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Play IS Therapy: Embedding Special Education Goals in the Inclusive Classroom

BY HOLLY DELGADO, HIGHSCOPE DEMONSTRATION PRESCHOOL TEACHER



Play and engagement in active learning is essential to the acquisition of new knowledge and skills for all children in the inclusive classroom.

Jared pushed his hands to the bottom of the mud in the sand-and-water table and grinned widely every time the mud squelched as he lifted them back up. He turned and looked at Kara as she said, "This is like when I went swimming at the beach. The sand got stuck between my toes." Giggling as the mud dripped down her arm towards her elbow, Camila replied, "I went to the beach with my mom, dad, and sister. It feels funny in your toes." For nearly 10 minutes, the three children laughed together as the girls talked about the mud and their family trips to the beach, including Camila's description of the cabin her family stayed in while on vacation.

“Through play, all young children construct knowledge as they engage with and manipulate materials located in their learning environment.”

Five months before the above scenario took place, Camila was diagnosed with a speech delay related to articulation errors and sound substitutions, and she rarely engaged in social conversation with her peers at the start of the preschool year. She often chose solitary or parallel play, but retreated from conversations. According to her mom, Camila became frustrated when she wasn't understood; thus, it was often easier for her to avoid conversation than to engage in it. But on this day, after only five months of weekly visits from a speech and language therapist, and with regular consultations between the therapist, classroom teacher, and parents, four-year-old Camila was sharing stories about her family while mud oozed and dripped from her fingertips.

Jared received his diagnosis at birth when he was born with Down syndrome. Nonverbal, he too preferred solitary play and was rarely found to make eye contact, let alone pursue social interactions with his peers. In August his attention span was limited, and he often remained engaged with an activity for only two to three minutes at a time. On this spring day, however, seven months into his first year of preschool and with three years of early intervention and in-class special education services (including frequent consultation with both the preschool teachers and parents), not only did Jared engage with the same activity for 10 minutes but he also was initiating interactions with his peers via eye contact and laughter.

Through play, all young children, including the three in the story above, construct knowledge as they engage with and manipulate materials located in their learning environment. It may look and sound different for each, however, as rates of development vary among children — for learning “occurs in the context of each person’s unique characteristics, abilities, and opportunities” (Dowling & Mitchell, 2007, p.18). Thus, play and engagement in active learning remains essential to the acquisition of new knowledge and skills for children with disabilities. In essence, the play that occurs on a day-to-day basis in HighScope programs IS therapy.

Research has shown that embedding intervention strategies directly within the child’s daily routine increases both the frequency of practice and achievement of targeted skills (Jennings, Hanline, & Woods, 2012). When children with disabilities enrolled in inclusive environments have an opportunity to learn skills in the setting in which they will most naturally use them — the classroom — the task of teaching a child how to generalize skills learned in a one-on-one therapy session becomes unnecessary (McWilliam & Scott, 2003). Instead, skills in all domains of development are taught and assessed within the context of the child’s natural environment.

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“There is often a high correlation between the learning that occurs during work time and Individualized Education Program (IEP) goals and objectives.”

Embedding Interventions in Plan-Do-Review

In HighScope classrooms, the plan-do-review process becomes a natural catalyst for children with diagnosed disabilities to develop skills in targeted domain areas.



Work time offers children many opportunities to make choices, use materials, observe, interact, and make discoveries about their environment.

Work Time

The 45- to 60-minute “do” portion of the plan-do-review process presents numerous opportunities for children to make choices, manipulate materials, discover cause-and-effect relationships, and interact with peers and adults. As play evolves during work time, children expand upon their skills in each of the four

major domains: language, cognition, motor, and social-emotional development. Thus, there is often a high correlation between the learning that occurs during work time and Individualized Education Program (IEP) goals and objectives. When children with diagnosed disabilities engage in work time, they are simultaneously engaging in activities that will support the acquisition of their IEP goals.

Due to delays in development, children with disabilities may experience difficulty fully engaging in work time (Dowling & Mitchell, 2007). Regardless of these difficulties, however, in an active learning environment, play for all children — including those with disabilities — must remain a child-initiated process. Teachers working with children with special needs must find a balance between maintaining a focus on IEP goal achievement and staying committed to the authentic learning process of play. Finding harmony between the two can be challenging, but it is not impossible.

When interventions are embedded within child-initiated play, children’s motivation to learn new skills is high (Jennings, Hanline, & Woods, 2012). As children with disabilities immerse themselves in work-time activities, teachers should keep IEP goals in mind and first silently observe, listen, and understand what is occurring before joining in the play. Then, by using the same materials children are using, and by using them in similar ways, teachers can begin engaging in parallel play alongside children. By entering play in this manner, teachers can maintain the authenticity of play, meet children at their current developmental level, and gently extend learning.

