Case Study

Equitable IFSP/IEP Planning

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| **Case Study** | | | **Discussion and Resources** | |
| **Key Indicators**  “In this case study, Akilah and her family, along with the providers planning her IFSP and preparing for the upcoming meeting, demonstrate some of the key indicators of the equity-based early childhood practice of IFSP/IEP planning.”  Equitable practices key to this indicator include:   * Developing plans within cross-disciplinary teams that prioritize meaningful relationships across all team members, including families * Providing consistent opportunities for families to share their knowledge and expertise * Establishing the shared purpose of discussing, developing, and implementing an IFSP/IEP that is supportive of and responsive to a child’s unique strengths and needs * Collaborating on individualized and functional goals and objectives with measurable indicators and outcomes * Consistently offering supports to ensure all families can   + effectively participate (i.e., flexible meeting times, childcare, transportation)   + access the meeting materials (i.e., translation, interpretation, and language free of unnecessary jargon)   + involve individuals (i.e., friends, family, cultural or linguistic brokers) to provide support during the planning process   + respect every family’s right to voice their questions, concerns, and preferences | | | The equitable practices key to IFSP/IEP planning are listed as bulleted items to the right. While reading the following case study about Akilah and her family,   * identify where/when these practices are demonstrated/operationalized * where there was a missed opportunity to engage in an identified equitable practice   *Does Akilah’s case study provide opportunities for those involved to demonstrate each practice?*  Review [the DEC EI/ECSE (2020) standards, components, and supporting explanations](https://www.dec-sped.org/ei-ecse-standards).  *Do these support the practices and process engaged in by those conducting Akilah’s IFSP planning?*  Equity in early intervention (EI)   * acknowledges, adapts to, uplifts, and amplifies families’ individual strengths, needs, and voices. * requires taking intentional steps toward ensuring all children and families have access to the resources necessary to meet their individual goals regardless of race, gender, class, language, disability, or other social or cultural identities. * ensures all children and families receive the individualized support necessary to fully meet their unique potential (i.e., cognitive, social, emotional, and physical).   *Do you agree with this definition of equity? How would you revise it? Do you feel those involved in this case study shared this definition? Why or why not?*  Review the [Recommended Practices (2014)](https://divisionearlychildhood.egnyte.com/dl/7urLPWCt5U) developed by the Division for Early Childhood (DEC).  *How do these practices align with the equitable practices identified for this indicator and included within this case study?* | |
| **Akilah, Her Family, and Her Community**  Akilah Ahmed (2) was recently found eligible to begin receiving early intervention (EI) services. Her mother, Fatima (31), has had concerns about Akilah’s development for some time due to her extended NICU stay (i.e., three months) following a “very preterm” birth.  During Akilah’s 18mo check-up with her pediatrician, Fatima shared some specific concerns about Akilah’s lack of response to the family’s attempts to get her attention and her limited play behavior (i.e., she only plays with the same few toys and doesn’t play with her older siblings, Bilan (4) and Taban (8), when given the opportunity to). Fatima and her husband, Hassan (35), both feel confident that Akilah wants to engage more with her family and her environment, but they just think she needs some help.  Akilah is not currently in childcare because her maternal grandmother, Hafsa (61), lives with the family and provides in-home childcare. She is a primary caregiver for all three children.  Fatima was born and raised just outside Minneapolis to parents who fled Somalia in the early 1990s. They settled into a community of other Somali refugees. Fatima and her two sisters grew up speaking English at school and Somali at home/in the community. Hassan was born in Somalia but moved to Minneapolis with his parents and younger brother when he was five years old. His parents encouraged him and his brother to speak English after they left Somalia, but they continued to speak Somali at home. Fatima and Hassan speak mostly English with the children, a mix of English and Somali with each other and Hafsa, and Somali and Arabic in the community. Hafsa speaks only Somali – and some Arabic – but understands English.  Although Akilah’s vocalizations are minimal (i.e., “ohhhhh” and “ahhhhh”) and she has not spoken her first word/phrase, Akilah is exposed to English, Somali, and Arabic. | | | When providing services and supporting families with children who were born preterm, it is critical to have up-to-date information. Read [this fact sheet](https://www.nichd.nih.gov/health/topics/factsheets/preterm) and skim [this article about preterm birth and its short- and long-term effects](https://pmc.ncbi.nlm.nih.gov/articles/PMC10360124/).  [Review the developmental milestones](https://www.cdc.gov/ncbddd/actearly/milestones/index.html) that can support providers and families as they monitor a child’s skill acquisition. *What kinds of resources are you aware of as being available to help with families’ awareness of important developmental milestones to support communicating concerns with healthcare professionals and providers?*  Understanding your role in supporting families with concerns about their child’s development is a key part of ensuring everyone involved feels heard. [Review some helpful tips for talking with families](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/talking-with-families-about-their-childs-development.pdf). *Which part of the scenario involving Miguel and Alicia stood out to you most as you consider how to approach future conversations with families you’re working with?*  *How might an IFSP team consider the needs of a grandmother acting as a primary caregiver?* [Review this article on supporting grandparents as caregivers](https://www.zerotothree.org/resource/grand-connections-reaching-grandparent-care-providers-in-your-community).  Working with interpreters to support Akilah’s family throughout the IFSP planning process is a key part of ensuring everyone involved has the necessary information and opportunities to engage. [Review some helpful tips for working with an interpreter](https://www.veipd.org/earlyintervention/2018/10/30/an_invisible_bridge/). *Which of the tips listed felt more helpful as you consider how important interpretation will be when working with Akilah’s family?* | |
| Akilah’s Eligibility Meeting – A Summary  *Akilah’s eligibility meeting was scheduled at noon to accommodate the providers’ schedules. All team members participated via Zoom to accommodate everyone’s schedules. The interpreter also participated via Zoom but arrived late.*  The evaluation/assessment team that worked with Akilah and her family during the initial evaluation process – Kara (service coordinator), Rebekah (speech pathologist), Sandra (occupational therapist) – determined Akilah was eligible to receive early intervention (EI) services based on 1) her low birth weight, 2) delays in cognition, communication, and fine motor skills, and 3) significant sensory needs to engage with her immediate environment.  Kara asked the family if they had any questions about Akilah’s eligibility – they did not have any. They did ask if they could have a copy of the eligibility report, and a second copy translated into Somali for Hafsa to read. Kara said she would look into it.  Kara interviewed Hassan and Fatima to develop an understanding of Akilah’s strengths, interests, needs, and daily routines. She also wanted to understand how her family’s needs align with her own, how she interacts with her home environment, and daily routines that are important to the family’s overall quality of life.  Fatima shared that the family’s morning routine is consistent, but their evenings look different throughout the week.  Kara encouraged her to elaborate, and this is the basic morning schedule Fatima and Hassan agreed takes place most days:   * 7:00am – Hafsa wakes Akilah up while Fatima gets Bilan and Taban ready for school * 7:15am – The kids play in the family room * 7:30am – Fatima makes breakfast for everyone * 7:45am – Fatima and Hafsa take Akilah with them as they walk Bilan and Taban to school * 8:15am – Fatima and Akilah walk Hafsa to the mosque for her women’s prayer group * 8:30am – Fatima and Akilah get home   Kara asked Fatima to identify which parts of this routine go well for Akilah and which can be a struggle most days. Fatima turned to Hafsa and says in Somali, “What do you think?” Hafsa responds in Somali, and the interpreter translates for the team. Hafsa says, “Akilah is easily scared and cries. When I used to wake her up by turning on the light in the room and calling out her name, she cried. Now, we pull the blinds up a little, and I sit by her before rubbing her back. She still cries, but it stops after a little while.”  Fatima and Hassan agree with Hafsa that Akilah gets startled very easily. Small sounds are very upsetting for her, so when they walk around their community, they pull the hood of her jacket up over her head, so her ears are covered. Hassan adds that when the kids are in the family room while Fatima makes breakfast, he goes in to say goodbye before leaving for work, and often, Akilah is sitting alone while Bilan and Taban play together. It makes him sad to see her not engaging with her siblings, but when he tries to encourage her to play with them by bringing them over to her with their toys, she gets upset and walks away.  Sandra spoke up to thank the family for their honesty and told them how helpful it is to have this detailed information. She said that she remembered Fatima telling her during one of their evaluation/assessment sessions that this morning routine was a newer one and asked how Fatima was feeling about the routine, how the new routine impacted her sleep, and what supports she felt might help the routine to feel successful. Sandra added that this information would further help the team to develop Akilah’s IFSP goals, outcomes, and services.  