

QuickNotes

SECOND EDITION

Inclusion Resources for Early Childhood Professionals



Patricia W. Wesley
Brenda C. Dennis
Sabrina T. Tyndall
Partnerships for Inclusion



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FPG CHILD DEVELOPMENT INSTITUTE

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Acknowledgments

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Introduction to the Second Edition

This is the second edition of *QuickNotes* and it differs from the original product published in 1998 in the following ways:

- All 10 modules are presented in one notebook.
- Terminology and references have been updated.
- Additional cross-referencing throughout the modules is provided.
- Current print and web resources are included in each module and
- Module X is now devoted to Transition to Kindergarten.

What is QuickNotes?

QuickNotes is a resource notebook of information sheets covering a broad range of topics related to high quality care of young children in a variety of settings including public and private child care centers and homes, preschool programs, and developmental day programs. The content is organized in 10 modules and applies to a wide audience of early care and education teachers, teaching assistants, administrators, specialists such as therapists and early interventionists, and families. The modules present current information and strategies based on the best available research evidence and professional wisdom from the early childhood field.

QuickNotes was developed in response to two general needs expressed by early childhood technical assistance providers across North Carolina: (1) to be able to answer early care and education professionals' simple questions about inclusion and (2) to provide quick, written resources on a variety of topics related to quality care. Guided by a survey of more than 300 child care licensing consultants, early interventionists, and public school preschool coordinators, module topics include

- I. Typical Child Development
- II. Developmental Disabilities
- III. Setting Up the Early Childhood Environment
- IV. Early Childhood Curriculum
- V. What is Early Childhood Inclusion?
- VI. Including Children with Disabilities
- VII. Health & Safety
- VIII. Healthy Social Emotional Development
- IX. Families
- X. Transition to Kindergarten

How is QuickNotes Organized?

Each module is organized by topic. See the table of contents for sub-topics of each module. A resource list for more information related to the topic is included at the end of each module. The Spanish version of the second edition will be available in the summer of 2008.

How Should QuickNotes Be Used?

QuickNotes provides critical content related to quality care of young children in an easy-to-use format. Each information sheet is designed to be copied and distributed. This simple process allows you to provide information quickly either in response to specific questions asked by others or to support your suggestions for enhancing a particular aspect of the early childhood environment. *QuickNotes* information sheets are cross-referenced, so when you are making

copies for distribution, be sure to review additional handouts mentioned to see if they need to be copied as well.

QuickNotes is not a curriculum or textbook and is not organized by topical importance for early childhood settings. Some handouts may provide only introductory information. To help you identify other resources to gain additional or more specific information, each resource list includes related web and print materials.

About Photocopying *QuickNotes*

We are pleased to provide *QuickNotes* owners with permission to photocopy the handouts. Our intention is to ensure that early childhood professionals who are given copies of *QuickNotes* handouts as a resource receive high quality copies made from an original or master *QuickNotes* set. We hope that every technical assistance provider will have access to an original *QuickNotes* notebook and will not have to make photocopies from photocopies!

Permission is granted to individual early childhood consultants and technical assistance providers to make copies of *QuickNotes* handouts for the directors and teachers with whom they are working. Permission is also granted to child care directors or other people who own *QuickNotes* and who are providing professional development activities to make copies for their staff or training participants. Permission is granted to teachers and other early care and education professionals to make copies for families.

Permission is not granted to state, regional, or local agencies to photocopy the entire *QuickNotes* notebook so that their staff may have a copy of the set.

A Final Note

We hope you will find *QuickNotes* to be a valuable resource in your efforts to enhance the quality of care for all children. We are interested in your feedback regarding the quality and usefulness of this product. After you have had several opportunities to use *QuickNotes*, please complete and send us the evaluation form included at the end. We thank you in advance for taking time to provide us with important information that will assist us in revising the product and developing new ones in the future.

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I



Typical Child Development



Della

Three Days

Even before birth, Della was very active. She kept her mother awake at night before she was born, “bicycling” in the womb. When she was delivered, she came out crying and kicking, squirming, and throwing her arms about.

Six Months

Della has been sleeping through the night for just a few weeks. She spends hours doing push-ups, can sit up by herself, and loves to be stood up. Della is not agreeable about everything, though. She cried loudly at her first bath, and always spits out new foods the first time she’s given them. However, she will usually try them if they’re offered.

Two Years

Della has been walking for more than a year now. She keeps her parents very busy trying to keep her out of trouble. Della is still determined to do things her own way, and has temper tantrums if she can’t. Her parents try to remain calm, but firm. Della dislikes change and doesn’t like to sit still long enough to use the toilet. Her parents know that sooner or later she’ll decide she is ready.

Joey

Three Days

From the minute he was born, Joey has been quiet and easy-going. After he was delivered, he lay quietly in his crib, even when he was washed for the first time. He fusses sometimes, but doesn’t cry much. When he’s not sleeping, Joey moves his arms slowly and looks around.

Six Months

Joey has been sleeping through the night and eating at regular times since he was just a few weeks old. He still doesn’t move around a lot. Even though his older brother was sitting by this age, Joey seems wobbly when his parents try to sit him up. He loves to play with simple objects like blocks and cups, and he welcomes new experiences. He accepted solid foods and his first bath with smiling and cooing.

Two Years

Joey didn’t start walking until six months ago, but he started talking at ten months. He knows a lot of words for his age, and spends hours looking at books and talking to himself. Since he doesn’t always reach out for new things, his parents offer him a variety of stimulating toys and activities. Joey always accepts these happily. Because he is so regular in his habits, Joey’s parents were able to start toilet training him at twenty months.

Whose Development is Typical?

