her to imitate "yes" or "yeah."	Offer hand or toy walker to her to move to the diaper-changing area.	After lying down on the diaper-changing area, offer her a plastic or toy spoon to play with.
Snack	Give a small amount of food and ask if she wants more, asking her to imitate "more."	Point to the snack table and ask her to walk to the center. Provide support with one hand or with toy walker if needed.	Use curved bowl and spoon with small amount of food. If needed, provide support to assist her to bring the spoon to her mouth.
Story time	Include her in group responses to the story, prompting her to respond, or imitate the response anticipated from her.	Point to where the story is going to be read and ask her to walk to it. Provide support with one hand or with toy walker if needed.	Read stories that include using spoons as part of the story and encourage the group to pretend they are eating with a spoon at that part.
Departure	Ask her if she is ready to go home, encouraging her to imitate "yes" or "no."	Tell her it's time to go home. Point to the door and ask her to walk to the door to meet her parent. Provide support with one hand or with toy walker if needed.	

How did Tania's experience in the early care and education program turn out so well? The challenge for her teacher and other team members was to effectively integrate intervention strategies targeting her developmental outcomes into toddler room routines. Ellen's role as an intervention specialist included collaborating with Janelle to share ideas that worked so that Tania's family could implement the recommended interventions at home and her other natural environments. She was committed to supporting open conversation between home and school to provide a solid base for Tania's transition and development.

As an intervention specialist, Ellen supported the consistency of interventions between home and center routines. For instance, because Tania was learning to use a spoon to eat soft solids, Ellen made sure parents and teachers knew that everyone who fed her at home or center should use Tania's bowls, spoons, and plastic mat to limit the predictable mess as she practiced self-feeding.

Tania's Routines-By-Outcomes Matrix

Ellen shared several versions of a Routines-By-Outcome Matrix with Janelle to determine which format would be most helpful for embedding her interventions into daily class routines. Table 2 is the matrix format they used. Janelle and Ellen tried to be creative in embedding skills practice across routines for each outcome that could be reasonably addressed in that activity. Tania's matrix served as a reference for information that made it easy for Janelle and program staff to embed her developmental interventions consistently into their daily schedule.

Tania's Progress Review

Tania's IFSP team decided to review her progress after she got settled in the early care and education center and to discuss any changes needed. Three months after she started in the toddler room, they met during lunchtime at the center so Tania's father and Janelle could attend.

Everyone agreed Tania had reached her goals related to feeding herself soft foods with a spoon and increasing her responsive communication. She had not made progress in cruising or walking to where she wanted to go.

The team updated her IFSP to address Tania's mobility outcomes by having a physical therapist join her service team to work with her at home and in the center to demonstrate how to facilitate her movements. They identified new outcomes for Tania's communication and fine-motor functional skills. Ellen and Janelle updated Tania's Routines-By-Outcome Matrix with new outcomes in collaboration with the physical therapist who was added to Tania's IFSP team.

Conclusion

Embedding early intervention activities into routines and activities of early care and education programs can result in increased skill development for young children with special needs or developmental delays. Using established program routines in which to embed early intervention is supported by research and evidence-based practice.

Routines-based interventions in early childhood programs are supported by best practices identified by the National Association for the Education of Young Children (Copple & Bredekamp, 2009) and the Division of Early Childhood of the Council for Exceptional Children (Sandall, Hemmeter, Smith, & McLean, 2005). These statements support practice validity for this approach in early childhood programs.

Routines-based interventions must be implemented through ongoing collaboration and communication among teachers, families, intervention specialists, therapists, and other IFSP team members to be effective.

By understanding the components of embedding interventions in natural environments, early education professionals participate with other IFSP team members to plan for interventions in their program that will target the child's developmental outcomes. Partnering with specialists and families in a consultative approach supports teachers' capacity to implement a child's early intervention strategies successfully into daily routines and activities.