Fatima responded that she appreciated being made to feel part of the team by Sandra. She said she had been feeling more tired than usual and was having a hard time being creative when making breakfast and packing lunches. Cooking is something she used to really enjoy, but lately it has been feeling difficult. She expressed gratitude for Hafsa’s help and consistency. She does worry that three kids can feel stressful at times, and she doesn’t want that stress to make Hafsa feel run down. She also mentioned how much she appreciates her community but misses the women’s prayer group Hafsa still attends. Fatima used to attend as well, but she hasn’t felt comfortable leaving Akilah at the childcare offered by the mosque, so she hasn’t gone consistently since Akilah was born. Sandra thanked Fatima for being so open and said this information would help her develop goals to support Akilah with being comfortable in environments outside of the home, like childcare, so Akilah could attend the women’s prayer group more often.  Both Rebekah and Sandra told the family they could expect emails from them to schedule any additional assessments before developing goals to present at the IFSP meeting. Kara adjourned this meeting and said she would send an email to everyone confirming their attendance at the upcoming IFSP meeting. | | | Eligibility for Part C services varies by state. [Understanding how your state defines eligibility and how eligibility for Part C is defined according to IDEA](https://ectacenter.org/topics/earlyid/state-info-summary.asp) is important when supporting potential families navigate the process of evaluation and eligibility.  Consider the terms “cognition,” “fine motor skills,” and “significant sensory needs”. *Are these terms familiar to all members of the team – why or why not? How might terminology increase or decrease a sense of shared understanding for all team members? Can other word choices be used?*  Review [this glossary of terms](https://www.eifamilies.com/documents/Glossary.pdf) or [this one](https://marylandpublicschools.org/programs/Pages/Special-Education/glossary.aspx) and consider how you could make something similar available during team meetings. A shared understanding creates an environment in which families feel supported and involved.  [Read more about the responsibilities of agencies and school districts related to translation and interpretation services](https://sites.ed.gov/idea/regs/b/d/300.322/e). *What kinds of resources are you aware of as being available to help with interpretation to support communication? And translation to support the accessibility of documents?*  [Routines are a critical component for providers to understand and incorporate when initially working with a family](https://eclkc.ohs.acf.hhs.gov/quienes-somos/articulo/importance-schedules-routines) – and throughout their work with a family – and [awareness of the routines that are most important to a family can help with identifying skills to target when developing goals and objectives](https://zerotothrive.org/routines-for-kids/). Review the webpages linked above and consider some of your daily routines that are a crucial part of your overall wellbeing – *how would you describe those to others?*  [Culturally responsive training and strategies are critical knowledge for EI providers working with a range of families.](https://www.naeyc.org/resources/pubs/yc/nov2016/culturally-responsive-strategies) *Has each member of Akilah’s team examined their own cultural assumptions about this family? What aspects of their story and culture should the EI team consider to ensure recommendations and interventions are equitable and relevant? What resources are available through a provider’s agency or the school district to encourage and support cultural responsiveness in practice?*  Review [this resource about eligibility meetings for early intervention (EI) services](https://ectacenter.org/topics/earlyid/remote-eligibility-partc.asp). Consider your stance on remote eligibility determination and using technology as part of the eligibility process. *How would you ensure the families you work with have access to the technology needed to fully participate?*  Consider how holding the eligibility meeting over Zoom reduced travel burdens and increased meeting accessibility for the family. *How did it increase miscommunications or misunderstandings?*  Positive early intervention services support both children and their families. [Read more about the benefits in this tip sheet](https://www.asha.org/siteassets/bhsm/2021/2021-ei-opportunity-for-children-and-families.pdf?srsltid=AfmBOoojjqjWQT0C8jG2tD3lIF5GQfUkN_Ja41wBVqLhaPRoeEVPCzhr). *What did the team hear from Fatima about her overall wellbeing? Was there anything that concerned you? What actions or supports might you consider supporting her with to adjust daily routines or expectations to improve her overall wellbeing?*  After hearing about the important routines, current concerns, and existing supports Akilah’s family shared with the team, consider the following questions: *Does the family have the essential services and supports necessary for overall health, growth, and development? What coordination and collaboration did you notice as necessary to address as this case study unfolded?