Five Years

Della cried and put up a fuss on the first day of school, but by the end of the week she was starting to enjoy herself. It is a bit hard for her to sit still very long and concentrate on one thing. Everyone likes Della, though. The other children try to imitate her skill on the playground, but most of them can't keep up with her.

Five Years

Joey has just started kindergarten. He loved school from the first day. His early interest in words has continued to grow, and he started to read last year. Joey's teacher encourages his interest, but makes sure he has lots of chances to play with other children and to exercise.

Children have their own individual way of growing. They have their own set of family and cultural experiences which affect their learning. While it is tempting to compare children with each other, especially if they are sisters or brothers, no two children are alike. Della and Joey are both typically developing children, but notice how different they are! ■

Note: From Inclusive Child Care: A Training Series for Early Childhood Professionals (Participant Handbook) (p. 33), by P. W. Wesley & B. C. Dennis, 2000, Chapel Hill: The University of North Carolina, FPG Child Development Center, Partnerships for Inclusion. Copyright 2000 by Patricia W. Wesley. Adapted with permission.



One of the most important findings about child development in recent years is that a child's early experiences affect the shape and development of the brain. Even before birth and continuing throughout the early years, pathways form that carry electrical impulses from cell to cell. The resulting network forms the foundation upon which a child builds a lifetime of skills. Here are some implications of this important new finding.

- A child's brain is not like a computer that gets turned on after it is built. The brain begins working long before it is finished. The amount of stimulation a young child receives determines the number of nerve cells ultimately in the brain.

- The neurological connections needed for some skills form quickly. Vision, for example, develops in a few months, while it takes the brain years to build the connections needed for other skills such as running. Once the critical period for developing a certain skill has passed, it is far more difficult to teach. In fact, sometimes it is impossible.
- The first year of life is the most critical. During this time each of the brain's billions of neurons forge connections to thousands of others. This is a time when the brain develops the circuits that control feelings, vision and other sensory abilities, coordination and movement, language, thought, and other areas of development.
- This explosion of connections makes the growing brain extremely flexible, often able to recover from trauma such as illness or physical injury. The brain's greatest development, however, is completed by the age of 10 years. After that age, the brain destroys the weakest "wiring," keeping only the connections between nerve cells that have been stimulated by experience. In other words, if a child doesn't receive the necessary stimulation at the right time, it may be too late later to make up for it.
- The brain suffers when a young child is not held and stimulated or when the brain does not receive the right information to grow and develop. Children who do not play and are rarely touched have brains that are 20% – 30% smaller than normal for their age.

Brain Development

Infants and Young Children Need a Stimulating Environment

Although infants cannot speak, their brains are developing in response to the speech of others and the sounds around them.

Although they have not developed the complex feelings of adults, such as empathy, joy, or pride, the distress and contentment experiences of infants build the foundation for these more complicated feelings.

Although very young children do not solve problems or control their movement the way older children and adults do, they must be given the freedom to explore their surroundings, to handle objects, and to interact with other people, or they never will learn these skills.

It is critical that we make sure children's experiences in the early years are nurturing and stimulating. By providing them a safe environment in which to learn and grow, by talking with them and holding them, by giving them a variety of activities and materials for play, we can help build healthy, active brains! ■

Sources

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Nash, M. (1997, February 3). Fertile minds. *Time*, 49-62.



From the moment a child is born, that child begins to grow and to learn in all areas of development. The major developmental areas are described below.

Gross Motor

Through gross motor development, children learn to move their bodies using their large muscles such as those in their arms, legs, and stomach or trunk. Learning to sit up, crawl, walk, jump, and throw a ball are all gross motor skills. Gross motor development is particularly important early in a child's life, as much learning occurs during the child's active exploration of the world.

Fine Motor

Fine motor skills require coordinated movement of the small muscles of the body including those of the fingers, hands, and face. Examples of fine motor skills include using crayons, stringing beads, tracking an object with the eyes, and smiling. Fine motor development affects a child's self-help skills such as dressing, feeding, and bathing.

Cognitive

Cognitive development refers to skills that involve thinking, including the ability to receive, process, analyze, and understand information. Matching colors, activating a mechanical toy by pushing the button, and feeding a baby doll are all cognitive skills.

Communication

Learning to communicate is one of the most important accomplishments in a child's early life. Language or communication development is usually divided into two areas: receptive and expressive. Receptive language is learning to understand words and gestures used to express thoughts and feelings. Expressive language is being able to use words, gestures, and written symbols to share thoughts and feelings. Typically, children develop a receptive understanding of a word before they can use it expressively. Most of the time children understand more language than they use. Waving bye-bye, using spontaneous single-word utterances, and following simple directions are all examples of language skills.

Social & Emotional

Social/Emotional development refers to children's feelings about themselves and their relationships with others. Particularly important are skills that enable the child to function in a group and to interact appropriately with others, such as playing a circle game with other children or comforting someone who is crying by offering a hug.

Self-Help

Self-help skills enable the child to care for his own needs, such as feeding, bathing, and dressing himself.

Areas of Development

Adaptive

The ability to apply familiar or new skills to new situations is referred to as adaptive behavior. For example, a 5-year-old shows adaptive behavior when he is able to use appropriate table manners, learned at home, at a friend's house.

Although children's abilities and skills can be grouped into separate areas of development, children do not learn or use only one concept or skill at a time. A new skill in one area of development affects and is affected by the development of skills in other areas. From a very young age, children develop in many areas at once.

Think about a 6-month-old girl who sees a brightly colored ball across the room. First the child notices the ball (vision) and begins to crawl toward the ball (gross motor). She knows from having played with it before that it rolls and bounces (cognition). The child reaches out and grabs the ball with one hand (fine motor), then squeals with delight (emotion), and says "Ba!" (language). The child sits back down, then extends her hand, and tosses the ball to you (motor and social). You catch the ball and can tell from the child's face that she is very pleased with herself (self-esteem).

