

Case Study	Discussion and Resources
<p>In this story, Leilani, her family, and early intervention (cross-disciplinary) team navigate challenges and demonstrate components of Standard 1 Child Development and Early Learning:</p> <ul style="list-style-type: none"> • Candidates understand the impact of different theories and philosophies of early learning and development on assessment, curriculum, instruction, and intervention decisions. Candidates apply knowledge of normative developmental sequences and variations, individual differences within and across the range of abilities, including developmental delays and disabilities, and other direct and indirect contextual features that support or constrain children’s development and learning. These contextual factors as well as social, cultural, and linguistic diversity are considered when facilitating meaningful learning experiences and individualizing intervention and instruction across contexts. <p>Resources to support adult learning:</p> <ul style="list-style-type: none"> • ECPC Curriculum Modules: Professional Standards • Resources You Can Use for Pre- and In-service Professional Development (DEC Website) • Supporting Explanations for Early Component 	<p><i>The specific components of Child Development and Early Learning are listed as bulleted items below. Highlight in the story when professionals and caregivers navigate challenges and demonstrate these components. Reflect on your own and compare your findings with others in small groups.</i></p> <p>Specific components include:</p> <ul style="list-style-type: none"> • Demonstrating an understanding of the impact that different theories and philosophies of early learning and development have on assessment, curriculum, intervention, and instruction decisions. • Applying knowledge of normative sequences of early development, individual differences, and families’ social, cultural, and linguistic diversity to support each child’s development and learning across contexts. • Applying knowledge of biological and environmental factors that may support or constrain children's early development and learning as they plan and implement early intervention and instruction. • Demonstrating an understanding of characteristics, etiologies, and individual differences within and across the range of abilities, including developmental delays and disabilities, their potential impact on children’s early development and learning, and implications for assessment, curriculum, instruction, and intervention.

Case Study	Discussion and Questions
<p>Leilani and Her Family</p> <p>Leilani, a 24-month-old girl born with a cleft palate was born prematurely at 30 weeks and failed her newborn hearing screening. She was diagnosed with bilateral hearing loss. She spent about 12 weeks in the neonatal intensive care unit (NICU). Leilani underwent several surgeries to correct the cleft palate around 11 months of age. Additionally, she had a gastrointestinal tube (G-tube) until the age of 20-months. Recently, she has started accepting food through her mouth.</p> <p>Leilani is an only child and lives with her mother, Brianna, and her grandmother, Noelani, in a rural area far outside of town. Both Briana and her boyfriend moved in with the grandmother to be near family. Brianna has an older brother that lives nearby. The family members identify as Hawaiian. The Hawaiian and English languages are used interchangeably in the home. Brianna has severe bilateral hearing loss and receives disability payments. Noelani is the primary financial supporter in the home and works as an administrative assistant at a local non-profit. Briana’s boyfriend was able to find a job at a local grocery store.</p>	<p>As an Early Intervention provider, it is important to understand Leilani’s conditions and their impact on infant development and learning.</p> <p>Learn more about characteristics by exploring the content of each link below.</p> <ul style="list-style-type: none"> • Cleft palate* • Prematurity • Hearing loss • Gastrointestinal tube <p>Learn more about potential causes (etiologies) by exploring the content of each link below.</p> <ul style="list-style-type: none"> • Cleft Palate • Prematurity • Hearing loss • Developmental delay <p>Dig deeper into the impact of hearing loss by completing the two learning modules below.</p> <ul style="list-style-type: none"> • Gallaudet University – National Deaf Education Center Modules • Virginia EI Services for Deaf and Hard of Hearing Children <p>Learn about various theories of early childhood development by exploring the content of each link below.</p> <ul style="list-style-type: none"> • Brain development in the first three years • Nature vs. nurture • Behaviorism • Ecological systems theory of development
<p>Referral for Early Intervention Services</p> <p>Leilani was automatically eligible for early intervention (EI) due to prematurity, cleft palate, and hearing loss., but Brianna opted out of services at that time. She recently visited a new pediatrician in town who referred Leilani to be evaluated by the local EI program. The pediatrician wrote in</p>	<p>Did you know that states individually determine the criteria for children to be automatically eligible for EI services? This is TRUE! When a child is born or identified early as having a diagnosed/medical condition likely to result in developmental delay, they are eligible for services without a full evaluation taking place. The Office</p>