*  [Read about Leila’s experience with maternal depression following the preterm birth of her first child](https://www.acog.org/womens-health/experts-and-stories/the-latest/dealing-with-preterm-birth-and-postpartum-depression). Consider what Fatima shared with the team about fatigue and a loss of interest in activities (i.e., cooking and meal planning) that she once enjoyed. *As a provider supporting Akilah, how would you also support Fatima in accessing the resources she may need to improve her wellbeing?*  In some cases, mothers who delivered their child preterm and spent time in the NICU for extended periods may require additional mental health support. [Review this short fact sheet](https://www.marchofdimes.org/find-support/blog/coping-postpartum-anxiety-and-ptsd-nicu#:~:text=But%20if%20you%20continue%20to,to%20one%20year%20after%20birth.) and consider how you would approach a mother or parent displaying signs of trauma and anxiety. | |
| **Akilah’s IFSP Meeting**  *The team that convened for Akilah’s eligibility meeting met in person – Hassan participated via Zoom due to the meeting being scheduled at noon – but Fatima and Hafsa attended in person. The interpreter participated via Zoom.*  The service coordinator, Kara, facilitated the meeting. She started things off by reiterating that Akilah was found eligible at the eligibility meeting held recently and shared Akilah’s existing diagnoses from her extended NICU stay, which include 1) respiratory distress syndrome and 2) digestive problems directly following her birth. These diagnoses combined with 1) her low birth weight, 2) delays in cognition, communication, and fine motor skills, and 3) significant sensory needs to engage with her immediate environment led to Kara’s decision to include a speech pathologist (SLP), Rebekah, and an occupational therapist (OT), Sandra, on Akilah’s team.  At this point, Kara had the rest of the team introduce themselves. Rebekah (SLP), Sandra (OT), Abshir (interpreter), and the family – Fatima, Hassan, and Hafsa.  The speech pathologist, Rebekah, had to leave the meeting early due to a last-minute scheduling conflict, so she shared her evaluation/assessment report first. Rebekah started by sharing that she believes the results of her evaluation gave Akilah’s family the information they want about their child’s current performance and supported developing goals that are important to them (i.e., feeding goals for an infant with digestive issues). Rebekah’s evaluation of Akilah was tied directly to the diagnoses the NICU gave her.  She had minimal information from the family due to only being able to schedule one evaluation/assessment session, so the background information in her report comes from the NICU summary/report. Rebekah’s report also did not include any information about or concerns from Hafsa because she scheduled her session with Akilah while Hafsa was attending a service at the local mosque. The two areas of need Rebekah identified for Akilah included feeding and modeling. She presented goals specific to these areas of need.  She wrapped up her report by addressing Fatima and Hafsa and stating her frustration over not receiving responses to her emails seeking more information about Akilah’s home routines. She added how important it is for the family to be involved. Fatima apologized, but she added that a request had been made to have questionnaires and other related documents translated for Hafsa to support her participation – and all documents and communication was done in English.  Kara, sensing the growing tension, chimed in to assert her apologies over any miscommunication. As the service coordinator, she expressed disappointment over having not done more to support the family during the evaluation process. She excuses Rebekah to leave, and Rebekah lets the family know she’ll reach out via email to set up an initial session.  Sandra, the occupational therapist who conducted Akilah’s evaluation/assessment, jumped in to share how much she enjoyed working with Fatima, Hassan, and Hafsa during her three sessions with Akilah. She started off her report by stating the concerns the family had shared with her during those sessions and asking if they wanted to add any new concerns.  Hassan thanked Sandra for the opportunity to share with the team. Since the evaluation sessions, he and Fatima had contacted a developmental pediatrician to schedule an evaluation for Akilah. Another family in their community had given them the pediatrician’s name. They were hoping the evaluation would help them to understand Akilah’s lack of response to her family and their concerns over how easily upset she becomes when out in the community.  Kara asked Hassan if they would sign a consent form giving the team permission to contact the developmental pediatrician and ask for a copy of the report to ensure Akilah’s services and goals were aligned with his assessment. Hassan agreed that they would be happy to sign such a form.  Sandra then went on to share a summary of her report. She thanked the family for being so open with the information they shared with her during the evaluation/assessment process. She shared how pleased she was to have been able to spend time with Hassan, Fatima, and Hafsa – and how the three sessions allowed her multiple opportunities to observe how Akilah interacted with her home environment. Based on the evaluation/assessments she conducted during those sessions, Sandra felt confident that Akilah would benefit from sensory integration therapy to address her significant sensory needs. The goal she developed with Fatima and Hassan’s input was written to support her sensory sensitivity.  