As you can see in this example, learning does not occur in isolation. While development can be categorized into different areas, it is important to keep in mind that different areas of development work together. ■

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Coleman, J. G. (2006). *The early intervention dictionary: A multidisciplinary guide to terminology* (3rd ed.). Bethesda, MD: Woodbine House.

Hardin, B., Lohr, M., & Wesley, P. (1997). *Planning for success: A teacher's guide to A Planning Guide to the Preschool Curriculum*. Lewisville, NC: Kaplan Press.



We have widely held expectations about the patterns of development at each age. We also know that every child develops at a different rate. Just as children's first teeth appear at different times within a range of several months, their skills emerge at different points in their development. In other words, they do not all learn and grow according to the same schedule. Also, children come equipped with their own set of family and cultural experiences that affect their learning. As children develop new understanding and skills, they build on earlier ones. An individual child may move back and forth between skills and may skip some steps altogether. If you know what to expect at each stage of development, you have a good beginning for planning an appropriate early childhood program.

The Infant Years

Birth–12 Months

Birth–3 Months

- Moves eyes in coordination, blinks at shadows and fast movement
- Looks into eyes of parent
- Uses eyes to follow moving object or person past midline
- Smiles responsively
- Has a bright, interested look at people and objects
- Recognizes parent
- Can be quieted by being picked up

- Listens to sounds and music, looks to locate source of sound
- Vocalizes two different sounds such as oo, ah, ee, uh
- Coos in response to verbal interaction
- May vocalize independent of environment or persons
- Uses specific cries for specific needs
- Listens attentively to talking

- On tummy, holds head at 45 degrees
- When held in sitting position, holds back and head erect, head unsteady
- Reaches for objects, may not grasp yet
- Brings hands together at midline, touching and feeling each other
- Retains objects in hand voluntarily
- Looks at rattle in hand, attention to sight and sound
- Takes hand to mouth
- Turns head vigorously
- Is alert 30–45 minutes at a time

3–6 Months

- Smiles spontaneously
- Demands attention
- Plays alone briefly
- Reacts to adult's intonation and emotion (happy/angry)
- Resists toys being taken away
- Holds up arms to be picked up
- Is aware of new situations, strangers

- Vocalizes moods; vocalizes spontaneously
- Tries to imitate inflections and sounds
- Varies volume, pitch and rate of utterances
- Babbles and becomes active during exciting sounds
- Squeals with excitement, giggles, belly laughs

- Picks up object from flat surface
- Puts objects in mouth
- On tummy, holds head at 90 degrees
- On forearms, lifts chest off floor
- When held in sitting position, holds head steady, turns to look
- On back, lifts legs, plays with toes
- Sits with slight support
- Reaches with one hand
- Transfers objects from hand to hand
- Holds own bottle
- Actively attempts rolling

6–9 Months

- Knows strangers from family members
- Responds to mirror image with smile and cooing
- Expresses displeasure when toy is taken away
- Refuses to be distracted, shows persistence
- Is very, very social

- Responds to own name
- Recognizes familiar words
- Stops, hesitates when told “no”
- Looks at book, picture for about one minute
- Imitates speech sounds
- Imitates environmental sounds such as choo-choo, beep-beep

- Rolls over
- Crawls actively (can even turn around)
- Pulls to stand and remains holding onto support
- Is a little fearful of heights, aware of vertical space
- From lying on back, can roll over and sit up
- Sits independently
- Stands when held up

- Approaches small objects with two fingers, larger objects with both hands
- Plays with toys with both hands in midline
- Begins to poke index finger into small places
- Changes dimension of objects by looking at them upside down or with eyes partially covered
- Uncovers toys he has seen hidden
- Remembers games from day before
- Shakes rattles, actively bangs toys

9–12 Months

- Gives affection
 - Waves bye-bye
 - Wants parent to meet needs, fearful of strangers
 - Plays cooperative games such as pat-a-cake, rolling ball back to you
 - Holds out toy to you
 - Repeats actions laughed at
 - Begins to develop sense of humor
 - Becomes increasingly negative, may refuse to eat new foods
 - May develop tantrums
 - Perceives objects and people as detached and separate
 - Has play routines
 - Turns or looks when name is called
 - Imitates cough and tongue click
 - Uses exclamations such as uh-oh, oops, aw, ow...
 - Vocalizes to music
 - Uses short sentence jargon, interjecting familiar words
 - Says two words in addition to mama and dada
 - Shakes head for a definite no, may say, "No!"
 - Responds to simple commands like "give me," "come here"
-
- Can finger feed, usually insists on feeding self
 - Drinks from cup which adult holds
 - Eats semi-solid foods
 - May remove shoes, socks, hats, shirts, diapers
-
- Crawls on all fours, even up stairs
 - Cruises around furniture
 - Stands momentarily without help
-
- Puts small objects into large containers
 - Unwraps toys in cloth, finds toys hidden under boxes, etc.
 - Imitates actions more deliberately and precisely
 - Imitates from memory, does not need to have model present
 - Flings objects in play
 - Imitates stirring with spoon in cup
 - May build tower of two blocks
 - Drops objects on purpose
 - Removes lid from box
 - Pushes toys along surface ■

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12–18 Months

- Shows sympathy for others
- Begins to use pretend play, even when playing alone
- Hugs and loves dolls and stuffed toys
- Gives physical cues for wanting closeness
- Defends possessions from peers and adults
- Cooperates in games involving imitation