<p>the referral that she was concerned with Leilani’s communication and attention.</p>	<p>of Special Education Programs (OSEP) gives states the power to determine their own criteria. In many states this includes children with Fragile X, Down Syndrome, or failure to thrive at birth.</p> <ul style="list-style-type: none"> • Did you know that the American Academy of Pediatrics recommends developmental screenings during the 9, 18, and 30-month well-child checkups?
<p>Initial Contact with Family</p> <p>The care coordinator, assigned to Leilani’s case, Keala, did not receive accurate information of the best way to contact Brianna due to her disability. She called the home several times over two weeks and received no return phone call. Keala reached out to the pediatrician and discovered that due to Brianna’s hearing loss, she was unable to respond to phone calls. The pediatrician recommended calling Noelani (grandmother). Keala contacted Noelani who let her know that Brianna communicated mostly through text message and did not use sign language. Keala reached out through text and was able to schedule an intake meeting for the following week.</p> <p>The next week, Keala traveled to Leilani’s home at the time Brianna, and she had agreed upon. The travel time was approximately 90-minutes, the home was in a rural area that was unfamiliar to Keala. When she arrived, she knocked on the door, and waited. She knocked again and waited. Keala texted Brianna and waited. No response. After about 30-minutes decided that Brianna must not be home. Frustrated that she had driven such a far distance to see the family she drove back to the EI office. She texted Brianna again, who responded and let her know that she was home during that time. Keala, scheduled another visit for the following week. This time, when she arrived, Brianna opened the door smiling and welcomed her in to the home. Keala conducted the intake appointment and completed paperwork.</p>	<p>Why do you think Leilani, now age 20-months, did not access EI services previously? What factors may have contributed?</p> <p>Have you had challenges with families’ responding when you reach out to them? It seems that Keala had a difficult time getting in touch with Brianna. What strategies could Keala’s team use to support caregiver responses, especially when they speak a language other than English or have a disability themselves that makes in challenging to communicate?</p> <p>What kinds of resources are available in your community to help with translation to support communication? How does IDEA address this issue and what are the procedures in your own community? Sec. 303.13 Early intervention services - Individuals with Disabilities Education Act</p> <p>Do you know what a State Comprehensive System of Personnel Development (CSPD) is? This is a system designed to address challenges faced in the early childhood workforce.</p> <ul style="list-style-type: none"> • ECPC information site on CSPD • Early Childhood Systems Framework developed by ECPC and the Early Childhood Technical Assistance Center (ECTA)
<p>Initial Evaluation / Interview</p> <p>After the intake was conducted by the care coordinator (Keala) the EI team scheduled an evaluation to determine</p>	<p>What qualifications or training might it be helpful for Sharon (OT) to have here? Consider your team if they</p>