As the meeting came to an end, Sandra told the team that she would like to observe Akilah in the community during a common routine the family performed. The family had shared concerns with Sandra about Akilah’s behavior in the community, so she wanted to make sure she had time to assess that behavior. Hassan and Fatima quickly agreed to schedule a session with Sandra.  To wrap up the meeting, Kara asked if the family had any questions – they said they did not. She said she would be reaching out some time during the next week to share all reports presented during the meeting and apologized for not doing so before this meeting. She added that she would work on getting the reports translated. | | | [Review this resource guide on IFSP planning](https://ectacenter.org/~pdfs/eco/IFSP_Resource_Guide.pdf).  [Review these DEC resources](https://divisionearlychildhood.egnyte.com/dl/b3QfKC3jsp) that support bridging the gap between research and best practice when working with a variety of children and their families.  Read through [this short tip sheet](https://eclkc.ohs.acf.hhs.gov/publication/individualized-family-service-plans-ifsps-tips) and this combination of [handouts](https://eclkc.ohs.acf.hhs.gov/children-disabilities/inclusion-children-disabilities-training-guide/individualized-family-service-plan-process) and [script](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/specialquest/building-rel-plan-process-8-training.pdf) to familiarize yourself with some ideas around prioritizing families throughout the IFSP process. Considering meetings can create environments of tension and feeling overwhelmed, *what are some strategies the service coordinator or other providers can implement to increase the likelihood all team members have a positive experience? What ongoing supports ensure that different viewpoints are acknowledged and respected*?  While reading about how the IFSP meeting unfolded, reflect on *where during the meeting were there opportunities for members of the evaluation team to engage through a strength-based approach? How could team members have individually and collectively improved communication with the family?*  As you move through this section of the case study, keep in mind that specific challenges will be presented, and take time to reflect on how they occurred and how the team responded. *How can you see these challenges impacting the team as they begin working together to support Akilah’s progress? How can these challenges be seen as learning opportunities for members of the evaluation team?*  [This article provides ideas for providers looking to strengthen their relationships with families.](https://www.zerotothree.org/resource/journal/respect-reciprocity-and-responsiveness-strengthening-family-professional-partnerships-in-early-intervention/)  [Review this guide for engaging with families to learn about their routines and important activities, priorities, and concerns](https://veipd.org/main/pdf/learning_bytes/learning_byte_ifsp_questions.pdf). Read through the provided list of questions and reflect on how they may help you engage with families in a deeper, more meaningful way.  Resources like [this guide for meaningfully including families in the development of IFSP goals and objectives](https://kskits.org/writing-family-guided-ifsp-outcomes) are critical for providers working toward equitable IFSP planning. Read through [Writing Family-Guided Outcomes](https://kskits.org/writing-family-guided-ifsp-outcomes#IFSP_outcomes) and consider, *what is the role of the team in addressing the unique challenges families identify? How does a team balance needs identified through assessments and needs identified by families when developing goals and objectives?*  Develop some appropriate and measurable IFSP goals that Rebekah could have written to more fully address the family’s self-identified concerns for Akilah (i.e., goals to increase Akilah’s engagement with her siblings and family).  Knowing that the speech pathologist was frustrated over a lack of response from the family and that she had not honored the family’s request for communication and documents to be translated for the grandmother, *what are some steps the service coordinator could have taken to help avoid this situation prior to the meeting?*  While reflecting on how to ensure goal development intentionally involves the family, consider the following questions specific to Akilah’s team: *How are the family’s concerns addressed in the goals the providers presented? Are they addressed? Does the family’s current routine support Akilah with meeting these goals? What specific strengths does Akilah’s family already possess that will help her to meet the goals as written?*  Creating authentic and equitable opportunities for family participation and engagement is a crucial part of the IFSP planning process and a critical component in a good IFSP meeting. Skim through [this guide on how to establish family participation in the IFSP/IEP process](https://kskits.org/enhancing-family-participation-ifspiep-process#enhance_options), and pay close attention to the section on the Options for Family Participation section. Select two recommendations from the Initiating a Family-Guided Approach, and reflect on *how would you incorporate these recommendations into your work with families who may be new to the IFSP process?