- Recognizes photographs of self and family members
- Knows and answers to name
- Labels five to seven objects spontaneously
- Follows simple directive such as "bring me a diaper" or "kiss the doll"
- Repeats two single words heard in conversation
- Points to one or two body parts of doll
- Selects two objects from a group of four upon request
- Continues to develop imitative play
- Enjoys rhymes and jingles
- Begins to hum and sing

- Removes simple garment
- May give up bottle
- May indicate when wet or soiled

The Toddler Years

12–36 Months

- Walks alone well, begins to run stiffly
- Climbs into low chair
- Enjoys pushing wheel toys or large boxes
- Walks well with pull toy
- Walks up stairs holding onto rail

- May build tower of four blocks
- Removes and replaces round piece in puzzle
- Scribbles freely, uses different colors of crayons
- Unwraps toy from cloth
- Plays pushing small cars
- Plays rolling a ball
- Tries to turn pages of a book

18–24 Months

- Begins to separate more easily from parent
- Is able to overcome anger and become reorganized in play in a brief period (5–10 minutes)
- Asks to be close physically (“Hug, please.”)
- Involves others in pretend play
- Begins to command peers and adults to become involved or perform some tasks

- Understands simple requests and commands
- Carries out 2-step command involving an object
- Carries on conversations with self and dolls
- Asks many questions
- Has a vocabulary of 10–15 words
- Is attentive to activity without supervision 5–10 minutes
- Can name several objects in a picture
- Listens to several short stories with accompanying pictures

- Handles cups and spoons well, still messy
- Squats in play
- Runs with skill
- Jumps off bottom step
- Kicks ball
- Throws ball overhand

- Completes simple 3-piece puzzle (formboard type)
- Imitates a circular and vertical stroke with a crayon
- May build tower of five to seven blocks
- Turns pages of books
- Turns doorknobs
- Has hand preference for activities

24–36 Months

- May tantrum, but is able to recover
- Knows own gender
- Has confidence in own abilities, likes to show off
- May still cling in stressful situations
- Begins to follow rules involved in class or in games
- Is able to remain attentive to tasks
- Begins to understand relationship between actions and consequences
- Begins to be socially appropriate with peers and adults
- Begins to distinguish between the real world and pretend play
- Likes to help with household or yard tasks
- Shares occasionally

- Talks well in sentences of three to four words
- Understands some prepositional phrases (the cat is under the chair)
- Knows “big” and “little” descriptions
- Understands concept of “one” vs. “many”
- Discriminates sounds made by objects
- Uses plurals
- Relates recent experiences
- Helps tell rhymes, songs, stories
- Answers yes/no questions accurately
- Has a vocabulary of 200–300 words

- Puts on shoes
- Unbuttons large, easy buttons
- Indicates toileting needs
- Washes and dries hands
- Walks on tiptoes
- Broad jumps
- Begins to pedal tricycle
- Walks up and down stairs, both feet to a stair, holds on; later alternating feet

- Copies circles
- Imitates cross
- May build tower of eight blocks
- Strings large beads easily
- Matches two to three colors
- Matches two to three shapes
- Places one to three pieces of puzzle (inlay-type)
- Identifies actions illustrated in pictures ■

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Note: From Inclusive Child Care: A Training Series for Early Childhood Professionals (Participant Handbook) (p. 28-30), by P. W. Wesley & B. C. Dennis, 2000, Chapel Hill: The University of North Carolina, FPG Child Development Center, Partnerships for Inclusion. Copyright 2000 by Patricia W. Wesley. Adapted with permission.



We have widely held expectations about the patterns of development at each age. We also know that every child develops at a different rate. Just as children's first teeth appear at different times within a range of several months, their skills emerge at different points in their development. In other words, they do not all learn and grow according to the same schedule. Also, children come equipped with their own set of family and cultural experiences that affect their learning. As children develop new understanding and skills, they build on earlier ones. An individual child may move back and forth between skills and may skip some steps altogether. If you know what to expect at each stage of development, you have a good beginning for planning an appropriate early childhood program.

The Preschool Years

3-5 Years

3-4 Years

- Responds to limits with understanding
- Begins to respond to the needs of peers
- Has a definitive pride in accomplishments
- Can accomplish a task with future reward
- Begins to respect rights and feelings of others
- Becomes self-absorbed in play
- Takes turns willingly

- Dresses with supervision
- Brushes own teeth

- Climbs outdoor play equipment easily
- Catches 6-inch ball
- Balances on one foot 5-10 seconds
- Bounces ball awkwardly

- Experiments with cause and effect in play
- Understands imaginary conditions and will say, "Suppose that..." or, "I hope..."
- Begins to understand some time frames such as early in the morning, noontime, next year, next month
- Understands many prepositions (the ball is under the glove)
- Is able to categorize objects, group colors, or same objects
- Identifies many objects by their use
- Carries out three unrelated commands spoken at once
- Names two to three colors
- Shows interests in letters of the alphabet
- Understands texture differences such as rough and smooth
- Knows which is taller, longer, shorter
- Has a vocabulary of nearly 1500 words
- Asks questions constantly
- Uses intelligible speech even to strangers
- Decreases self-talk, increases talking to others
- Counts three objects, one object represents each number
- Converses in 4- to 5-word sentences
- Knows own age

- Begins to show a definite hand preference
- Folds paper in imitation
- Cuts efficiently with scissors along line (a square in half)
- Draws a recognizable person

4–5 Years

- Is responsive to many different feelings shown by others
- Understands and follows simple game rules
- Follows directions that require precise action
- Begins to tell jokes or engage in word play such as rhymes or riddles

- Bathes with supervision
- Uses knife for spreading

- Throws/catches ball with another person
- Hops on one foot
- Uses scissors to cut simple shapes