Take, for example, a child who is nonverbal and has a speech and language goal of

Play Is Therapy, continued

“In addition to assisting speech and language development, work time also provides natural practice for children who have difficulty managing their emotions.”

vocalizing sounds. If the child is quietly playing with cars and trucks in the block area, a teacher could sit adjacent to the child, silently playing in the same manner as the child, and then slowly begin to model the noises vehicles make, exaggerating different tones, pitches, and vibrations. The child’s response via eye contact, facial expression, body language, and sound imitation will define how the teacher proceeds with this interaction.

In addition to assisting speech and language development, work time also provides natural practice for children who have difficulty managing their emotions. For example, when a child repeatedly becomes verbally or physically aggressive after another child takes a particular toy, the teacher can begin to anticipate the associated behaviors and develop a plan to work through such conflicts. Resolving problems with children who have developmental delays may require teachers to slow their own rate of speech, make simple statements with associated gestures, pay particular attention to children’s body language, and occasionally hypothesize as to the cause of the conflict (Evans, 2016).

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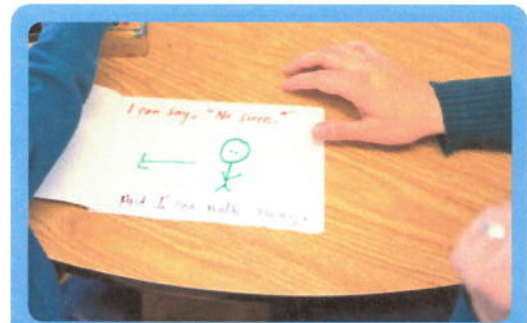
Children who have the appropriate language skills and fine-motor abilities can work through conflicts by suggesting words or drawing pictures for a “social story” – a story that describes a problem and how to solve it. This child and his teacher are in the thinking stages of writing such a story.

Additional support strategies designed to meet the individual needs of children can be incorporated directly into HighScope’s six steps to conflict resolution, including the use of visuals, such as a picture of a stop sign or the sign-language sign for “stop,” and self-regulation strategies, such as deep breaths. Additionally, use of alternative outlets for physical aggression, such as a stress ball, may provide support to children as they

Steps in Resolving Conflicts With Preschoolers

1. Approach calmly, stopping any hurtful actions.
2. Acknowledge children’s feelings.
3. Gather information.
4. Restate the problem.
5. Ask for ideas for solutions and choose on together.
6. Be prepared to give follow-up support.

move through the conflict resolution process. If such behaviors occur frequently, social stories — that is, short descriptions of the event containing associated feelings and appropriate responses — can be helpful. Children who have the appropriate language skills or fine-motor abilities to play a role in the creation of the social story should do so by suggesting words or drawing pictures. When opportunities to read the social stories are provided either proactively, before work time begins, or reactively, as follow-up support to a conflict, they can become a powerful social learning tool.



A teacher helps a child make a drawing and write the text for this social story about how to deal with a conflict: "I can say 'No Sirree'... And I can walk away."

Planning Time and Recall Time

Prior to work time, planning time is the part of the daily routine during which children express their ideas, interests, and intentions for work time. Review, or recall, time follows work time and is a part of the day for children to reflect on their work, remembering and sharing details from their play. For children with special needs, both planning and recall time can also have “positive effects” on “language, social development, self-regulation, and confidence” (Dowling & Mitchell, 2007, p. 80).



Planning and recall time positively influence language, social development, self-regulation, and initiative.

Considering both a child’s developmental level and his or her IEP goals, teachers can intentionally design planning or recall strategies focused on meeting a specific objective. For example, if a child with articulation errors has an IEP goal to produce specific initial consonant sounds, a puppet — such as a “Buzzing Bumblebee” or “Slithering Snake” — might be introduced to increase exposure of the /b/ and /s/sounds and eventually engage the child



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in sound imitation. Walking along a planning or recall “path,” in which the teacher has preselected large blocks of different heights and widths, or a beam across which children travel, can help a child develop gross-motor skills and, more specifically, meet IEP goals written to increase balance and coordination. The use of planning and recall props, such as cell phones or paper towel tubes, encourage children to engage in social interactions with peers while targeting IEP goals such as initiation of conversation or conversational turn-taking. In classrooms with children who have disabilities, when teachers purposefully implement planning and recall strategies, their function can easily become twofold: (1) to fulfill the original intention of the planning and recall process, and (2) to naturally embed IEP objectives within the context of the daily routine.

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Each component of the HighScope daily routine provides a predictable, functional, and meaningful context through which children can acquire targeted skills and work toward mastery of their IEP goals. When one considers play to be the modality through which early childhood educators guide skill development, the correlation between IEP goals and the preschool day becomes apparent. In an active learning environment, with thoughtful consideration of IEPs and child outcomes, learning opportunities abound. In order to best meet the needs of the children with disabilities enrolled in inclusive preschool programs, IEPs and play should not stand apart but, rather, should become interwoven throughout each piece of the daily routine.

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