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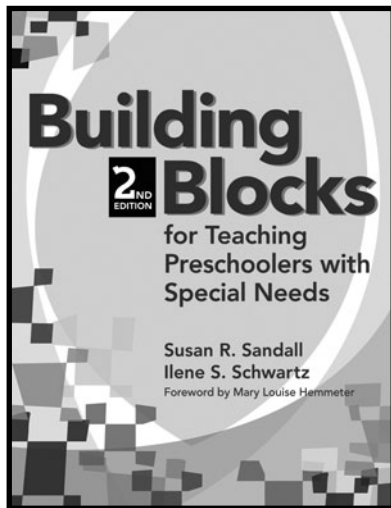
Web Resources for Routines-Based Interventions

<p>Early Intervention in Natural Environments Siskin Children's Institute http://www.siskin.org</p>	<p>Reference documents and instruments to use with services in natural environments and with routines-based interventions in home and classrooms. Links to research related to using these models, and information on the Routines-Based Interview™ process.</p>
<p>Family-Guided Approaches to Collaborative Early Intervention Training Services (FACETS) http://facets.lsi.ku.edu</p>	<p>Supports routines-based intervention through training and strategies to enhance family collaboration in planning and early intervention services.</p>
<p>Family-Guided Routines-Based Intervention (FGRBI) http://fgrbi.fsu.edu/model.html</p>	<p>Provides a family-guided model that integrates published literature on embedded interventions with everyday challenges of implementing interventions. There are six processes and related resources for teachers, therapists, and families on routines-based practices.</p>
<p>National Dissemination Center for Children With Disabilities (NICHCY) http://nichcy.org/</p>	<p>Provides information about the development and implementation of IFSPs. Also has a link to state contacts for The Program for Infants and Toddlers with Disabilities who can provide information about local Part C service providers.</p>
<p>Project CONNECT National Professional Center on Inclusive Education http://community.fpg.unc.edu</p>	<p>Includes online modules, research summaries, and handouts regarding the practice of imbedded interventions for young children in inclusive settings.</p>

Extend

These Ideas With a Professional Book

Melissa Workman



Building Blocks for Teaching Preschoolers With Special Needs (2nd ed.)

By Susan R. Sandall & Ilene S. Schwartz. (2008). 237 pp. \$29.25. Baltimore, MD: Paul H. Brookes.

Sandall is an Associate Professor of Special Education and Program Director of Early Childhood and Family Studies at the University of Washington. Schwartz is a Professor of Special Education and Director of the Experimental Education unit at the University of Washington.

Their book is a framework built on research findings from successful educational practices in inclusive early childhood settings. The authors use empirical evidence-based practice to guide the reader through the use of Embedded Learning Opportunities for all children. Routines offer great opportunities for systematic instructional interjections that are salient to a child's learning objectives. These sound like simple tricks of the "teaching trade;" however, the authors emphasize children's learning is based on teacher planning. If teachers fail to plan, children will not be competent learners.

Practitioners using this source may pick and choose adaptations to fit each child's abilities. The book's second edition partners well with The Creative Curriculum, HighScope, and AEPS Curriculum Three to Six Years. The curriculum modifications guide in chapter 5 is a definite strength of the book for teachers who are constantly modifying curriculum to meet learners' needs.

The authors include many useful documents to assist classroom teachers to identify, plan, and use strategies for meaningful learning experiences within a preschool classroom **without the cost of additional resources**. This chapter highlights opportunities for teacher to make modifications: in the environment, with materials, within activities, adult support, peer support, invisible support, and special equipment.

The authors mine curriculum modifications by activity and routine while never forgetting about their target audience. They even offer lines for readers to make notes. The authors encourage readers to apply suggestions for improvement by first making observations and then writing down reflections.

Blank forms located in Appendix A are also an outstanding resource for all teachers. With the implementation of universal pre-K, many early childhood teachers have been thrust into inclusive environments in which they have little or no experience. *Building Blocks* can be an immediate aid to all teachers interpreting Part C, Part B, Section 619, of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 (PL 108-446). With ever-increasing accountability expectations, *Building Blocks* offers a refreshing tool of practicality for the teaching tool belt!

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