- Knows which of two events happened first
- Uses the words “first” and “last”
- Can think several steps ahead before acting
- Begins to take pleasure in solving problems
- Retells three events from nursery rhyme, fairy tale, or folk tale
- Names opposites
- Asks many “why” questions
- Is interested in answering and using the telephone
- Knows many colors
- Asks about earlier days
- Anticipates major holidays
- Notices errors adult makes in nursery rhymes, fairy tales, folk tales, or other frequently told children’s stories ■

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Note: From Inclusive Child Care: A Training Series for Early Childhood Professionals (Participant Handbook) (p. 31-32), by P. W. Wesley & B. C. Dennis, 2000, Chapel Hill: The University of North Carolina, FPG Child Development Center, Partnerships for Inclusion. Copyright 2000 by Patricia W. Wesley. Adapted with permission.



We have widely held expectations about the patterns of development at each age. We also know that every child develops at a different rate. Just as children's first teeth appear at different times within a range of several months, their skills emerge at different points in their development. In other words, they do not all learn and grow according to the same schedule. Also, children come equipped with their own set of family and cultural experiences that affect their learning. As children develop new understanding and skills, they build on earlier ones. An individual child may move back and forth between skills and may skip some steps altogether. If you know what to expect at each stage of development, you have a good beginning for planning an appropriate early childhood program.

The Elementary Years

5 - 7 Years

5-7 Years

- Plays cooperatively with one or two other children for at least 15 minutes
- Has several friends, but one special friend
- Plays cooperatively in large group games
- Offers apologies for unintentional mistakes
- Plays two or three table games
- Works in a small group for at least 20 minutes
- Has beginning awareness of need for personal safety and for safety of others
- Wants to be recognized for accomplishments
- Dresses self completely including tying shoelaces and fastening all fasteners
- Cares for total toileting needs including flushing toilet and washing and drying hands
- Bathes without assistance
- Uses knife for cutting
- Skips, alternating feet
- Gallops
- Jumps rope
- Prints first name
- Grasps pencil using adult grasp (between thumb and finger)
- Copies lowercase letters
- Draws a picture of a person including details such as nose, hair, neck, hands, mouth
- Uses scissors to cut out items such as paper dolls or pictures of animals
- Participates in conversation without monopolizing it
- Uses the words "tomorrow" and "yesterday"
- Answers the telephone, takes simple message, and delivers it
- Answers "when" questions
- Talks in sentences five to six words in length
- Verbalizes personal information such as birthday, parents' names, telephone number, address

- Retells story from a picture book with reasonable accuracy
 - Reads some words by sight such as color and number words
 - Reads simple stories aloud
 - Distinguishes between fantasy and reality
 - Demonstrates a knowledge of right and left on self and others
 - Classifies by numbers, things to read, fruits, vegetables, tools, furniture
 - Knows the function of community helpers such as teachers, farmers, mechanics, carpenters, grocers, or storekeepers
-
- Demonstrates a knowledge of first, last, second
 - Demonstrates number concepts to 10
 - Counts 1–100 by rote
 - Knows simple addition facts with sums to 10 ■

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How do children learn English as a second language? What can teachers do to help them? The information presented has been taken from the *Nuestros Niños Early Language and Literacy Handbook* (Castro, Gillanders, Machado-Casas & Buysse, 2006).

The process of second language acquisition is influenced by many things:

- the child's age, motivation, and personality
- the child's opportunities for using the first and second language
- the quality of the language to which the child is exposed.

Although individual variation exists, children tend to follow a common developmental sequence for learning a second language (Tabors, 1997). The

strategies listed below can be used in all phases of language development, but are especially important in the phases noted.

Phase 1: Home Language Use

Child uses only home language with English speaking peers and teachers. Often the child will appear oblivious to the new language because the language spoken by adults and other children is not accessible or understandable to him.

Suggested Strategies

- Make an effort to include all children in every activity.
- Learn phrases in child's home language to greet the child, check comprehension, involve her in activities, provide directions, and praise effort.
- Talk about the here and now. Describe what children are doing, sensing and expecting.
- As you conduct activities in the classroom think aloud what you are doing. When possible ask someone who speaks the child's home language to help the English language learner to understand directions.
- Use visual and physical aids such as concrete props, manipulatives and movement to facilitate comprehension.
- Do not insist that children generate English spontaneously or individually.

English Language Learners

Phase 2: Non-verbal/Observational

Child remains silent when interacting with teacher and peers. Child uses non-verbal gestures to request help. Child will become quiet, will watch and listen intensively as the new language is used in different activities. During this period the child is learning the second language through listening and observing.

Suggested Strategies

- Strive to interact with the English language learner even if the child does not respond verbally.
- Rehearse everyday phrases in English with the child.
- Encourage English language learner to “echo” or repeat what he hears but do not force child to participate.
- Model instructions several times.
- Expand the child’s limited communication using new words.
- Give the English language learner phrases or words that can help her to communicate important necessities or activities. For example: “Bathroom” or “I need to go to the bathroom,” “Hungry” or “I’m hungry,” “Help” or “I need help,” “I don’t understand” or “I don’t know” or “Don’t know”).