*  [Read about how to establish positive family engagement](https://www.naeyc.org/resources/pubs/tyc/winter2022/fiver-rs-family). *What are some ways that, despite the challenges, trust can be built among team members and the family moving forward?*  [Review this resource about translation and interpretation](https://www.asha.org/practice-portal/professional-issues/collaborating-with-interpreters/?srsltid=AfmBOor64TBrzbKmjLmvY6tgmJGymskhgJiZN9huyVIZrAZt6s8ke3t9#collapse_1). Also consider [strategies for improving communication with families](https://www.virtuallabschool.org/preschool/family-engagement/lesson-3). *How can the team work to establish stronger communication with the family between now and the next meeting?*  Engaging in observation of a child in the environments in which they often interact is a key part of evaluation, assessment, goal development, progress monitoring, etc. *Review the following resources and reflect on how you would select and plan future observations to ensure they are unique to each child and their family – and to ensure they provide the necessary information to develop meaningful goals and objectives*.  -[Observing to Understand](https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/child-observation-heart-individualizing-responsive-care-infants-toddlers/observing-understand-childrens-goals-intentions)  -[Observing, Documenting, and Assessing](https://www.naeyc.org/resources/position-statements/dap/assessing-development)  -[Conducting Observations](https://aepsinteractive.com/2024/02/14/conducting-observations-in-early-childhood-settings/)  -[Child Observation](https://eclkc.ohs.acf.hhs.gov/pruebas-de-deteccion-sistematica-y-evaluaciones-funcionales-de-los-ninos/child-observation-heart-individualizing-responsive-care-infants-toddlers) | |
| **Table 1 Akilah, Her Family, and Her Community – Strengths and Accommodations** | | | | |
| **Strengths** | **Accommodations Requested** | **Accommodations Provided** | | **Accommodations to Consider** |
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| **Professional Organizations to Check Out**   * [Council for Exceptional Children](https://exceptionalchildren.org/) (CEC) * [Division for Early Childhood](https://www.dec-sped.org/) (DEC) * [Early Childhood Personal Center](https://ecpcta.org/) (ECPC) * [Early Childhood Technical Assistance Center](https://ectacenter.org/) (ECTA) * [Early Head Start](https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs) (EHS) * [National Association for the Education of Young Children](https://www.naeyc.org/) (NAEYC) * [National Center for Parent, Family, and Child Engagement](https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-parent-family-community-engagement-ncpfce) (NCPFCE) * [U.S. Department of Education - IDEA](https://sites.ed.gov/idea/) * [Zero to Three](https://www.zerotothree.org/) | Examples of Practical Applications   * Involve children, families, and communities in program design and implementation, and build on the funds of knowledge families bring as members of cultures and communities (NAEYC, 2019) * Collaborate with educators and other professionals (i.e., related service providers) as needed with the goal being to foster success and maximize each child’s potential (NAEYC, 2019) * Embrace the primary role of families in children’s development and learning (NAEYC, 2019) * Provide financial supports, structures, and resources that allow families to effectively participate in meetings (i.e., flexible meeting times, childcare, and transportation costs; ECTA, 2023) * Ensure equal access to materials and resources provided before and at meetings by using translation and interpretation services, multiple communication formats (for example, written or visual), and easy to understand language (ECTA, 2023) * Use "cultural or linguistic brokers" (i.e., individuals from the same culture or language as families) to recruit and support families through the process developing, implementing, and evaluating their child’s program - include these individuals on interdisciplinary teams, as appropriate (ECTA, 2023) * Suggest the use of evidence-based practices (EBPs) to meet the learning and developmental needs of children with disabilities (i.e., LAS, OT, PT, APE; ECTA, 2023) * Uphold every family’s right to make decisions for and with their children (NAEYC, 2019) |

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| **Additional Discussion Questions** |
| * Are staff members open, affirming, and trained in practices promoting equity? * Is equity defined in meaningful, specific ways and for families with multiple minority identities? * What assumptions or stereotypes about families might staff inadvertently promote? * Does the staff reflect the diversity of the community? * Do families feel supported when asking to be accommodated (i.e., translation and interpretation) * Do the structures/practices for engagement work for all families? |

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