<p>Leilani’s eligibility for services. Two providers, Sharon (Occupational therapist) and Pauline (Early Intervention Teacher) were identified to conduct the evaluation. Pauline was chosen by the team to evaluate Leilani because her training and background included supporting young children who were Deaf or Hard of Hearing and their families.</p> <p>In this case, Pauline was chosen as one of the evaluators. She had knowledge from her past training that may support her skills during the evaluation process. For example, Pauline may be the best team member to observe Leilani’s behaviors because she understands the normative sequences of development and can determine how having a hearing impairment may impact those sequences. She may also be best to articulate how Leilani’s abilities and skills interact with and were dependent on one another across domains.</p> <p>Their EI program conducted initial evaluations using the Battelle Developmental Inventory, Third Edition (BDI-3), a play-based assessment used to evaluate a child “globally.” Five developmental areas are evaluated: communication, social-emotional, adaptive, motor, and cognitive skills. The BDI-3 included an observation of skills, an interview, and direct testing in person with the child. Additionally, as part of the evaluation process, the team utilized a family-driven interview, developed by the state CSPD team, to identify what were the most meaningful priorities for Brianna. Due to Brianna’s own challenges with communication, the team asked that Noelani be part of the evaluation process. Unfortunately, Noelani had to work during the time the evaluation was scheduled and was unable to participate.</p>	<p>were put in this situation. How do you make decisions about who are the best professionals to be on the evaluation team? What might you change related to how your team determines evaluators?</p> <p>Did you know to conduct evaluations well, it is important that EI professionals have a foundational understanding of normative sequences of development? IDEA informed states that they need to use a multidisciplinary team (two or more professionals) to evaluate children but gives states the power to determine the tools used to determine eligibility. Therefore, the criteria used to determine eligibility across states is different. Some states mandate the use of one specific tool, while others give individual teams the responsibility of determining which one is best for them. Some states hire independent providers, while others use an “in-house” evaluation team.</p>
<p>BDI-3 Evaluation</p> <p>Pauline played with Leilani on the floor and conducted her assessment while Brianna was talking with Sharon. Pauline found Leilani’s attention to be fleeting; she moved quickly from toy to toy presented and did not appear to hear most instructions presented. Pauline used a soft voice, a loud voice, and rang a bell in various locations, none of which Leilani responded to. Leilani approached her mother several times and tried to climb on her lap while Pauline was interacting with her. Her gross motor skills appeared to be developmentally appropriate as she was observed to walk</p>	<p>In this case study, the team used the BDI-3 to evaluate Leilani’s development.</p> <p>Have you used this tool? If not, consider learning more about the BDI here.</p> <p>What tool(s) does your state require? Not sure how to answer this question? Visit and read your state’s website to find the answer!</p>

and run around the living room. Pauline was unable to conduct much of the assessment due to her lack of attention to the tasks.

After the BDI-3 was conducted, Sharon interviewed Brianna to determine her primary concerns. Brianna indicated that she was most concerned about Leilani's communication. She noted that while Leilani uses some gestures, she was still not consistently using sounds or words that could be understood. She was also unsure of how much Leilani heard of what is being said to her. Due to their residence being in a rural area, they had very little access to an audiologist and had not visited one in approximately a year. Brianna shared that the audiologist they visited did not seem to like children and said that she was unable to test Leilani's hearing at the time. When asked if hearing aids or other devices had been discussed, Brianna shared that no one had ever mentioned these to her. She has never been seen by a hearing specialist other than the audiologist.

Brianna also shared that she was not sure how to help her child learn. They spent much of their time together in the home, she tried to provide Leilani with access to toys, but because of her attention span she did not feel as if she was "learning or growing." Further, she shared that they have very little access to other children and that Leilani has not yet had the opportunity to interact with children her own age. Additionally, Brianna said that while her grandmother, Noelani, was helpful at times, she often "yells at Leilani when she doesn't follow directions" and "gets frustrated when she gets into areas of the home." Brianna is worried that Noelani may ask them to move out soon and due to her limited finances, she feels that they would be homeless without her grandmother's support.

Below, is a summary of the developmental skill portion of Leilani's evaluation.

Communication skills

Regarding communication skills, Brianna reported this is Leilani's most challenging area. She noted that when Leilani wants a toy, food, or drink she points to the item or uses a gesture (e.g., pointing to her mouth). Leilani has imitated a few vocalizations in the past including no, mama, and uh-

Do you have an understanding of the history of evaluations for EI services? Consider reading Roberts et al. (1999) [Emerging Issues from State Level Evaluation of Early Intervention Programs](#) which describes a consortium that existed 20 years ago designed to evaluate plan and data conducted by states conducting evaluations. Roberts also suggests issues that needed to be addressed in the evaluation planning process. If applicable, how similar are these issues to what are occurring now with your team?

Reflect on your ability to describe developmental milestones. Which areas are you not as familiar with?

Reflect on your current evaluation skills. Do you feel confident in your skills? Do you have had the opportunity to conduct evaluations frequently or are you not part of the evaluation team?

Learn more about developmental milestones by exploring the [Center for Disease Control \(CDC\) Milestones in Action website](#).

- Watch several videos of children under three on the CDC Milestones website.
- Download the CDC's free Milestone Tracker app to practice using it with a hypothetical child as a tool to support caregivers.