Phase 3: Telegraphic/Formulaic Speech

*First, the child uses one to three words in English to describe a situation (Telegraphic). The English language learner will learn words that communicate basic needs (e.g., bathroom, lunch) and initiate social interactions (e.g., want play, mine). Little by little he will start using more complex language structures. **Child will start using language chunks which are memorized phrases (e.g., “I don’t like it,” “I don’t know,” “Excuse me”)** (Formulaic).*

Suggested Strategies

- Be observant! Pay attention to the likes and dislikes of the child in order to find out what it is that he wants to tell you, what he likes, and what he knows.
- Request clarification when you understand what the child is trying to say. Encourage the child to show you concrete cues saying, “show me.”
- Expand on the child’s ideas using new vocabulary and syntax.
- Show end result of projects you will be asking the child to do as visual aids for comprehension.
- Repeat phrases several times.
- Model targeted chunks of language using puppets. Puppetry is a great way to bring shy children out of their shells, and to help the English language learner become more expressive in a non-threatening environment. When a child uses a puppet, the focus is on the puppet, rather than on the puppeteer, and the child forgets to be self-conscious.
- Expand on the vocabulary the child already knows.

- Ask questions to stimulate conversations among children. Request clarification to extend child's use of known phrases.
- When a child combines old phrases with new ones, give the child the correct way of saying the word without telling the child that she is wrong.

Phase 4: Productive use of language

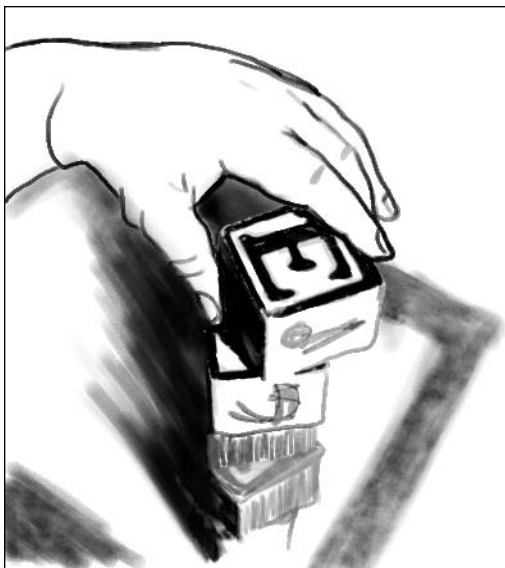
Child starts constructing original sentences in the second language by combining vocabulary and phrases already known into new sentences. The child can maintain a conversation with an adult or child taking three to four turns.

Suggested Strategies

- Use puppets to serve as models that introduce children to new language. Puppets encourage children to tackle learning new vocabulary and encourage the combination of new and old vocabulary.
- Use opportunities to expand the child's talking skills.
Example: A child wants juice.
Child: juice
Teacher: OK. You want juice.
Child: Yes, I want juice.
- Talk about stories. Use conversation as a way to promote talking. Engaging in conversations about stories with children exposes them to new vocabulary and talking in fun and interesting ways.
- Use bilingual songs and poetry using physical movement as a way to promote talking, vocabulary development, and comprehension.

Sources

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The goal of assessment is to provide information about the child's interests, preferences, strengths, and needs. This information will assist you in planning appropriate and meaningful activities to promote each child's development and learning. In other words, assessment tells you what each child is ready to learn and gives insight into how the child learns best.

The Guiding Principles of Assessment

- The assessment process examines the child's strengths and interests as well as the child's needs.
- The assessment looks not only at areas of learning and development but also at the child's feelings, interests, and dispositions.
- Assessment results provide useful information so you can do a better job of planning for, teaching, and communicating with the child.
- The assessment process requires regular and periodic observations of the child in a variety of circumstances so that results reflect what the child is like over time.
- The assessment process uses natural activities when possible so the child is comfortable and relaxed during the process.
- The assessment uses a variety of tools and processes such as collections of the child's work (e.g., art, tape recordings), checklists and observations, journal entries, and interviews with parents and specialists.
- The assessment relies on multiple sources of information about the child and collaboration among teachers, parents, specialists, and any others who play an important role in helping the child learn.
- The assessment is free of cultural, language, or gender biases.
- The results of the assessment are described in meaningful language that everyone can understand.

Assessing Child Development

The assessment process involves three activities—observing the child, gathering information from the family, and screening the child's development.

Observing the Child

Knowledge about what children do and how they act at different stages is necessary to assess a child's development through observation. (For more information on child development, see the handouts entitled *The Infant Years* on pp. 9-11, *The Toddler Years* on pp. 13-15, *The Preschool Years* on pp. 17-18, and *The Elementary Years* on pp. 19-20 in this module.) Before you observe a particular child, think about the types of information you want from the observations. Knowing what you are looking for will help determine the types of activities you will need to observe and the time of day you will need to make the observations. Plan observations so that you see the child individually and with large and small groups during a variety of

activities. During daily observations, watch to determine the child's interests, preferences, and skills.

Your observations can be documented through a variety of methods.

- teacher observation checklists-formal, published list such as an educational assessment, or an informal list developed by you
- anecdotal records-a written description of a child's particular activity, behavior, or part of the day
- narrative notes-a written descriptive summary of the child's progress on a day-to-day basis
- work samples such as drawings, attempts at writing
- frequency counts-recording the number of times a particular behavior occurs
- time samplings-recording the length of time a child does a particular behavior
- tape recordings
- video tapes (with parental permission)

Gathering Information From the Family

Family members have important information about the child's development. They have watched the child grow and change over his entire lifetime. They see the child in a variety of settings—in the home, with relatives, in the community with friends, and in public places. Perhaps the child's development has been assessed previously. Talking with parents and other family members about what they know and have observed about the child will be helpful in your assessment and curriculum planning.

For more information about ways to communicate with families, see Strategies for Building Partnerships, on pp. 297-298 in Module IX.

Screening the Child's Development

Screening is a process that assists in assessing a child's development. Typically, screening involves a health exam, including hearing and vision check-ups, and a checklist to determine how the child is developing in other areas. Screening instruments may be available for you to administer at your program. Frequently, screenings occur in doctors' offices, health clinics, hospitals, and during local health fairs. Some examples of screening tests include the *Denver Developmental Screening Test II*, the *Developmental Indicators for the Assessment of Learning-3 (DIAL-3)*, and the *Brigance Preschool Screen II*. ■

Note: From *Planning for success: A Teacher's Guide to A Planning Guide to the Pre-school Curriculum* (pp. 55-56), by B. Hardin, M. Lohr, and P. Wesley, 1997, Lewisville, NC: Kaplan Press. Copyright 1997 by Chapel Hill Training-Outreach Project, Inc. & Kaplan Press. Adapted with permission.



Several early warning signs may indicate a need for further evaluation to determine what the child needs to help him or her learn and develop. If you suspect a child in your care has a delay or disability, talk with the program director and find out if there is a policy for referring children for evaluation. Remember, children develop at different rates and begin to show their unique personalities at a very young age. It is important to talk with the family and to observe a child, especially an infant or toddler, over time and in many situations before referring the child for special services.

For more information, see Identifying Special Needs on pp. 41-42 in Module II. The following descriptions may be signs of a delay or disability.

Early Warning Signs

Vision

- Frequently squints, tilts, or turns head to look at an angle
- Closes one eye to look at things
- Often falls or bumps into things compared to other children the same age
- Frequently rubs eyes or complains that they hurt
- Has reddened or watering eyes, or encrusted eyelids
- Sometimes or always crosses one or both eyes
- Frequently holds objects too close to eyes
- Has poor visual attention to objects and people

Hearing

- Does not try to communicate, or primarily uses gestures
- Uses significantly fewer words than other children the same age
- Uses speech that cannot be understood, or non-speech sounds
- Does not seem to understand speech
- Does not turn toward you when you call her name
- Does not respond to a sudden noise
- Has frequent earaches or runny ears
- Talks consistently in a loud voice or a very soft voice
- Usually turns the same ear toward a sound he wishes to hear
- Has difficulty understanding directions in noisy situations or large groups
- Prefers to play with visual rather than sound-producing toys
- Does not respond consistently to environmental sounds (someone knocking at the door)
- Pays close attention to speaker's facial and gestural cues

Social Responsibility and Emotional Development

- Seems unable to control his behavior compared to other children the same age
- Seems withdrawn
- Has a difficult time making transitions
- Does not seem to know how to make friends, or interacts in ways that are not typical for children the same age
- Is not easily consoled or comforted
- Consistently disrupts other children's play
- Overreacts to unexpected stimuli (a surprise visitor, loud noise, siren)
- Has a toileting problem unrelated to any physical cause at least once a week when other children the same age do not
- Frequently shows self-stimulatory or repetitive behaviors (weaves head back and forth, curls up and rocks throughout the day)

Motor Development

- Does not seem to be growing at the rate of other children the same age
- Shows difficulty balancing or walking
- Shows trouble using hands or fingers (shaky or clumsy hands)
- Seems to have floppy muscles or body tone
- Seems to have stiff muscles or body tone
- Seems to be more coordinated on one side of the body when walking or running, or is not walking or running by the time other children the same age are

Language

- Does not try to communicate
- Uses significantly fewer words than other children the same age
- Uses speech that cannot be understood, or non-speech sounds compared to other children the same age
- Does not seem to understand speech
- Cannot follow simple directions

Cognition

- Does not understand many concepts understood by other children the same age
- Frequently echoes questions or words others have said without seeming to understand their meaning
- Seems to have trouble remembering things (names of people, what activity just occurred)
- Does not develop an interest in caring for self and doing things independently
- Does not seek the company of others or seems withdrawn and uninterested in surroundings
- Is not easily consoled or comforted
- Plays with toys preferred by much younger children ■

Note: From Planning for Success: A Teacher's Guide to A Planning Guide to the Pre-school Curriculum (pp. 20-21), by B. Hardin, M. Lohr, and P. Wesley, 1997, Lewisville, NC: Kaplan Press. Copyright 1997 by Chapel Hill Training-Outreach Project, Inc. & Kaplan Press. Adapted with permission.



As an early care and education professional, you may have wondered whether a child in your care is doing everything she should be doing for her age. It may have been difficult to identify exactly what it is that made you feel that way. Perhaps it was the way she did not join the group. Maybe it was that she just never seemed to understand what was going to happen next—while the other children had figured out the routine a few weeks after joining the program. Perhaps the parents had expressed concerns to you about her language or behavior. Think about these questions if you are concerned about a child’s development or learning.

What observations of the child lead you to suspect a delay or disability? Have you recorded your observations over a period of several weeks? Have you considered other explanations for the child’s behavior?

When a Developmental Disability is Suspected

- Have other people who interact with the child observed what you have?
- Have you observed the child at home? Is the child’s behavior there consistent with what you see in your program?
- Is the child suddenly behaving differently than he has in the past?
- How long has the child been in your program?
- Has anything in the child’s life changed recently?
- Is the child in good health? Does the child receive adequate sleep and nutrition?
- Does your program have a policy about what to do when a teacher suspects a child has a developmental delay or disability? Does your policy protect the family’s legal right to give permission for and to be involved with assessment and planning?
- Who are the primary caretakers? Would it be best to talk with both parents at the same time? Is your schedule flexible enough to allow you to meet with the parents at their convenience?
- Are you open to parent observation and participation in the classroom? Would you be comfortable if a specialist wanted to observe or evaluate the child in the classroom?
- Are you aware of community resources to which you could refer parents if they choose to have their child evaluated?