Each EI team composes their evaluation reports differently. It is important to capture the family's social, cultural, and language diversity. Reports should include a description of the child's skills as they relate to normative development and individual differences that represent the child may have a delay.

Here are a few examples of the format states use to write evaluation reports:

- [Pennsylvania Report with Annotations](#)
- [Hawaii Multidisciplinary Report Instructions \(scroll down on page to access Word document\)](#)

If applicable, what is included in your reports? Upon reflection of this case study, is there anything you might add to your report format?

oh, but that these are sporadic and do not occur frequently. Brianna reported being worried about Leilani's ability to communicate because she is now two-year-old and barely uses any sounds.

Social-emotional skills

Regarding Leilani's social-emotional skills, Brianna described her as "a fun, strong-willed child that has her own mind." Brianna shared that when she does not like something by throwing tantrums. Brianna indicated that she has a difficult time going to the doctor; she believes this is because of the g-tube and all the visits to specialists in the past. Leilani clearly enjoys several activities including going outside to play, going to the beach, using instruments to make music, and anything focused on the character Elmo. Brianna also shared that sometimes Leilani will pull over a chair to independently obtain an item that she wants. She imitates her mother brushing her teeth, and hair, or putting on make-up. She has started engaging in some make-believe play and has been observed using the phone (to text like her mother, or talk like her grandmother), drinking from a cup, and putting her baby doll to sleep.

Adaptive skills

Regarding Leilani's adaptive skills, she had started taking action to meet her own needs. She has been observed feeding herself small pieces of food independently using her fingers. She requires support to eat with a fork or spoon. She has started to help with dressing by holding out her legs and arms. Brianna noted that Leilani enjoys removing her clothes and can do so by herself and that sometimes this is a problem because she wants to wear a diaper all day. Brianna has not started toilet training. When she is thirsty or hungry, she points to her mouth. She eats a variety of foods orally including apples, pears, grapes, chicken, and bread. Leilani does not enjoy the texture of the skin on grapes. Leilani easily goes to sleep around 7:30 PM and wakes up at 6:30 AM. She sleeps through the night and regularly naps for about two hours in the afternoon.

Motor skills

Regarding Leilani's motor skills, Brianna shared that her daughter is very active and has not had any delays. She runs around the house often and likes to go for walks with her mother and grandmother.

Cognitive skills

<p>Regarding Leilani’s cognitive skills, during the evaluation she had difficulty attending to the tasks presented by the evaluator. Brianna shared that she likes to hum a few familiar songs she knows from television. She also laughs when her mother laughs and has started to show a desire to read books on her own. Brianna said that she has been observed flipping through pages of a board book. Additionally, she enjoys coloring and has been observed to make marks on a paper when it’s placed in front of her.</p>	
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<p>Pauline’s Reflection</p> <p>During the evaluation, Leilani did not respond when Pauline provided most of the tasks. She did not feel as if the evaluation was a good representation of Leilani’s developmental abilities.</p> <p>Pauline also considered the cultural and language aspects of Leilani’s life and family. She provided the evaluation completely in English. She had not even considered that Leilani may respond better with directions spoken in Hawaiian. She also could have had Brianna help with some of the evaluation.</p>	<p>Reflect on what family, cultural, or linguistic influences you believe impacted Leilani’s family and development over the last two years? Was her behavior shaped through social relationships (with her mother or grandmother) or environmental variables (e.g., moving often from place to place).</p> <p>Consider the impact of two languages being spoken in the home or a caregiver having a disability themselves on their child’s development. Learn more by exploring the content of each link below.</p> <ul style="list-style-type: none"> • Disabled Parenting Project • Cultural Responsiveness Training* • Article on “Bilingualism in the Early Years: What the Science Says” • Head Start Family Support for Children who are Dual Language Learners
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<p>Additional Discussion Questions</p> <ol style="list-style-type: none"> 1. What pre-determined bias’s might you have about this family? How might these influence how you interact with the family? 2. What biological and environmental factors may have constrained Leilani’s development? How might these include how the team plans for early intervention and instruction? 3. How might Leilani’s developmental delays and disabilities impact the team’s decisions related to instruction and intervention? 	