For information about referring a child for special services, see Identifying Special Needs on pp. 41-42 and Referring Children for Special Needs Services on pp. 45-46 in Module II. ■

Note: From Inclusive Child Care: A Training Series for Early Childhood Professionals [Participant Handbook] (p. 49), by P. W. Wesley & B. C. Dennis, 2000, Chapel Hill: The University of North Carolina, FPG Child Development Center, Partnerships for Inclusion. Copyright 2000 by Patricia W. Wesley. Reprinted with permission.



Children may come with a variety of disabilities that affect their development. These disabilities may include cognitive impairment, physical impairment, sensory deficits, and problems with social adjustment. The following descriptions are a few examples of how some common disabilities affect development in young children.

Down Syndrome

A child with Down syndrome typically will follow the normal sequence of development but may learn skills more slowly than other children. For example, the child is likely to crawl before walking but may walk later than some other children. A 24-month-old child with Down syndrome may act like a 12- or 15-month-old. The child may become frustrated at not being able to communicate clearly or do certain things. Some of the conditions children with Down syndrome may have that slow their development may include low muscle tone or “floppy” muscles, flexible joints, and hearing loss. A child with Down syndrome is likely to have intellectual and developmental disabilities; however, the severity of disability will vary tremendously from child to child.

Visual Impairments

A child with visual impairment may experience delays in many areas of development. Vision provides the motivation for reaching, grasping, and moving and is important in helping children make sense of their experiences in the world around them. The young child with visual impairment is dependent on others to provide experiences involving sound and touch to explain the world. The child may be afraid of unfamiliar movement, objects, and textures. Because children with visual impairment may not benefit from the visual cues in their environment, transitions between activities and learning how to play with other children may be more challenging. For example, a child with visual impairment may not make an attempt to join in the play of other children because she is unable to see that they are engaged in an activity in which she would like to play.

Hearing Loss

Children with hearing loss generally progress through the normal sequence of development that typically developing children do except in the area of language development. From birth, babies explore their world through sound—their mother’s and father’s voices, household noises, and noises outside. These first sounds they hear help them develop speech. Children with a hearing loss are cut off from this important connection to their environment. The child will have difficulty responding to environmental cues that hearing people use every day such as responding to a knock at the door, or listening for moving vehicles on the road. Children with a hearing loss have to work hard to figure out the connections between the environment and themselves. The degree of difficulty will depend on the degree of hearing loss. A child with mild hearing loss typically hears one-on-one conversation if she can see the speaker’s face and are listening at close range. A child with moderate hearing loss typically finds it difficult to hear and understand conversations nearby. Consequently, a child with mild to moderate hearing loss may have slow or inaccurate speech development and attention problems. A child with a severe or profound hearing loss may not hear loud speech or environmental sounds.

Development & Disabilities

Different methods of communication are available to children with hearing loss. One communication option involves the use of a personal amplification system (e.g., hearing aids) and teaching children to speak and read lips. Another communication option is called sign language, which involves using the hands and fingers to spell out words. Sometimes these two communication methods are used together. Which communication option is used by a child will depend on the family's preferences and the severity of the child's hearing loss.

Cerebral Palsy

A child with cerebral palsy experiences delays in gross motor development and sometimes with fine motor development. Because of stiff or floppy muscles affecting the child's posture and movement, the young child with cerebral palsy may not be able to explore and manipulate the environment as other children do. The child's development depends largely on the ability of people in his environment to bring experiences to him. There are different types and degrees of cerebral palsy and every child's abilities are unique. For example, some children with cerebral palsy learn to walk, whereas others may need the assistance of a wheelchair. A child with cerebral palsy may have difficulty speaking because the muscles of the mouth are affected. Cerebral palsy may affect the overall development of the child and be associated with other problems such as seizures or intellectual and developmental disabilities; however, every child who has cerebral palsy does not have intellectual and developmental disabilities.

Spina Bifida

A child with spina bifida experiences delays in gross motor skills and may experience delays in fine motor skills. These delays are the result of paralysis and loss of sensation caused by a defect in the spinal column. The development of skills in children with spina bifida may vary greatly. One child may learn to walk using braces, whereas another may require the use of a wheelchair for mobility. Most children with spina bifida are unable to control urination and bowel movements. Some children with spina bifida experience delays in cognitive skills and learn more slowly than other children.

For more information about specific disabilities, see *Some Common Disabilities* on p. 49 in Module II. For information about ways to address some of the special needs of children with disabilities, see *Module VI: Including Children with Special Needs*. ■

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Centers for Disease Control and Prevention:

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Child Development Basics

<http://childdevelopmentinfo.com/development/>

Child Development Journal

<http://www.blackwell-synergy.com/loi/cdev>

Children, Youth, and Families Education and Research Network (CYFERnet)

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Early Childhood Research Quarterly

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<http://www.pediatrics.emory.edu/neonatology/dpc/mileston.htm>

National Association for the Education of Young Children

<http://www.naeyc.org>

National Center for Early Learning & Development

<http://www.fpg.unc.edu/~ncedl/index.cfm>

National Child Care Information Center

<http://www.nccic.org/>

National Dissemination Center for Children with Disabilities

<http://www.nichcy.org/index.html>

National Institute for Literacy – Early Childhood

http://www.nifl.gov/nifl/early_childhood.html

National Institute of Neurological Disorders and Stroke – Spina Bifida Information Page

http://www.ninds.nih.gov/disorders/spina_bifida/spina_bifida.htm

North Carolina Division of Child Development

<http://ncchildcare.dhhs.state.nc.us/general/home.asp>

Spina Bifida Association of America
<http://www.sbaa.org>

Tufts University Child & Family Web Guide
<http://www.cfw.tufts.edu/>

Your Child: Development and Behavior Resources
<http://www.med.umich.edu/1libr/yourchild/index.htm> ■